

Newsletter #65

June 2006

House of Lords rejects Right to Die Bill

Telegraph.co.uk - May 12, 2006

After an impassioned seven-hour debate, the House of Lords has voted to block a bill which would have given terminally ill patients the right to end their lives.

As emotions ran high, the Lords voted to delay the Assisted Dying for the Terminally Ill Bill for six months by 148 to 100, amid fears that it would be open to abuse.

The Bill would have allowed doctors to prescribe fatal doses of drugs for patients in unbearable pain.

Success for the wrecking amendment came despite a poll which suggested there was public support for the proposed new law.

The Bill, tabled by Lord Joffe, a crossbench peer, had aroused strong opposition from church leaders and the medical profession.

More than 80 peers - including Dr Rowan Williams, the Archbishop of Canterbury - lined up to have their say on the proposal, a huge number for a Friday sitting.

The Archbishop of Canterbury urged peers of all faiths to vote against the Bill.

He said: "Opposition to the principle of this Bill is not confined to people of religious conviction. Whether or not you believe that God enters into the consideration, it remains true that to specify even in the fairly broad terms of this Bill conditions under which it would be both reasonable and legal to end your life, is to say that certain kinds of life are not worth living."

Lord Joffe had told the House that a solution must be found "to the unbearable suffering of patients whose needs cannot be met by palliative care. As a caring society we cannot sit back and complacently accept that terminally ill patients suffering unbearably should just continue to suffer for the good of society as a whole," he said.

As the debate unfolded in the Lords, campaigners gathered in Westminster for a day of protests.

Supporters of Care Not Killing, which represents more than 30 charities and health-care groups, handed in a petition at 10 Downing Street signed by more than 100,000 people, demanding an end to attempts to change the law.

Petition Campaign is a success

The Euthanasia Prevention Coalition has received almost 9000 signatures from the petition campaign to the House of Commons.

The petition states in conclusion: Therefore your Petitioners call upon Parliament to retain s. 241 of the Criminal Code without changes in order that Parliament not sanction or allow the counselling, aiding, or abetting of suicide, whether by personal action or the internet.

Please return all petition by June 30, 2006.

How Will You Say Goodbye: Euthanasia Paper

The Euthanasia Papers are nearly sold out and work has begun on a new update to the paper to be available in September.

If you wish to order copies of the current edition, they are on sale for \$20.00 for 100 copies (+ shipping and handling). Only a few bundles remain. Call: 1-877-439-3348.

Updated version of Forced Exit now available

Wesley Smith has released his updated version of **Forced Exit: Euthanasia, Assisted Suicide, and the new Duty to Die** (2006).



Forced Exit was originally published in 1997 and updated in 2003. The new updated version includes new information about Oregon, the Netherlands and Belgium, as well as Smith re-writes whole sections of the book to re-focus it on the new "Duty to Die".

Purchase *Forced Exit* from the Euthanasia Prevention Coalition by calling: **1-877-439-3348** or sending: **\$30.00 per copy or 3 copies for \$80.00** (includes shipping and handling) to the: Euthanasia Prevention Coalition - Box 25033 • London • ON • N6C 6A8. Email: info@epcc.ca

I didn't assist suicide Psychologist: Swiss group aided in his friend's death. Colleague appeals complaint's rejection.

By: Harold Levy - Toronto Star - May 18, 2006.

A Barrie psychologist accused by a colleague of professional misconduct for accompanying a friend to Switzerland where a Swiss organization helped her commit suicide gave his side of the story yesterday.

Toronto psychologist Dr. Marty McKay had launched the complaint with the College of Psychologists after Peter Marshall described his experience in a letter to the *National Post*.

But Marshall told a panel of the Health Professions Appeal and Review Board yesterday that McKay was mistaken when she wrote the college that he had "confessed in the letter" to breaking the law.

"My letter does not contain the confession McKay refers to," he said. "I accompanied Su to Zurich. The letter talks about her decision to end her life. Assistance was given, but the letter states explicitly that it was provided by a Swiss organization, Dignitas, and not by myself."

Marshall stressed that the letter "in no way" counselled people to commit suicide or made any other suggestion that people should act illegally, and that a police investigation "found no evidence of criminal action on my part."

McKay has asked the board to review the college's decision to reject her complaint as "harassing and vexatious" and send it on to a discipline hearing.

Marshall, who represented himself, also argued yesterday that the college's position that it had no jurisdiction because he had acted in a personal rather than professional capacity was "reasonable."

"Compassion takes many forms," he said. "Accompanying my friend to Switzerland and being there for her was an act of compassion."

Although Marshall told the panel he did not believe it was appropriate to use the hearing as a forum for a debate on assisted suicide, he said psychologists must be free to enter the debate on assisted suicide, even when others might be aware of their personal identity.

"The alternative to distinguishing between the professional and personal capacity is for psychologists to remain silent on all controversial issues where the public interest is at stake," he said, adding the same freedom that should allow psychologists to participate in debates "also afforded me the freedom to accompany my friend to her assisted suicide and

write about the experience."

But McKay, who also appeared without a lawyer, said in her submissions to the panel that Marshall brought his profession into "disrepute" because "his high stature and public support for killing disabled people can reasonably be expected to have an impact."

McKay also argued the college failed to view her complaint as raising a "a public protection issue" because "after all, a woman is dead and members of the disabled community are reaching out to you, the board, to let you know they are personally afraid of what this means for them."

McKay argued that the college should have conducted a much more thorough investigation before rejecting her complaint.

Alex Schadenberg, executive director of the Euthanasia Prevention Coalition, was at yesterday's hearing to support McKay.

"I view the issue of professional medical people involved in the question of assisted suicides and euthanasia — especially in the case of suicide terrorism (tourism) — direct threat to vulnerable people," he said.

Graham Turrall, a clinical psychologist, said he came to the hearing especially to tell Marshall that many other psychologists would have shown him their support if they had been aware of McKay's complaint.

"In my opinion, this will become a very major issue for all health disciplines in the future because of our aging population and the increasing number of people who are unable to secure appropriate medical benefits to alleviate pain," Turrall said.

The panel reserved its decision.

Schadenberg misquoted about assisted suicides

Toronto Star (correction) - Page A2 - May 19, 2006

In Thursday's paper, Alex Schadenberg, executive director of the Euthanasia Prevention Coalition was misquoted in a story about a complaint lodged with the College of Psychologists.

Schadenberg said, "I view the issue of professional medical people involved in the question of assisted suicides and euthanasia — especially in the case of suicide tourism — as a direct threat to vulnerable people." The Star regrets the error.

Police may never release details of apparent murder-suicide

By: Eliza Barlow - Edmonton Sun, May 9, 2006

Mounties say they know who was shot first in the suspected murder-suicide of a married Red Deer couple last week.

But police may never reveal that detail of the case, said Red Deer RCMP spokesman Sgt. Neil Lemay yesterday.

“Of course it’s extraordinarily important to the family, but for the public, I don’t know why we would release that.”

A hiker taking a walk last Thursday came across the bodies of Gary Korell, 59, and Maria Korell, 54, in a rugged area east of Blackfalds.

Autopsies determined both Gary and Maria died of a single gunshot wound. Police found the gun at the scene.

While police have said the fact only one gun was found points toward a murder-suicide, Lemay said double suicide hasn’t been ruled out.

Police are also still trying to determine whether both Gary and Maria died willingly - or if one of them didn’t want to be there.

No more suspects are being sought in the case.

Neighbours of the Koreells in their low-income Red Deer mobile home park told the Sun on the weekend that Maria had long suffered from multiple sclerosis, though she was still able to walk.

The couple earned extra money to supplement their fixed income by cleaning and doing maintenance on show homes for M&K Homes near their own trailer.

Tom Beebe, one of the Koreells’ neighbours, said the couple occasionally visited a food bank when things got tight.

Lorraine Evans-Cross, executive director of the MS Society of Canada’s Central Alberta chapter in Red Deer, said financial hardship is often one of the struggles MS victims face.

MS is usually diagnosed between the ages of 15 and 40, before people have time to amass savings.

The disease occurs in twice as many women as men.

Because it can be so physically debilitating, MS patients often have to revamp their homes to make it easier for them to get around, said Evans-Cross.

“It’s a tragic case and our hearts go out to their family and friends,” she said of the Koreells’ deaths.

“The MS Society recognizes that life with MS can be difficult. Its symptoms can be profound and have a profound effect on family and friends.”

Evans-Cross said she didn’t know Maria Korell personally and couldn’t confirm whether she was a client of the MS Society, citing privacy laws.

She encouraged MS victims to reach out to the MS Society and to other community supports to help them cope.

Multiple Sclerosis has been cited as a factor in several assisted-suicide cases over the last decade.

In September 2004, a 60-year-old Montreal mother pleaded guilty to aiding in the suicide of her 36-year-old son, who was in the early stages of MS.

The Koreells’ daughters were at their parents’ mobile home yesterday but declined to comment.

2005 - Florida research study proved that Murder-Suicides are usually not a “Mercy” Killing

By Alex Schadenberg

A research study conducted by Malphurs and Cohen, et al, and published in Am J Geriatr Psychiatry in March 2005 found that Murder-Suicides among the elderly are rarely “mercy killings”

Donna Cohen, who has studied homicide-suicide among the elderly since 1993, said that in the majority of cases, the homicide-suicide is committed without the wife’s consent or knowledge by a husband who has a need to control and who is depressed and feeling overwhelmed by his care-taking

responsibilities.

Cohen said that the victims of such “mercy killings” often have defense wounds showing that they have tried to fight back. And the reason for the mercy killing may be trumped up, she said.

The media should be more careful when reporting cases of murder-suicide, such as the Koreells’. Just because Maria Korell had MS doesn’t mean that she wanted to die, or died willingly.

Even the article points out that the police are still trying to determine whether both Gary and Maria died willingly.

Pill ‘reverses’ vegetative state: A sleeping pill can temporarily revive people in a permanent vegetative state to the point where they can have conversations, a study finds.

BBC News - May 23, 2006

Zolpidem is usually used to treat insomnia.

South African researchers, writing in the NeuroRehabilitation, looked at the effects on three patients of using the drug for up to six years.

But one expert in neurological rehabilitation said it was possible the patients had a different condition.

A person in a vegetative state will appear to be awake and may have their eyes open, but will show no awareness of their surroundings.

They will not be able to interact with other people, and will show no responses to sounds or things that happen around them.

But they will show signs of movement, and cycles of sleep and may be able to breathe on their own.

Response

Each of the three patients studied was given the drug every morning.

An improvement was seen within 20 minutes of taking the drug and wore off after four hours, when the patients restored to their permanent vegetative state.

Patient L had been in a vegetative state for three years, showing no response to touch and no reaction to his family.

After he was given Zolpidem, he was able to talk to them, answering simple questions.

Patient G was also able to answer simple questions and catch a basketball.

Patient N had been “constantly screaming”, but stopped after being given the drug when he started watching TV and responding to his family.

Dr Ralf Clauss, now in the nuclear medicine department at the Royal Surrey Hospital was one of the researchers who carried out the study.

He told the BBC: “For every damaged area of the brain, there is a dormant area, which seems to be a sort of protective mechanism.

“The damaged tissue is dead, there’s nothing you can do. But it’s the dormant areas which ‘wake up’.”

Activity trigger

He said drugs like Zolpidem activate receptors for a chemical called GABA in nerve cells in the brain.

When brain damage occurs, these receptors appear to change shape, so they cannot behave as normal.

He said the drug appeared to cause the receptors in these dormant areas to change back to their normal shape, triggering nerve cell activity.

Dr Clauss added: “We are carrying out further research. The next step is to get rid of the sleepiness effect of the drug.”

Mike Barnes, professor of neurological rehabilitation at the Hunters Moor Centre in Newcastle, said it was possible that the patients had not had “true” PVS.

“A diagnosis of PVS means the patient should not wake up and respond.”

He said a study carried out by specialists 10 years ago had shown that up to 45% of patients diagnosed with PVS actually had a range of different conditions, from which they could wake up.

Professor Barnes added: “This drug could be unmasking a condition from which people are able to wake up temporarily. But if they did have PVS, it would be a remarkable finding, and certainly worth further research.”

Disability Rights Opposition to Assisted Suicide

Now International

From: Wesley Smith

The growing opposition to legalizing assisted suicide among disability rights groups has gone international. The opinion piece by Jane Campbell, Ph.D. is important. Campbell is a very politically connected disabled woman in the UK, who served her country as a disability rights commissioner from 2000-2006. She is forming NOT DEAD YET, UK to resist euthanasia and other policies that threaten the lives of disabled people. The website is: “Livingwithdignity.info” and includes the NDY,UK

I couldn’t be more pleased. As I have repeatedly noted, the most important element preventing assisted suicide from spreading beyond Oregon has been the disability rights community. Hopefully NOT DEAD YET - Canada will be next.