

A Life That Matters: The Legacy of Terri Schiavo - A Lesson for Us All (Published March 2006)

**New Book Available Through the
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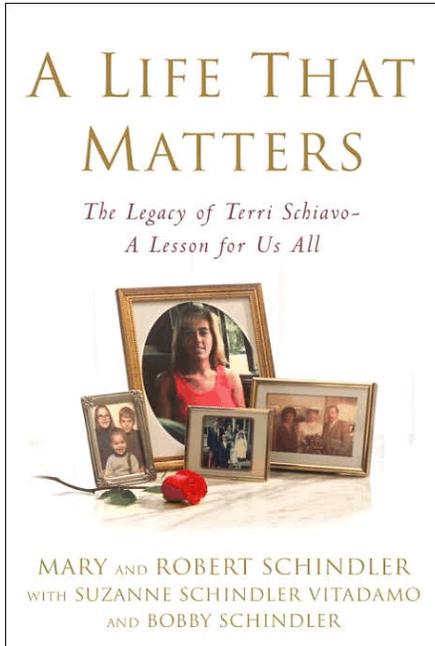
In 2004-5, when the Terri Schiavo case divided the country, one side of the story was buried under the avalanche of politics and power. Now, Terri Schiavo's parents, brother, and sister speak out — for Terri and themselves. *A LIFE THAT MATTERS* may well change every assumption you have about Terri's too-brief life and prolonged, agonizing death.

Here the people who loved her and knew her best tell the story not only of the fifteen years Terri struggled to stay alive, but of a gentle child who brought happiness to everyone she touched. This is the story of a normal adolescent who blossomed into the beautiful young woman who captured Michael Schiavo's heart. And it is the inside story of their troubled relationship, for the members of Terri's family were witnesses to a growing tension—and were her confidants as she struggled in her marriage with the husband who would later crusade for her premature and unnecessary death.

A book that stakes clear moral ground without a political aim, *A LIFE THAT MATTERS* takes us inside Terri's family when the courts ordered her feeding tube removed, and it leads inexorably to a scene that will haunt readers forever: a bereft family barred by the police from their daughter's hospice room in the final moments of her life.

A LIFE THAT MATTERS separates lies from truth, myth from facts, and politics from people. It challenges us to hear the words and feel the emotions of the warm, intensely private family who never sought the media storm that accosted them, or the devastating legal battle that broke their hearts. The book asks us what we would do if we found ourselves, as the Schindlers did, wanting nothing more than to love and care for a daughter as long as she could live.

The Schindler family lives and works in Florida. All of their profits from this book are being donated to the organization they created in Terri's name, The Terri Schindler Schiavo Foundation, which fights for the lives of the country's most vulnerable citizens.



Euthanasia Prevention Coalition

Brooke: A reviewer - A Must Read

You need to read this book. All personal, political and religious beliefs aside, this is a story about one family's relentless battle to save someone they loved deeply. Whether you support the Schindler's or not, I am certain you will not be disappointed. Very candidly, this family allows readers a glimpse into their lives as they walk you through the past 15 years and explain the emotional toll it took on each of them. They also paint a picture of what Terri was like -- the real Terri, the one we never knew -- her personality, her strengths, her shortcomings. There are things in this book that will amaze you... things we on the outside never knew or saw through the media. You won't regret

reading it, I promise.

Theresa, a Disabled Rights Advocate - It's Like I Relived the Whole Thing

Once I knew this book was going to be published, I rushed to buy it. For the FIRST time, the Schindler family breaks their silence about what happened to Terri. It was like I walked and relived those horrific last days with them and how much the media sensationalized such a private family matter. It gave me an eye opening look at the politics of dying in America and I hope others will read this with compassion and know that they could be next... Thank you!

Order A Life That Matters Today:

The Euthanasia Prevention Coalition has ordered several cases of this incredible book written by the Schindler family, the family of Terri Schiavo.

You can order a copy of A Life that Matters by sending **\$35.00** to the Euthanasia Prevention Coalition (which includes postage).

We will send a copy a complementary copy to everyone who donates **\$100** or more. This is a great way to support the Euthanasia Prevention Coalition and the Schindler Schiavo Foundation.

Euthanasia Prevention Coalition Newsletter #64 (May 2006)

Euthanasia and Assisted Suicide: An Individual or a Collective Choice?

By: Guido De Volder, - Montreal

Such was the topic of the debate that took place in Montreal on Friday, the 7th of April, at the Science faculty of the *Université du Québec à Montréal*, the UQÀM, to celebrate the UN-sponsored International Day of Health.

Mme Francine Lalonde, MP for the Bloc Québécois in Ottawa and author of bill C-407 which died on the order table last November, when parliament was dissolved and elections were called, was assisted by a panel of professors from the three francophone universities in Quebec: Laval University, the University of Montreal and the Université du Québec à Montréal.

Panel Discussion

Madame Lalonde re-iterated her intention to re-introduce her Private Member's bill, sooner rather than later, in the present session of Parliament. Her opinion on the issue seems to have remained basically the same. Since active euthanasia is already being performed on a growing number of patients, the practice should be regulated by law. Palliative care can only be a complementary solution, at best. People should have the right to die with dignity when certain conditions are met.

Prof. Hubert Marcoux, MD, MA, FCMF, of the Department of Family Medicine at Laval University and also Head of the Geriatric Department of the Jeffrey Hale Hospital in Quebec provided some statistics of decriminalized euthanasia and assisted suicide practice in Holland, Belgium and Switzerland followed by a somewhat philosophical analysis of the consequences of moral and physical suffering for the patient, his family and society.

Prof. Patrick Vinay, MD, PhD., Professor at the Department of Medicine and medical specialties at the University of Montreal and medical practitioner at the palliative care unit of Notre Dame Hospital, stressed the need for more and better palliative care in order to enable patients to live their life plainly to the end, even while dying. He mentioned a sleep treatment he has developed for his terminal patients which eventually allows them to come to terms with their condition thereby improving their quality of life.

Prof. Brian Mishara, PhD., Professor at the Department of Psychology at UQÀM and Director of the Suicide and Euthanasia Research and Intervention Center (CRISE), was the only one on the panel who openly criticized Mme Lalonde's bill, on its formulation, first, by expressing

serious reservations on the "apparently lucid" - clause in the bill as one of the conditions in which a patient could express his desire to die. Secondly, by stating that, contrary to Holland and Belgium, Mme Lalonde's bill would allow a third person to participate in the execution of the 'apparently' lucid patient's desire and finally, by mentioning that no decent palliative care is available in Canada, yet. He also said that suicide is legal in Canada as well as is refusal to undergo medical treatment and the possibility to legally administer drugs which have the double effect of killing the patient in the process. During question period, Prof. Mishara was severely reprimanded by one of the interveners for using the term 'killing' in the execution of a patient through euthanasia or assisted suicide.

Two more interventions came from **Mme Renée Joyal**, LL.D., a lawyer and a political science and law instructor at UQÀM and from anthropologist **Luce Desaulnier**, Professor at the Department of social and public communications of UQÀM and expert in end-of-life issues, the whole having been moderated by well-known Quebec journalist **Ariane Émond**. Mme Renée Joyal clearly expressed her fear that the right-to-die could eventually become the duty-to-die. Therefore, all should be done to prevent trivialization of the right-to-life, of the right to liberty and dignity. Referring to the interventions of Dr Vinay and Prof. Mishara, she stressed that the quest for a new humanism had become necessary.

Anthropologist Luce Desaulnier's intervention was a very academic expression of materialistic determinism and an, at times, economic approach of the problem in the sense that when, for instance, not enough palliative care is available at any given time, the law of supply and demand would inevitably call for more drastic solutions especially in a context dealing with shortages of nurses and medical practitioners.

Question Period

Revealed the mitigated and sometimes confused opinions of the somewhat 200 courageous participants who showed up for this Friday night debate in cold and rainy Montreal. A forceful and convincing intervention was made by **Mme St-Amour**, Professor of Ethics at the University of Montreal, exhorting the panelists and the public to think twice before walking down that slippery slope.

Guido De Volder is a member of the Euthanasia Prevention Coalition who lives in Montreal.

Euthanasia Prevention Coalition Newsletter #64 (May 2006)

Dying With Dignity holds Membership Drive in Halifax:

Talk to: Dalhousie University Society of Retirees and Pensioners

By: Kevin McDonald - Halifax, Nova Scotia

On April 5, 2006 Dying With Dignity's newly appointed executive director Don Babey spoke to members of the Dalhousie University Society of Retirees and Pensioners about recent parliamentary efforts to introduce physician-assisted suicide legislation, living wills, power of attorney and other related issues. About 40 members of the society were present.

Dying With Dignity claims to have 3,000 members nationwide but only about 40 in Nova Scotia. It is currently undergoing a membership drive. Mr. Babey also said that his trip to Nova Scotia was to lobby people for the need for physician-assisted suicide laws.

He cited the Sue Rodriguez, Mariel Houle court cases, the controversy surrounding Halifax Dr. Nancy Morrison's past alleged euthanasia attempt and the recent tragedy of Terri Schiavo as examples of why laws allowing physician-assisted euthanasia should be withdrawn or relaxed.

He felt that the "religious right" had "made a concerted effort" to use Terri for their own agenda and gave the case of the Quebec mother Mariel Houle, who helped her son commit suicide as an example of true compassion.

He also spoke in favour of letting patients choose to enter medically-induced comas. It was also his opinion that choosing to starve one's self to death caused "no pain associated with refusing food." Starving patients could simply be allowed to request sedation to make their suicide easier.

He told those present that the ability to determine one's own death should be a "right" under the Canadian Constitution; people should have the "right to determine how they die."

His host, the talk's organizer, Dr. Philip Welsh, a retired professor of pediatrics at Dalhousie University, stated that what happened to Dr. Nancy Morrison, a Halifax respirologist was a "witch hunt" by an overzealous crown prosecutor. (Dr. Morrison was charged with first-degree murder in the 1996 death of Paul Mills. Morrison's charges were dropped because the Crown could not prove that the potassium chloride and nitroglycerine actually caused the death.)

He also favours allowing doctors to administer fatal doses at the patient's request. When asked by a fellow retiree how this reconciles with the Hippocratic Oath, he replied that the oath most people know is only condensed from the original longer, complete oath and that national medical societies

can simply rewrite the oath to make its contents suit their beliefs. He also said that one European medical associations have already "revised" their oath to let it permit euthanasia.

Mr. Babey outlined the services Dying With Dignity provides to members such as its Client Services Program, which gives counseling to members about end of life issues. He stated that the service does not counsel suicide – which is illegal under Canadian law (Federal Code: clause 241 B) — but that this is a law Dying With Dignity would like to see rescinded. DWD believes doctors should be allowed to counsel people as to the best way of committing suicide.

He cited the failed experiment with legal physician-assisted suicide in Northern Australia and the still ongoing, but disputed, Oregon law allowing euthanasia as examples of good public policy. Switzerland was also held up as a good example as he claimed its laws do not allow anyone to materially or financially benefit from the death of any other person; he also gave examples of polls of Canadians favouring legal euthanasia as being only 45% in 1968, rising to 78% in 1993 and in 2002 with 79% in favour. (These polls only prove that Canadians support the right to refuse life-sustaining medical treatment)

Mr. Babey stated that the Netherlands, a country considered to have the most extensive euthanasia laws in the world, to be a good country for Canada to emulate; he said nothing negative about any of the current nations pursuing medical euthanasia policies. It seemed that he considered most of their laws to be "progressive" and much of the DWD literature made available that night lauds international efforts to decriminalize physician-assisted suicide.

Currently, Mr. Babey is traveling around Canada promoting a national "dialogue" with the goal of causing eventual legislative change. He acknowledged a low number of maritime DWD members stating that the bulk of their support comes from the Toronto area and British Columbia.

He did not think the chances for euthanasia legislation were good under the current Conservative-dominated parliament but expressed hope that the "progressive opposition" would one day repeal laws prohibiting physician-assisted suicide and other prohibitions on euthanasia.

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Euthanasia Prevention Coalition Newsletter #64 (May 2006)

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He outlined proposed legislative changes such as MP Francine Lalonde's private member's bill to legalize euthanasia and assisted suicide, but the bulk of his talk to the retiree group was about powers of attorney and living wills – subjects which have no blanket legislation, and which differ from province to province. (DWD also sells living will kits.)

Talking to the group about the challenges doctors face when prescribing for pain management, he claimed that a confidential survey of Manitoba physicians found that 15% had helped a patient die. Mr. Babey surmised that the number is probably even higher because, if a patient dies as a result of pain management, doctors are not held criminally responsible, and that there have been only three doctors prosecuted under clause 241 B in the past thirty years. He believes that part of the criminal code is still a "threat" to doctors.

Membership in DWD is thirty dollars for individuals and forty for families. Discussing their funding, Mr. Babey recounted that five years ago the group was willed \$500,000

but that particular bequest eventually came out to be 1.2 million over time. In the past, the Trillium Foundation, an Ontario government-funded organization, gave DWD \$125,000 to set up their Client Services Counseling Program. (DWD were actually awarded a grant of \$177,800, which was paid over a 3 year period) Currently, DWD has two full-time paid employees and three volunteers staffing its offices. It aims to eventually have regional or provincial offices.

Mr. Babey will be traveling to New Brunswick in May and B.C. in the summer for more speaking engagements and to continue DWD's membership drive. The following night he spoke at a local bookstore with Dr. Jocelyn Downie, Canada Research Chair in Health Law and Policy at Dalhousie University. She is the author of "Dying Justice: A Case for Decriminalizing Euthanasia and Assisted Suicide in Canada". Dying With Dignity will also host the 16th biennial World Federation of Right to Die Societies Conference in Toronto from September 7-10, 2006.

Kevin McDonald is a member of the Euthanasia Prevention Coalition who lives in Halifax.

Euthanasia Prevention Coalition (EPC) producing new video on Euthanasia and Assisted Suicide.

By: Alex Schadenberg

The Euthanasia Prevention Coalition is at the editing stage in the production of a new video for Canadian audiences.

The purpose of the video is to redefine the question of euthanasia and assisted suicide. The average Canadian views euthanasia as an issue of competing rights, the right to die as opposed to the right to life.

We recognize that euthanasia is not an issue of competing rights, but rather an issue of individual freedom and how it relates to the nature of the human person. The issue is defined by real life experiences by individuals.

When examining real life experiences of people with disabilities and people who are nearing death, we come to understand the vulnerability of the person, especially when people experience loss of ability or socially abandoned.

People need time to get through their difficulties, both physically and emotionally. The question of euthanasia or assisted suicide arises when people are at most vulnerable. These people need care and support not death.

The video interviews disability spokespersons such as:

- Adrian Dieleman, a quadriplegic man who works as a counselor for people with spinal chord injuries.
- Catherine Frazee, a quadriplegic woman, disability leader and intellectual, who teaches at Ryerson University. She is also a past chair of the Ontario Human Rights Commission.
- Reg Hancock who lives with constant chronic pain.
- Darrell Thomas who was born with spina-bifida.

The video also focuses on the experiences of Jean Echlin, a palliative care nurse specialist, who had the privilege of caring for more than 1000 people in their final days. In 2004 Jean received the Dorothy Ley award for excellence in palliative care, awarded yearly by the Ontario Palliative Care Association.

The video effectively illustrates through personal experiences and real life stories how euthanasia and assisted suicide represents a threat to vulnerable people.

Please consider donating to the cost of the distribution of the video. The video will be available in the next newsletter.

Euthanasia Prevention Coalition Newsletter #64 (May 2006)

Chain of Suicide Clinics Planned in Switzerland

By Daniel Foggo - The Sunday Times - April 16, 2006

A Swiss lawyer who runs a "suicide clinic" that has helped 42 Britons to kill themselves, intends to offer his services to people who are not terminally ill.

Ludwig Minelli, founder of the Dignitas clinic in Zurich, says he wants to open a chain of high street-style centres to end the lives of people with illnesses or mental conditions such as chronic depression.

"We never say no," says Minelli in an interview in today's Sunday Times Magazine. "Even those suffering from Alzheimer's will have lucid moments in which they may choose to die once a certain point has been reached, such as when they can no longer recognise their children."

He adds that he might help someone who had been clinically depressed for at least 10-12 years to die, although not someone who was suffering from a passing bout of acute depression.

Minelli's comments angered opponents, who fear more Britons will now travel to Switzerland to end their lives. Assisted dying is illegal in this country, although a bill to permit it for the terminally ill will receive its second reading in the Lords next month.

Minelli's plans, however, go far beyond the scope of the bill. He insists the mentally ill have the same rights as those with stable minds to choose how to die.

"The idea of a terminal illness as a condition for assisted suicide is a British obsession," he said.

"We need to set up advisory centres where people can openly discuss problems and seek advice about methods and risks, without the fear of losing their freedom and being put in an institution. These centres can only be credible if they offer assisted suicide."

Dr Peter Saunders, general secretary of the Christian Medical Fellowship, said: "Minelli does not understand that attempting suicide is a call for help. Once the physical and psycho-spiritual needs are met the desire for suicide tends to go away."

"It is laughable to suggest that someone with Alzheimer's, who cannot remember two minutes later what they told you, could have the capacity to understand and weigh up and make a decision on suicide. The potential for abuse is horrendous."

Figures released last week showed 5,755 killed themselves in 2003, a record low. The reduction was steepest among young men, historically the most vulnerable group. Despite

this, there is little the British authorities can do to stop people travelling to Switzerland to use Minelli's services, although anyone helping them could face legal proceedings.

One GP, Michael Irwin, has been struck off and questioned by the police after he admitted attempting to assist a terminally ill friend in Britain to die. He also helped five other people to contact Dignitas to die in Switzerland.

Since it was set up in 1998, Dignitas has assisted in the suicides of more than 450 people, 42 of them from the UK. The most recent was Dr Anne Turner from Bath, who took her life in Zurich in January.

Dignitas is able to operate because the Swiss legal system permits the act of assisting people to kill themselves. The law in England and Wales makes the same act punishable by up to 14 years in prison.

Most of Dignitas's members have been terminally ill, but there have also been isolated cases of people with non-fatal conditions being helped to die.

In 2003 Jennifer and Robert Stokes, who both suffered from depression, died in each other's arms after travelling to the clinic to kill themselves. Minelli, 74, admitted that neither was terminally ill but said British law could not prosecute him because none of his assistants would ever give evidence.

The need for terminally ill British people to travel to Switzerland to die would be eliminated if Lord Joffe's assisted dying for the terminally ill bill becomes law.

Joffe has said: "I can assure you that I would prefer that the [new] law did apply to patients who were younger and who were not terminally ill but who were suffering unbearably," but added: "I believe that this bill should initially be limited."

Dr Brian Iddon, MP for Bolton South East and chairman of the Care Not Killing alliance, set up to oppose Joffe's bill, said: "Putting people who are mentally ill to death just because they are mentally ill is abhorrent."

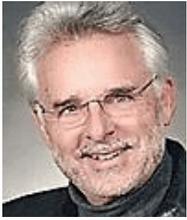
Baroness Finlay of Llandaff, a consultant in palliative care who sat on the House of Lords select committee inquiring into the new bill, said: "We know from psychiatrists that there are lots of people who attempt suicide and years later they are really glad they were not successful."

Continued on Last Page - Dignitas

Euthanasia Prevention Coalition Newsletter #64 (May 2006)

Assisted suicide is bad medicine

By: Wesley J. Smith
Special to The Seattle Times - March 29, 2006



Former Gov. Booth Gardner, a Parkinson's disease patient, hopes to place an initiative on the 2008 ballot to legalize assisted suicide in Washington. For the sake of Washington's most weak and vulnerable people, he should reconsider.

Assisted suicide can be spun to sound reasonable in theory, but once the real-world context in which assisted suicide would be carried out is considered, it becomes clear that legalization would be bad medicine and worse public policy.

Consider the following. We are told by backers that assisted suicide should be restricted to cases of unbearable suffering. Yet, current legislation in California and Vermont to legalize assisted suicide contains no such requirement; nor does the law in Oregon, where doctors who assist suicides report that most patients do not seek death because of pain, but because they fear being a burden, can no longer engage in enjoyable activities, and/or fear losing dignity.

Don't get me wrong: These are important issues that cry out for proper care. Thankfully, we have hospice care — the true death with dignity — to treat these needs. Indeed, studies show that when these problems are addressed, suicidal desires almost always disappear, even in people who are imminently dying.

That is true, assisted suicide proponents admit, but there will always be a few people who want assisted suicide anyway. But placing the law's seal of approval on some suicides would send an insidious message to dying patients that they *are* burdens; that their illnesses *do* make them less worthy of being loved; that they *will* die in agony. And it would signal the broader society, including young people, that suicide is right in some cases.

Legalizing assisted suicide would also be very risky. The Netherlands proves that once mercy killing is allowed for the few, it steadily spreads. In the past 30 years, Dutch doctors have gone from killing the terminally ill, to the disabled, and even to the depressed who aren't physically sick. Recent headlines report that infanticide of dying and disabled babies will soon be legalized by the Dutch Parliament.

Assisted-suicide boosters claim it would be different here,

and point to Oregon, to show that there is no "slippery slope." But nobody knows what is actually going on in Oregon. The state conducts no independent reviews of assisted-suicide deaths. Moreover, almost all of the published data about Oregon cited by advocates are based primarily on information provided by death-prescribing doctors — who are as likely to report violating the law as they are to tell the IRS that they cheated on their taxes.



Still, abuses have been revealed. In the only case in which the medical records of a potential assisted suicide were independently reviewed, a peer-reviewed report in the *Journal of the American Psychiatric Association* disclosed that the patient received a lethal prescription almost two years before he died naturally. Yet, Oregon law requires that the patient be likely to die within six months. Not only that, but the patient was permitted to keep his pills even after being hospitalized as delusional.

In another case reported in *The Oregonian*, a woman with Alzheimer's disease and cancer received assisted suicide even after a psychiatrist reported that she didn't know what she was asking for and that her daughter was the driving force behind the request.

We must also take heed of the cultural context in which assisted suicide would be conducted. Health services for the poor are being cut to the bone. The number of medically uninsured is at crisis stage and those with coverage usually are in health-maintenance organizations that make profits by limiting costs. The drugs used in an assisted suicide would cost less than \$100. Yet, it could cost \$100,000 to provide quality care so the patient doesn't want suicide.

Then, there are issues of inheritance and life insurance. Elder abuse and neglect are terrible concerns. These and other problems of cultural dysfunction would make assisted suicide especially dangerous.

People who are dying and disabled need love, inclusion and medical care that values their lives, not hastens their deaths. Washington voters know this. That is why they turned their backs on assisted suicide by a margin of 54 to 46 percent in 1991, and would be likely to do so again should the issue be placed on the state's ballot.

Euthanasia Prevention Coalition Newsletter #64 (May 2006)

GP's must decide on time over Euthanasia request

Expatica News - Brussels - March 27, 2006

Doctors must ensure in future that they inform their patients on time whether they are prepared to perform euthanasia.

The recommendation has been included in the ethical guidelines for medical professionals that were amended last week.

Informing a patient on time gives them a chance to consult another doctor before they become too sick, newspaper 'De Standaard' reported on Monday.

Currently, some doctors refuse at the last moment to perform euthanasia due to ethical reasons, while some doctors avoid or ignore the question.

This will not be possible in future under the revised guidelines.

"This is only to avoid misunderstandings," the deputy head of the Order of Doctors, Ivo Uyttendaele, said

"The deontological code is no longer compatible to the new laws over euthanasia, patient rights and palliative care.

"Now that these laws have been used in practice for several years, the association has amended the code."

Call for persons under 18 to be given Euthanasia Rights

The Associated Press - Belgium - April 6, 2006

The Flemish Socialist party, a member of Belgium's coalition government, called yesterday for a change in the country's euthanasia rules to give under 18s - or the parents of younger children - the right to choose assisted suicide.

The proposed rules for children would be similar to those for adults.

Currently a patient seeking euthanasia must request it more

than once, and be terminally ill and constantly suffering.

The proposal is similar to one floated by prime minister Guy Verhofstadt's Liberal Democrats, but is unlikely to become law.

Euthanasia was legalised in Belgium in 2002.

Continued from previous page - Dignitas

Dignity in Dying, the pro- euthanasia group formerly known as the Voluntary Euthanasia Society, also said it could not sanction Minelli's views.

"We are campaigning on behalf of people who are terminally ill and mentally competent," a spokesman said. "That way you can assure you are not harming vulnerable people."

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