

Euthanasia Prevention Coalition releasing new DVD: "Euthanasia: Freedom or Threat" next month

The Euthanasia Prevention Coalition is finalizing its new DVD/video on Euthanasia and Assisted Suicide titled: *Euthanasia: Freedom or Threat*.

We consider this DVD to be our most important project that we have ever done. The DVD focuses our concerns on the personal lives of vulnerable people (people with disabilities, the elderly and the chronically ill).

The DVD features: **Catherine Frazee**, (former chair of the Ontario Human Rights Commission), **Jean Echlin** (palliative care nursing consultant and EPC vice-president), **Adrian Dieleman** (counsels people with spinal chord injuries and other disabilities), **Wesley Smith** (legal counsel - International Task Force on Euthanasia and Assisted Suicide) and **Bobby Schindler** (brother to Terri Schiavo).

We are convinced that the DVD will be effective at convincing people that euthanasia and assisted suicide represent a direct threat to the lives of vulnerable people.

Please consider donating to this project.

Bobby Schindler speaking in Ottawa

Bobby Schindler, the brother of Terri Schiavo, will be speaking in Ottawa on behalf of the Euthanasia Prevention Coalition to members of parliament on October 24, 2006.

Bobby and his family are now operating the Terri Schindler Schiavo foundation which is dedicated to ensuring the rights of disabled, elderly and vulnerable citizens against care rationing, euthanasia and medical killing.

Please donate toward defraying the costs of this event.

Arrest of Nurses and Doctor Puts Attorney General in Louisiana on Defensive

By: Christopher Drew
New York Times - August 1, 2006

During his 30 years as the sheriff here, **Charles C. Foti Jr.** was known for treating thousands of elderly people to free Thanksgiving dinners, complete with jazz and blues bands. And when he was sworn in as the state's attorney general in 2004, he made cracking down on the abuse of the elderly one of his top priorities.

His support for the state's older residents helped make him one of Louisiana's most popular politicians. But now it has led Mr. Foti, a normally cautious lawyer, into a firestorm, as many people question his decision to order the arrests of a doctor and two nurses, whom he accused of killing four hospital patients with drug injections in the desperate days after Hurricane Katrina.

Angry doctors say Mr. Foti's accusations have trampled delicate issues about end-of-life care and have made the doctor, Anna M. Pou, a scapegoat for the delays in evacuating a flooded hospital.

More than 200 local residents and evacuees have rallied to her defense on a community Web site, calling her a hero for working through the storm and accusing Mr. Foti of grandstanding. Even some of his former law enforcement colleagues criticize Mr. Foti's handling of the case and question whether his accusations will hold up.

The vehemence of the criticism has been striking, as the case has quickly become a flashpoint for the sense of abandonment and rage that many people here still feel for being left to navigate the storm's dire aftermath as best they could. And even some who have long been fans of Mr. Foti argue that whatever the doctor and the nurses did, it should not be viewed as criminal given the horrific situation.

But Charles Foti, Jr. 68, is standing firm that the case is about murder, not mercy killing or accidental overdoses.

Continued on Last Page - Louisiana

Doctor charged in attempted suicide

By Gwen Preston - Vancouver Sun, August 02, 2006

A longtime family physician appeared in court Tuesday charged with attempting to assist an elderly patient to commit suicide.

Police said Dr. Ramesh Sharma was charged after a month-long investigation into an alleged incident at a residential care facility involving a 92-year-old female patient.

Gordon Molendyk of the Vernon RCMP said the alleged attempted suicide was interrupted by care facility staff, and the patient is still alive.

Alison Paine, spokeswoman for the Interior Health Authority of B.C., refused to disclose details of the patient's health, saying only that "she is of sound mind."

Paine also withheld the name of the care facility and the name of the patient.

"I can say that Dr. Sharma is no longer working in any Interior Health facilities and has not been since we became aware of the incident," Paine said. "Interior Health is cooperating and working with the RCMP on this ongoing investigation."

The police investigation was sparked after an employee of Interior Health came forward to authorities with allegations of the attempted assisted suicide. A conviction on the charge could mean a prison term of up to 14 years.

Dr. Morris VanAndel, registrar of the B.C. College of Physicians and Surgeons, said the college will conduct its own investigation into the matter.

"We look at a different perspective — the professionalism perspective," he said. "And the reality is, these are charges that are hitherto unproven."

VanAndel said the college has never dealt with a physician charged with, or convicted of, assisted suicide. "The most famous case was Sue Rodriguez," he said. "But if there was a physician involved, they never found out who it was."

Rodriguez was diagnosed with the terminal disease ALS in 1991. She fought for the legalization of assisted suicide in Canada until her death in 1994. The Supreme Court of Canada ruled against legalizing the practice.

Then-MP Svend Robinson publicly supported Rodriguez during her fight. He was present when she died but refused to say whether a physician had assisted in her death. He was investigated but never charged.

"The college has not taken any position on [physician-assisted suicide]," VanAndel said. "But it's definitely illegal, so any position would be redundant. I'm not supportive of it."

VanAndel said he did not know what disciplinary actions the college would take against Sharma if the charges prove true. "How do you restrict a practice to prevent this from potentially happening?" he asked. "If a doctor shouldn't see children, that's easy to do. If a doctor is accused of assisted suicide, that's hard to curtail."

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British Medical Association renews opposition to euthanasia and assisted suicide.

By: Alex Schadenberg

On June 29, 2006, at the Annual Meeting, the British Medical Association (BMA) voted to clearly oppose euthanasia and physician-assisted suicide. The margin of the vote was 65% to 35%, a resounding victory.

Last year's Annual Meeting resulted in the BMA taking a neutral position on euthanasia and physician-assisted suicide. The BMA meeting, last year, orchestrated a vote on the last day and in the final hours of the meeting which resulted in 53% of the delegates supporting a neutral stand on euthanasia and physician-assisted suicide. Many delegates were upset not only with the decision of last year's meeting, but also with the tactics used to orchestrate that decision since many of the delegates had already gone home.

Following last year's vote Canada's Euthanasia Prevention Coalition announced that they feared that the change in the BMA position might effect the Canadian Medical Association (CMA) who work closely with the BMA, and also Canadian Members of Parliament who were debating Bill C-407, a bill to legalize euthanasia and assisted suicide in Canada

The decision of the BMA delegates to once again to take a position firmly against euthanasia and assisted suicide should have positive ramifications on Canadian doctors. The CMA seems to align itself closely to the British Medical Association.

Dr. Peter Saunders, the campaign director for the Care NOT Killing coalition in the UK stated on June 29: "This is fantastic result for many organisations campaigning against euthanasia. It is a very important result in terms of political and public opinion. It means that the medical profession in the UK is now firmly united in its opposition to any form of euthanasia or physician-assisted suicide. This sends a very clear message to the public and to MP's — doctors who care for dying patients understand the serious danger that would arise from legalising euthanasia. They have come to a clear conclusion today at the BMA conference that legalising killing would create more problems than it would solve.

Their verdict - that we need better palliative care for the terminally ill - sends a clear message that what we need to do is to kill the pain and not the patient. The argument that decided this vote and the similar vote in the House of Lords last month is a simple one. For sick and vulnerable patients the danger is that the right to die could become a duty to die as they feel pressure, whether real or imaginary, from family, carers and society at large to request early death."

The Care NOT Killing coalition in the UK exists to: promote more and better palliative care, to ensure that existing laws against euthanasia and assisted suicide are not weakened or repealed and to inform public opinion against any weakening of the law.

The Care NOT Killing coalition in the UK consists of 32 organisations including: The Association for Palliative Medicine, the British Council of Disabled People, RADAR, the Christian Medical Fellowship, The Catholic Bishops Conference of England and Wales, the Church of England, the Medical Ethics Alliance, etc.

Debate that won't Die: Assisted suicide issue up for debate in Canada

Opening debates on death Bloc Quebecois MP determined to introduce a right-to-die bill

By: Kathleen Harris, Sun Ottawa Bureau - July 31 2006

Opponents and advocates are bracing for an emotionally divisive national debate on the right to die.

A private member's bill from **Bloc Quebecois MP Francine Lalonde** had thrust the controversial issue onto the parliamentary agenda, but the federal election temporarily swept it off the table. Armed with the backing of many MPs who believe the time has come to legalize assisted suicide in Canada, she is now determined to put it back on.



Francine Lalonde BQ

"Having seen what's happening in other countries, it's important to have the debate, a large debate among the population," said Lalonde, who just returned from a trip to Belgium, where assisted suicide has been legal for about three years.

Based on expert legal advice from Canada and abroad, Lalonde intends to make some changes to her bill and hopes the fine-tuning will satisfy concerns that were raised by other MPs. She said the critical issue has been left drifting for too long in Canada - partly because of scant international precedents, but mostly due to a lack of political courage.

Documents obtained by Sun Media through access to information show Justice Department officials have advised the government that Canadian laws haven't kept up with the courts, which have found cases of "passive euthanasia" legally permissible in cases of physicians withholding or withdrawing life-sustaining treatment or administering pain relief medicine in doses large enough to hasten death.

The legal boundary begins to blur, the reports say, when medicine is administered with the intent to cause death instead of relieve pain.

Documents also note that tracking across the country reveals that Canadians are "very much interested" in discussing the difficult issues surrounding end-of-life decision-making.

Don Babey, executive director of the national organization Dying With Dignity, said doctor-assisted suicide is already common across Canada, but occurs under the radar because current laws make it a crime.

Medicine Quietly Administered

One report recently revealed at least 15% of doctors in Manitoba had quietly administered death-inducing quantities of pain medicine, and he suspects the number is even higher nationwide.

"This is already happening, and there should be an adequate mechanism for doctors to do it legally," Babey said.

Without legal authority for doctors to assist, he said some patients unsuccessfully try to kill themselves but wind up alive and in worse shape. Others have desperately turned to more violent ways to end their lives, such as gunshots or jumping off a roof.

Babey said confronting the legality of assisted suicide has become a pressing issue for Canada as the nation grapples with an aging population and advanced medical technology that can indefinitely prolong life.

"There are cases I'm aware of everyday of people who are just in torture, and there isn't a legal mechanism in Canada today for them to be free of it," he said.

But **Dr. Joseph Ayoub**, an oncologist who also teaches medical ethics at the University of Montreal, believes most medical organizations oppose assisted suicide because it erodes human dignity instead of protecting it.

"Assisted suicide does not honour human dignity," he said. "Especially now in the modern era of medicine, when there are ways to heal patients physically and psychologically."

Euthanasia Prevention Coalition Responds

Ayoub, who also views the issue from a Christian perspective, said it is not a doctor's role to play God. Over-prescribing medicine to end a life cannot be ethically justified and opens the door to a "slippery slope."

"First you start with patients with a severe disease like cancer at the end of their life, then you come to disabled people, then you come to handicapped children and old people in homes," he said. "It could become like you are selecting people to terminate their lives."

In addition to Belgium, the Netherlands legally permits medical euthanasia and assisted suicide.

The State of Oregon's Death with Dignity Act has legalized doctor-assisted suicide since 1997 for terminally ill patients, and Switzerland also allows doctor-assisted suicide for terminally ill patients.

Currently in the Criminal Code

In Canada, assisted suicide carries a maximum penalty of 14 years in prison under Section 241 of the Criminal Code, which prohibits aiding or counselling another person to commit suicide. Euthanasia, where someone causes the death of another person without their direct consent, counts as murder under current law and carries a penalty of life in prison.

Mike Storeshaw, director of communications for Justice Minister Vic Toews, said the government isn't immediately looking at changing existing laws.

"Opening up the debate isn't a priority for the government," Storeshaw said.

Conservative MPs would likely have a free vote if it comes to one in the House of Commons, since it is an issue of conscience, he said.

NDP MP Joe Comartin welcomes a parliamentary debate on the issue of euthanasia and assisted suicide, but said it must focus first and foremost on improving quality services for terminally ill and chronic pain patients.

"We must have services in place, so people, as much as we can maximize this, would never have to make the decision to end their own life or be assisted in doing it," he said.

Re: Assisted Suicide issue up for debate.

By: Alex Schadenberg

It is important for Canadians to know that the issue of Assisted Suicide continues to be an issue of political division in Canada. The Euthanasia Prevention Coalition is prepared to oppose any proposal to lessen the protections that exist in law for vulnerable Canadians who would become the victims of euthanasia, if legalized.

The article makes several incorrect statements that must be clarified to properly consider the issues of euthanasia or assisted suicide.

The article claims that Canadian laws have not kept up with the courts when stating that "which have found cases of "passive euthanasia" legally permissible in cases of physicians withholding or withdrawing life-sustaining treatment or administering pain relief medicine in doses large enough to hasten death."

The withholding or withdrawing of life-sustaining medical treatment **is not euthanasia** and should not be confused with euthanasia. Euthanasia is the intentional causing of death. To withhold or withdraw life-sustaining medical treatment doesn't actually cause the death of the person, the person dies of their underlying illness or condition.

To administer pain relief medicine in doses large enough to hasten death **is not euthanasia** unless it is done to intentionally cause the death of the person. When the doses of medication follow the guidelines for relief of pain, it will rarely, if ever, result in the death of the person. The intention is to relieve pain and not to cause the death.

Finally, Don Babey stated that: "There are cases I'm aware of everyday of people who are just in torture" I am shocked that Don Babey and Dying With Dignity are not helping these people find good pain control. This statement proves that Dying With Dignity is not about helping people but rather promoting assisted suicide.

In 2006, pain can be controlled.

Continued From Front Page- Louisiana

“Everybody is entitled to whatever opinion they have,” he said in an interview in his characteristically gruff style. “I have to be guided by what my duty is.”

He added, “End-of-life issues are very sensitive, especially if you are the person whose end of life we are talking about.”

Mr. Foti arrested **Dr. Pou, 50**, a respected medical school professor, and the nurses, **Lori L. Budo** and **Cheri A. Landry**, on July 17. Their lawyers have said they did nothing wrong. He has turned the case over to the Orleans Parish district attorney, who will present it to a grand jury before deciding whether to bring charges.

But Mr. Foti’s assertion — that Dr. Pou and the nurses deliberately killed people who they thought were too weak to evacuate — has also prompted a national debate over euthanasia and how far doctors can go in what seem like the most hopeless situations. And it has led to new questions here about the witnesses Mr. Foti relied on and whether he really got to the bottom of what happened.

Even Harry Connick Sr., the former Orleans Parish district attorney, criticized his friend’s choice of words right after the arrests, when Mr. Foti accused Dr. Pou and the nurses of acting as if they “were God” in deciding which patients should live. Mr. Connick said that kind of statement could prejudice the case and was “not in keeping” with the guidelines that normally limit how much prosecutors say.

Some of the greatest outrage has been expressed in the long scroll of posts on nola.com, the Web site of The Times-Picayune, where sentiment has run overwhelmingly against Mr. Foti’s decision to arrest the women.

Describing Dr. Pou and the nurses as courageous to keep treating patients for days at the battered Memorial Medical Center, where there was no electricity, temperatures were over 100 degrees and food and medical supplies were running low, a local resident, Brandon Robb, wrote: “Does Mr. Foti truly believe that these women risked their own lives to stay behind so that they could murder people? How absurd.”

Kathleen Dupuy wrote, “If Charles Foti wants to blame someone, he should blame himself.” When the hospital was in desperate need of evacuation, she added, “where was the help from the government and the hospital administrators?”

Mr. Foti, whose father was a dentist and whose brother is a cancer surgeon, said he and his investigators had been fair. He added, “There’s no one that takes any pleasure in this.”

According to an affidavit released by Mr. Foti’s office, the arrests grew out of accusations by four supervisors for LifeCare Hospitals that ran an acute-care ward in the hospital. As hopes for a full rescue seemed to fade on the third day after the storm, three of the LifeCare employees say that Dr. Pou told them she was going to inject a “lethal dose” into patients who seemed unlikely to survive, the affidavit states.

According to the affidavit, the witnesses said Dr. Pou and the two nurses then filled syringes and went into patients’ rooms. Mr. Foti said toxicology tests suggested that all four patients were given lethal amounts of morphine. His spokeswoman, Kris Wartelle, said tests also found high morphine levels in 10 or 12 other bodies.

But John E. DiGiulio, a lawyer for one of the nurses, said it was a “big P.R. stunt” for Mr. Foti to arrest the three women before the case had been reviewed by a grand jury.

Some experts say the toxicology tests may not be completely reliable given how badly the bodies were decomposed. And the defense lawyers say the LifeCare employees had little direct knowledge of what happened inside the patients’ rooms.

Some defense lawyers said they would question the credibility of LifeCare and its employees. The company has acknowledged that 24 of its 55 patients died, and that its top administrator and medical director were not at the hospital during these days.

And while Mr. Foti’s affidavit says that LifeCare’s employees refused to help Dr. Pou give the injections, it does not indicate that they did much to stop her before evacuating.

Mr. Foti’s office convicted a nurse in northern Louisiana last year for cruelty to the elderly in the death of a patient, and he has brought negligent homicide charges against the owners of a nursing home where 34 people drowned during Hurricane Katrina. But in at least one other instance, involving a triage nurse in Shreveport, his case collapsed as soon as a grand jury became involved.

“The grand jurors asked very good questions,” said the nurse, Sheila Lockwood, adding that her experience made her skeptical of the current case.