

Polls Show Once Public Understands the Issue: Doctor-Assisted Suicide Fails

Californians Against Assisted Suicide
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Media Release

Sacramento, California - March 14, 2006

Proposition 161, an initiative in 1992 to legalize doctor-assisted suicide originally polled — Yes 74 percent, No 24 percent and 2 percent undecided. (No on 161 campaign polling numbers). This measure was sponsored by the Hemlock Society (now Compassion & Choices).

On Election Day, November 3, 1992, Prop 161 FAILED by 8 points. The “No on 161” side garnered 54 percent of the vote while the pro-assisted suicide advocates received only 46 percent.

Again in 1999, when euthanasia/assisted suicide advocates pushed legislation to legalize the practice in California, initial polling suggested that 75 percent of Californians supported assisted suicide, 20 percent opposed and 5 percent were undecided. (Field Poll, 1999) The author of that bill declined to bring it to a vote of the Legislature.

Recent Polls

Fairbank, Maslin and Maullin — February 2006, found 64 percent of California Latinos Oppose doctor assisted suicide and only 29 percent Support. (Telephone survey of 325 Latinos in the State of California)

Pew Research — August 2005, found only 44 percent of people “Favor making it legal for doctors to Assist in suicide.” (Nationwide sample of 1,502 adults, 18 years of age or older)

Gallup — May 2005, found 49 percent found doctor-assisted suicide “acceptable” and 42 percent found it “wrong”. (Telephone interviews with 1,005 national adults, aged 18 and older)

CBS — November 2004, asks the question, “If a person has a disease that will ultimately destroy their mind or body and they want to take their own life, should a doctor be allowed to assist the person in taking their own life, or not?” Results show only 46 percent answering “Yes,” 45 percent answering “No” and 9 answering “Undecided.” (CBS poll was a nationwide sample of 885 adults)

According to CBS, “Public support for physician-assisted suicide is now at the lowest point since the CBS News/New York Times Poll began asking the question in 1990. Prior to this poll, more than half of the public had said physician-assisted suicide should be allowed.”

For more information please go to <http://www.ca-aas.com>

Euthanasia Prevention Coalition poll (March 2005) found similar response.

In March 2005, the Euthanasia Prevention Coalition was involved in a comprehensive poll concerning euthanasia and assisted suicide. (Newsletter #54 - May 2005).

The poll involved 1122 participants who were involved with an online survey company.

The poll produced some very interesting results:

- 77% thought that vulnerable Canadians might be euthanized without consent, even with safeguards in place.
- 75% thought that recent assisted suicide cases are not reason enough to change the current law.
- 69% agreed that the law should discourage suicide by restricting the promotion of devices and methods.

- 69% were more concerned about protecting vulnerable Canadians than legalizing assisted suicide.
- 67% agreed that legalizing assisted suicide would increase the suicide rate overall.
- 54% thought that guaranteeing pain control and good palliative care is a higher priority than legalizing euthanasia or assisted suicide.
- **45% thought that euthanasia/assisted suicide should be legal, 39% were opposed and 16% were undecided.**

The EPC poll results were encouraging because they confirmed that there is no consensus to change the law in Canada. Canadians do support excellence in palliative care.

Senator Sharon Carstairs states: "Canada is not ready for Assisted Suicide Debate"

By: Alex Schadenberg, executive director - Euthanasia Prevention Coalition

On Friday, March 3, 2006; **Liberal Senator Sharon Carstairs** spoke to the *Canadian Catholic Bioethics Institute on the State of Palliative Care in Canada: End of Life Care*.

Senator Carstairs chaired the *Special Senate Committee on Euthanasia and Assisted Suicide* whose report entitled: *Of Life and Death* was tabled in June 1995. She also chaired the follow up report entitled: *Quality End-of-Life Care: The Right of Every Canadian* (June 2000). She also chaired the recent report entitled: *Still not there: Quality End-of-Life Care* (June 2005) that made 10 new recommendations for improved end of life care in Canada. Senator Carstairs has committed that past 3 years of her life to promoting hospice/palliative care in Canada

In the past, Carstairs has supported the legalization of Euthanasia and Assisted Suicide but during her presentation she confirmed that she has moderated her position.

On the question of legalizing euthanasia and/or assisted suicide Carstairs was very clear. She stated that people can determine the amount and type of treatment that they wish to have. That pain management medication and techniques have improved significantly over the past 10 years. But, she stated: "Canada is not ready for a debate on assisted suicide or euthanasia." She then stated: "Unless every single Canadian can be guaranteed quality end of life care in which they have a legitimate choice to make, then I would suggest that we cannot start that other debate. We aren't there yet. We are a long way from being there yet."

The Senator responded to the desire someone might have to commit suicide. "If a person says that they want to commit suicide, she would ask them what their needs are. People fear unbearable pain and loss of personal dignity.

The real challenge is to change public attitudes towards illness and dying." She said: "Why have they lost their dignity? Is it because we have made them feel undignified? It is a dreadful societal failure when someone feels the need to commit suicide."

Bloc Québécois MP Francine Lalonde should take notice of the Senator's comments. Lalonde was the author of Bill C-407, a bill that would have legalized euthanasia and assisted suicide in Canada, a bill that died on the order paper when the last election was called.

Media reports that Lalonde is preparing a new bill for parliament were confirmed by Carstairs and also by a Conservative Cabinet Minister. If Carstairs, who is Canada's political expert on end of life care, opposes, even if only for now, the legalization of euthanasia and/or assisted suicide then politicians of all stripes should defeat the next bill.

The Senator's talk was on the *State of Palliative Care in Canada*. She said that Canadians wish to die at home, where ever home is. She stated that Canadians do not want to die alone; they are part of a community and need community. She stated that the Compassionate Care benefit that was introduced by the Liberal government in January 2004 needs revamping in order to be more effective.

In recent years, palliative care training is being given more emphasis. In 1995, the average medical student had 1 hour training in palliative care, whereas by 2008, every medical student will have had a core program in palliative care.

We celebrate the birth of a child, and we should celebrate the end of life, the Senator said. "We need to celebrate the end of life by being there and being supportive. We should consider it a joy to care for our dying family members."

Private Member's bill is coming, join the petition campaign

We have received confirmation from three sources that another private members bill has been written by Bloc Québécois MP Francine Lalonde.

Please distribute the petition that is included with this newsletter. We are simply stating to parliament that there is no need to legalize assisted suicide.

Suicide groups make Switzerland a final destination

By: Colin Nickerson - Boston Globe - Feb. 27, 2006

Long famous for secretive banks and soaring peaks, Switzerland is now gaining a reputation as a death destination, a country where desperately ill people can come to kill themselves with help from organizations.

“What we do is no secret; we're proud of our work,” said Ludwig Minelli, founder of Dignitas, a Zurich-based group that assists ailing Germans, Britons, and others who want to die.

“Our purpose is to fight for the freedom of people to end their lives when their lives become unendurable” because of painful illness or old age, he said.

More than 2,000 people have received medically prescribed doses of barbiturates to kill themselves in Switzerland over the past 10 years, according to figures kept by the three main suicide organizations.

So-called assisted suicide is legal here as long as the agencies that arrange death do so for “honorable reasons,” without seeking profit, although they may charge basic fees.

Dignitas has raised concerns among prosecutors in other European countries by facilitating the suicides of non-Swiss, a legal gray area, arranging everything from travel tickets to funeral services, as well as the fatal dose. Minelli said almost two-thirds of his clients come from Germany and Britain, where doctors are forbidden from helping patients end their lives.

The Swiss connection is just one part of a wider debate ringing across Europe, as doctors, ethicists, politicians, and “right to die” advocates square off over whether assisted suicide and even euthanasia - presently legal in just two countries, the Netherlands and Belgium - should be entitlements for the dying or the grievously ill.

The question of whether doctors should be allowed to aid in suicides is as bitterly disputed in Europe as in the United States, where a landmark Supreme Court ruling last month upheld Oregon's Death With Dignity Act. Oregon is the first American jurisdiction to legalize physician-assisted suicide.

In Germany, the discussion carries the weight of the country's horrific mid-20th-century history. Under Hitler, doctor-administered death was official policy of a state obsessed with “genetic health.” More than 250,000 infants, children, and adults with severe physical or mental disabilities were killed during the Nazi era, ostensibly to purify the Aryan race, according to historians.

Largely because of that history, medical professionals in Germany almost uniformly oppose “death by doctor,” despite

public opinion polls indicating that a huge majority of citizens - 82 percent, according to one survey - favor legalization of assisted suicide.

A smaller percentage of the population supports Dutch-style medical euthanasia. Euthanasia is a mercy killing done directly by a doctor; assisted suicides are ones in which the deadly dose may be prescribed by the doctor or, as in Switzerland, obtained by a third party, but taken by the individual.

“We in Germany, with our history, should be most wary of promoting euthanasia or encouraging death,” said Dr. Joerg-Dietrich Hoppe, president of the German Medical Association.

“The killing of a person - and that, in the end, is what's at issue - should not be the duty of a doctor,” he said. “The duty of a doctor is to preserve life and to restore health. When cure is impossible, the duty of the doctor is to alleviate suffering with palliative treatment, not a fatal dose.”

Advocates of assisted suicide and voluntary euthanasia insist that it is the ailing individual, not doctors, who should make the choice of whether to live or die.

“Any pluralistic society must allow every citizen to live this last act of their life, that of choosing their own death,” said lawyer Jacqueline Herremans, head of Belgium's Association for the Right to Die With Dignity. “The feeling of the right to choose one's destiny is certainly growing in the European population.”

The US Supreme Court decision has raised pressure on European lawmakers struggling to accommodate popular demands for a more permissive approach to ending life while preventing abuse.

Opponents of euthanasia and assisted suicide assert that the experiment in Holland has already gone awry and that doctors occasionally prescribe death for comatose patients, including those who have never stipulated a desire for death under a living will or some similar legal device, as well as for newborns with dreadful, but treatable, afflictions.

“In terms of public opinion, euthanasia seems to represent the easiest answer to complicated questions of life and death,” said Henk Jochemsen, director of medical ethics for the Netherlands-based Lindeboom Institute, a Christian research group that opposes the practice. “Europe has some aspects of a dying culture: It is aging. It feels heavy with history and has become rather pessimistic and gloomy. Support for assisted suicide and euthanasia is a discouraging sign of our times.”

In 2001, the Netherlands legalized not only assisted suicide but also euthanasia. Doctors are authorized to directly

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administer lethal injections or pills to cogent, terminally ill people or to individuals in “lasting, unendurable pain” who prefer fast death to an agonizing battle. About 3,800 Dutch a year opt for a fatal injection from a physician or a prescribed toxic overdose.

Belgium also permits voluntary euthanasia for people of sound mind but “futile medical condition.” In both countries, medical groups insist rigorous guidelines are followed.

Opponents say that huge danger lies in the moral and social pressures they believe are created by legalized euthanasia and assisted suicide. In Holland especially, critics maintain, euthanasia has become such an accepted medical procedure that people who don’t choose to die this way may be seen as selfishly using medical resources that could better help curable patients.

“Poor Grandfather, dying of cancer, may come to feel he should quicken the process, almost as his civic duty,” said Hoppe. “Even loving families can be manipulated into thinking that quick death is always preferable to lingering death. But perhaps Grandpa wants a few more weeks or months, even in pain.”

Critics further say that once euthanasia becomes accepted practice for consenting adults, it inevitably raises thorny questions of whether to permit mercy killings of comatose patients or even newborns with terrible deformities. A study published in *The New England Journal of Medicine* last year reported that Dutch doctors have euthanized small numbers of infants born with severe afflictions, in technical violation of both the country’s euthanasia law and the pledges made by politicians and activists who pushed for it.

The euthanasia of newborns remains illegal in Holland, but the practice continues under a set of protocols that, in essence, remove the risk of prosecution for doctors who follow medical guidance and report the procedure. The newborn must be perceived to be suffering greatly with no hope of improvement, and the parents must give permission. Mercy killings are administered to between 15 and 20 infants a year in Holland, according to medical studies, mostly to newborns with spina bifida, a defect of brain and spinal cord deformities.

Euthanasia for other “people of no free will,” including comatose patients and severely retarded or demented individuals suffering great pain from a terminal illness, remains a legal gray area in Holland. But medical studies quoted by European news media indicate that roughly 1,000 such individuals are euthanized in the Netherlands every year.

In Britain, a bill introduced this month in the House of Lords would grant a “competent” individual suffering from incurable illness or unbearable pain the legal right to demand

that doctors prescribe a lethal cocktail, although the patient would be required to administer the dose himself.

Archbishop Peter Smith of the Roman Catholic Archdiocese of Cardiff recently called the bill “assisted killing” and said he believes the government could better help the dying by providing more money for hospices and institutions offering palliative care.

In Switzerland, suicide is legal, and the national penal code exempts from legal penalty those who help people kill themselves, so long as the assistance is rendered for “honorable” reasons, such as bringing an end to suffering. This loophole has allowed groups like Dignitas to function as charities whose mission is to streamline the suicide process.

“We offer a solution for people in a dilemma, people either in great pain or fearful of slipping into dementia and becoming incapable of making their own final decisions,” Minelli said.

Dignitas has helped 493 individuals kill themselves since 1998, more than half of them coming from Germany and Britain. Investigators in those countries have alleged that Dignitas has arranged the deaths of people who were neither dying nor even terribly ill.

“We do not want this travel agency of death,” Elisabeth Heister-Neumann, justice minister for the German state of Lower Saxony, where Dignitas recently opened an office, told the *Die Welt* newspaper. “The fear of pain requires treatment for pain, not death.”

Meanwhile, a prominent teaching hospital in Switzerland last month became the first to allow assisted suicides on its premises under highly limited circumstances. The Vaud University Hospital Center in Lausanne will now permit terminally ill patients who have expressed a “consistent desire” to die before entering the hospital, but who are too incapacitated to go home to take their own lives with help from Exit, another assisted-suicide group.

“It was a difficult decision. The mission of our hospital is to cure patients, not help them die,” said Alberto Crespo, legal and ethical director of the hospital.

“But we have to respect the wishes of those patients who want to die, yet are unable to leave the hospital. We cannot deprive them of a right they would have at home, simply because they are in a hospital.”

Euthanasia is the Ultimate Goal

By: Philip Prins - March 17, 2006

A key international advocate of right-to-die legislation has made it clear that euthanasia legislation is the ultimate goal, as opposed to mere physician-assisted suicide (PAS).

Dr. Rob Jonquiere, CEO of the NVVE, the Dutch counterpart of Canada's Dying With Dignity (DWD), pointed out the difference to a media conference held Friday, March 17, 2006; at the Westin Harbourfront in Toronto organized by DWD. He explained that euthanasia happens when a doctor gives a lethal injection at the patient's request, or in accord with prior instructions, sometimes called an advance directive. PAS, on the other hand, is a death in which the doctor prescribes a lethal dose, and is present while the patient takes it.

Jonquiere believes international organizations such as his own, and the umbrella group World Federation of Right to Die Societies, can be a guiding light to Canada. He suggests that persistence is the key to achieving legislation which allows euthanasia. "We had been striving for this goal for a long time, and in 2002 we finally have our law," Jonquiere says.

Jonquiere provided statistics – from the Netherlands experience – showing that in 2001 less than 3% of deaths were due to euthanasia, with 0.2% achieved by PAS. Yet the figures also pointed to 0.7% being due to "non-voluntary termination of life" and 21% resulting from "(terminal) sedation side-effects", a portion of which may also amount to non-voluntary termination. A further 20% in 2001 were due to "non-treatment decisions."

Since 2003 the Netherlands has also provided doctors with the ability to kill babies deemed to be unviable or suffering intolerably. Documentation has shown that infants with spina bifida (normally considered treatable) were terminated under this official protocol. Today, about 600 of 1000 deaths annually of children in the first year of life are deliberately caused. (Verhagen & Sauer, "The Groningen Protocol - Euthanasia in Severely Ill Newborns" in NEJM March 10, 2006)

How did the Groningen Protocol originate? "I was waiting for someone to ask that question, but at least you did not call it child euthanasia since euthanasia requires a person to request it," Jonquiere responded.

In reality, Dutch physicians had long been doing "eugenic euthanasia of disabled babies even though doing so had been illegal since an infant cannot give consent." About 21% of infant euthanasia deaths occurred without even the request or consent of the parents (Wesley J. Smith in *Weekly Standard* 13 September 2004). It was this nettlesome, potentially criminal implication that the Groningen Protocol was meant to resolve.

Put another way, doctors' livelihoods were at stake, not babies' lives. The Dutch government has since indicated that it will apply the Groningen Protocol to adults diagnosed with dementia (CP Press 29 August 2005).

At the same media conference, newly appointed executive director, Don Babey, the 16th Biennial Conference of the World Federation of Right to Die Societies will be held in Toronto this September, sponsored by DWD. Dr. Jonquiere, along with Schiavo lawyer George Felos and others, will speak. The occasion will mark a first for Canada, he says.

The Conference timing and location could be taken as an attempt to renew the profile of euthanasia or PAS issue here. Last year Bloc MP Francine Lalonde introduced a private members bill intending to legalize euthanasia and PAS. Such legislation does not exist outside Europe, except in Oregon, where the law has allowed doctors to assess issue lethal prescriptions. The fall of the Liberal government brought an end to Bill C-407.

Asked if this year's location for the biennial conference was intended to send a message to Canada's recently elected Conservative government, World Federation of Right to Die Societies Executive Board member Cynthia St. John, of London, Ontario, said that the connection was not strategic, the decision was made for a number of reasons - at the end of the day we didn't choose Toronto to further the legislative agenda. But, if that is a result of having it in Toronto then that would be fantastic."

St. John acknowledged that there was nothing to stop the introduction of a new private member's bill. And given the Conservative minority, as well as a broad support for the notion of "aid in dying" among other MP's, she acknowledges that such a bill could fare very well.

When it comes to PAS, Oregon is seen as a harbinger of responsible regulation. Jonquiere, Babey and St. John all nodded vigorously that the positive experience in Oregon means that Canada should have no problems if such a bill successfully navigates Parliament. Yet the facts contradict this assertion.

For example, many Oregon doctors are unwilling to be listed as PAS providers, and the system there allows for doctor-shopping (if one won't give you what you want, try another). Moreover, in the case of one PAS-candidate Kate Cheney, the first attending physician thought Cheney's daughter was more interested in her mother receiving a lethal dose than Cheney was herself. A second psychiatrist, however, approved the death and the suicide took place. (Vermont Alliance for Ethical Healthcare: *The Oregon Experience with Physician-Assisted Suicide*, 1 June 2004)

The fact is that the present political situation in Canada is ripe for another attempt along the lines of Bill C-407. Those who oppose this kind of legislation need to act now. Others need to think through the realities that are set out above.

Pain is no longer inevitable given the advances in treatment; the fear of decline and death can be palliated by compassionate care.

We all know it could be "me" next. We know that many people come to a point in life when suffering, mental agony, and vulnerability lead them to ask if life is worth living. A civilized culture cannot answer such a cry by providing or administering the means of death; rather it must help the person to see clearly, once again, the value and importance of their life.

Philip Prins attended the March 17, DWD media conference as a freelance writer. He is also the operator of *Cardinal Books and Fine Prints*.

Italian Governmen Minister blasts Dutch 'Nazi' euthanasia laws

Expatica News - March 17, 2006

An Italian minister has launched an outspoken attack on legalised euthanasia in the Netherlands.

"Nazi legislation and Hitler's ideas are re-emerging in Europe via Dutch euthanasia laws and the debate on how to kill children," Parliamentary Affairs Minister Carlo Giovanardi said on an Italian radio programme on Friday.

He likened the Dutch legislation to Nazi laws and said it is "eugenics" to debate killing children "who are ill or have Down Syndrome."

"We could just as easily apply this to senior citizens," Giovanardi said.

Giovanardi is a member of the centre-right Christian

Democrat party in Italy. Dutch Prime Minister Jan Peter Balkenende, also a Christian Democrat, expressed outrage at the Italian's remarks on Friday.

Balkenende said he would raise the issue with Italian Prime Minister Silvio Berlusconi at an EU meeting next week, Dutch Foreign Minister Ben Bot said he would talk to the Italian ambassador.

Daniele Capezzone, a leader of the secular "la Rosa nel Pugno" party federation also featured in the radio programme and he called on the Christian Democrat to apologise to the Netherlands. Giovanardi refused and repeated his remarks.

Giovanardi and Capezzone were taking part in a radio debate on ethics and the separation of church and state. Capezzone's party supports legislating for euthanasia.

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Physicians for Compassionate Care Education Foundation

Press Release - March 9, 2006

Oregon's Assisted Suicide Law: The "Medical Killing" of vulnerable patients continues.

Twelve years ago, Oregon voters legalized the practice of doctor-assisted suicide. Assisted suicide does nothing to improve health care at end of life. What the law actually does is protect doctors from peer review and from prosecution for medical killing. The Oregon Assisted Suicide law also limits patients' and families' ability to have the proper recourse in the case of malpractice.

Physicians for Compassionate Care Education Foundation (PCCEF) continues to express, on behalf of all its members, profound grief for those vulnerable individuals frightened into committing assisted suicide. We note the degradation of patient trust and the negative impact on the patient-physician relationships and role of the medical profession in our state.

As in the past, this year's report for released today by the Oregon Department of Human Services contains several areas of concern.

• Only 2 patients of the 38 Oregonians who were "assisted" in 2005 had a referral for psychiatric evaluation. Suicidal ideation is a symptom of depression, and this raises concern that depressed patients are being medically killed in Oregon.

• One patient in 2005 made the first request for assisted suicide 1009 days (almost 3 years) prior to death, that patient was obviously not terminal when the request was made.

• Thirty-four patients used pentobarbital, which is only available in a liquid form designed for intravenous or intramuscular use; it is not designed for oral use, which raises concern about how this drug is being used in Oregon.

PCCEF continues to affirm the ethic that human life has inherent value and that doctor-assisted suicide does the following:

- Undermines trust in the patient-physician relationship.
• Alters the role of the physician in society, from the traditional one of healer to executioner.
• Endangers the value that society places on life, specifically for those who are most vulnerable.

Physicians for Compassionate Care and its members will continue to assist individual patients and their families to access excellent palliative care at the end of life.

Physicians for Compassionate Care affirm an ethic based on the principle that all human life is inherently valuable and that the physician's roles are to heal illness, alleviate suffering, and provide comfort for the sick and dying. PCCEF promotes compassionate care for severely ill patients without sanctioning or assisting their suicide. Contact them at: Box 6042 Portland Oregon 97228-6042.



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