

Newsletter #69

November 2006

Palliative Care Programs need greater support.

Last month we explained in our newsletter about the budget cuts to the Secretariat on Palliative and End-of-Life Care. More than \$1 million was cut from palliative and end-of-life care initiatives from the budget of the Ministry of Health.

We recognize that the budget cuts from these programs are unlikely to be re-instated, but we also recognize that Canada needs an effective strategy to spearhead the necessary improvements that are required on a national basis.

The demand for euthanasia or assisted suicide increases when people experience abandonment and excruciating pain at the end-of-life. It is unacceptable that people in Canada are not receiving adequate palliative care in 2006.

Please write the **Hon Tony Clement**, Minister of Health and state:

Palliative and end-of-life care in Canada requires a new comprehensive long-term strategy with sustainable funding.

When people do not receive the necessary end-of-life care they become vulnerable to suggestions of euthanasia or assisted suicide.

I believe that the government needs to commit to a new strategy to improve the availability, education and training for medical professionals and volunteers in palliative and end-of-life care.

Send your letter to:

The Hon Tony Clement, Minister of Health
Minister's Office - Health Canada
Brooke Claxton Building, Tunney's Pasture
Postal Locator 0906C
Ottawa ON K1A 0K9
Email: Minister_Ministre@hc-sc.gc.ca
Fax: 613-952-1154

Bobby Schindler and Dr. Margaret Cottle make presentation at Canadian Parliament.

Bobby Schindler, brother of Terri Schindler Schiavo, the cognitively disabled woman who died last year after a court ordered the removal of her feeding tube at the behest of her husband, joined palliative care expert **Dr. Margaret Cottle** in Ottawa on October 26, to present before members of Parliament urging them to support programs that offer quality assistance for people with disabilities and their families and to oppose legalizing assisted suicide and euthanasia.



Bobby Schindler, Dr. Margaret Cottle, Pierre Lemieux MP

“We, as a society, are standing on a cliff with two clear and utterly polarized choices that we can make: Either we value each other - in spite of disability, or we despise each other based on those limitations”, Schindler said.

Dr. Cottle told members of Parliament that the euthanasia and assisted suicide movement in Canada threatens the foundations of the country, saying that genuine compassion is being replaced with a reliance on “rights”.

Cottle said that medical killing is based on the assumption that death can be better than living, but she said that no evidence exists that any person is better off dead and that their quality of life is going to improve.

Continue on Next Page ⇨

Schindler's presentation before Parliament follows:

On March 31, 2005, my sister, Terri Schindler Schiavo, lost her fight and died from the effects of dehydration. My sister tenaciously fought for her life for more than 13 days of being deprived of the most basic, natural and constant need we all share - food and water.

Terri was deprived of those basic things for one reason - to cause her unnatural and untimely death.

Terri lived in a neurologically compromised state for reasons that are still unknown, and my family wanted nothing more than care for Terri the rest of her natural life. My sister was not brain dead, not terminally ill, and not dying or succumbing to any killer disease. She was disabled. She was dependent on others. In fact, the only difference between my sister and all of us here tonight is that she was fed once a day by a feeding tube.

Contrary to how Terri was portrayed by Michael Schiavo, and many in the popular media, she did not have to be confined to a bed, my sister only needed a wheelchair and could have been taken anywhere. If she were still alive, she could be with us here tonight.

However, after a weeklong trial, Judge George Greer of the 6th circuit court of Pinellas County, Florida ordered that my beloved sister wanted to die this unnatural and gruesome death by taking away her feeding tube without her consent.

For almost two weeks, my family was forced to watch my sister suffer through the very real and very grisly effects of terminal dehydration. With each passing day, Terri appeared more weakened, thinner, and so very frightened. I listened to the proponents for the so-called right to die movement, defiantly deceive news audiences that what my sister endured was a gentle, peaceful and euphoric demise. I sat on the corner of her bed trying so hard to understand that what I was witnessing was actually real.

In the early morning of Feb. 25, 1990, while home alone with Michael, Terri collapsed. "She was 26 years old. Terri was deprived oxygen for several minutes and because of this suffered a severe brain injury. As I already stated, my family still does not know what caused Terri's collapsed", Schindler says.

Michael Schiavo was subsequently appointed Terri's guardian and had 100% control regarding Terri's well being. My parents had none.

Medical documents would verify that Terri was initially responding to therapy and rehabilitation, beginning to speak by forming words such as MOMMY and STOP.

In 1993 Michael Schiavo filed and won a medical malpractice lawsuit on behalf of Terri. The jury awarded 1.5 million dollars to be placed in a medical trust fund for Terri's lifelong therapy and rehabilitation.

The jury based this award in large part on the testimony of Michael Schiavo promising to honor his wedding vows and provide Terri with lifelong therapy and rehabilitation with Michael making no mention of Terri having any type of verbal death wish.

Medical documents will also verify that all forms of therapy were ordered stopped by Michael Schiavo sometime in 1992. This was in spite of Terri's improvement and in spite of dozens of doctors that over the years recommend that Terri could be helped with proper rehabilitation and therapy.

Sometime in mid 1993, Michael admitted that he tried to kill Terri by refusing to treat a UTI that would have resulted in Terri's death if the nursing had not intervened. He also admitted to having at least two intimate relationships while still being married to Terri. Coincidentally, Michael Schiavo was the inheritor of Terri's trust, which at that time was around one million dollars.

In 1994, Michael asked the woman he was dating, Jodi Centzone, to marry him, and shortly thereafter they began living together and eventually had two children during the time that he was seeking to remove Terri's feeding tube.

In 1998, Michael abruptly petitioned the court to remove my sister's feeding tube, based on hearsay evidence that my sister allegedly made in her early 20's that she would not want to live disabled.

In January of 2000, Judge George Greer held a week long trial based on this hearsay evidence. Just prior to the beginning of the trial, and almost ten years after Terri's collapse, Michael's brother and sister in law suddenly surfaced also claiming that they heard Terri made casual comments that she wouldn't want to live disabled. My entire family, including some of Terri's closest friends testified that Terri never spoke about wanting to die.

Nevertheless, on Feb. 11, 2000, Judge George Greer ruled that there was clear and convincing evidence that Terri would have wanted to be starved and dehydrated to death instead of having her family care for her for the duration of her natural life.

Throughout the entire history of mankind, never was it held that food and water constituted “medical care”. Our nation now claims food and water to be “medical treatment” instead of ordinary care, to facilitate their removal from persons deemed by the medical industry or the courts as “unworthy of life” primarily for economic reasons. Persons like Terri, with injuries and disabilities, are seen as not being worthy of life, not worth the investment.

After the seeing the cruelties and crimes committed in the 20th Century, the classification of certain groups of people as “not being worthy of life” by government leaders, particularly in Nazi Germany, who were subsequently prosecuted at the Nuremberg trials for crimes against humanity, it is beyond comprehension that we again are seeing the same culture of death impose its will upon society’s weakest and most vulnerable members. Every human being is endowed by his or her Creator with inestimable worth. Therefore no human being or agency has the authority to pronounce an innocent person such as my sister as “unworthy of life.”

I urge those in leadership to afford the protections to all weak and vulnerable people which were denied to my sister Terri.

(Dr. Margaret Cottle’s presentation will be available next month on the Euthanasia Prevention Coalition website.)

Doctor who abetted suicide to resume practice

Indo-Asian News Service - Toronto, October 31, 2006

An Indo-Canadian doctor charged with aiding a person attempt suicide has been allowed to resume his practice.

Ramesh Kumar Sharma of Vernon, British Columbia, was charged in July with aiding a 92-year-old woman attempt suicide. The College of Physicians and Surgeons of British Columbia, after a month-long investigation, suspended Sharma’s right to practice.

Now, according to reports, the college has released a statement allowing Sharma to resume his practice.

However, Sharma can practise only if he observes certain conditions, according to a report in the *Morning Star*, a newspaper of Vernon.

This includes seeing patients only at his office on 33rd Street in Vernon, no prescribing of narcotics, having a chaperone present continuously throughout all patient attendances, and ongoing review of his practice by the college.

Earlier, members of the Indo-Canadian community had come out strongly in support of Sharma after he was suspended, filling up the courthouse whenever he appeared.

Allow ‘active euthanasia’ for disabled babies,

British doctors urge

By: Francis Elliott, Whitehall Editor

The Independent - November 5, 2006

Doctors are urging health regulators to consider allowing the “active euthanasia” of severely disabled newborn babies.

The Royal College of Obstetricians and Gynaecology has put forward the option of permitting mercy killings of the sickest infants to a review of medical ethics.

It says “active euthanasia” should be considered for the overall benefit of families who would otherwise suffer years of emotional and financial suffering.

Deliberate action to end infants’ lives may also reduce the number of late abortions, since it would allow women the chance to decide whether their disabled child should live.

“A very disabled child can mean a disabled family. If life-shortening and deliberate interventions to kill infants were available, they might have an impact on obstetric decision-making,” the college writes in a submission to the Nuffield Council on Bioethics.

“We would like the working party to think more radically about non-resuscitation, withdrawal of treatment decisions, the best interests test, and active euthanasia, as they are ways of widening the management options available to the sickest of newborns.”

Such mercy killings are already allowed in the Netherlands for incurable conditions such as severe spina bifida. **John Harris**, a member of the official Human Genetics Commission and professor of bioethics at Manchester University, welcomed the college’s submission. “We can terminate for serious foetal abnormality up to term, but cannot kill a newborn,” he told The Sunday Times. “What do people think has happened in the passage down the birth canal to make it OK to kill the foetus at one end of the birth canal but not the other?”

Continue on Back Page ⇒

Dr Pieter Sauer, co-author of the Groningen Protocol, the guidelines governing infant euthanasia in the Netherlands, said British medics already carry out mercy killings and should be allowed to do so in the open. “English neonatologists gave me the indication that this is happening.”

But the paper quoted **John Wyatt**, consultant neonatologist at University College Hospital, as saying: “Intentional killing is not part of medical care... once you introduce the possibility of intentional killing you change the fundamental nature of medicine. It becomes a subjective decision of whose life is worthwhile.”

Simone Aspis of the British Council of Disabled People said: “Euthanasia for disabled newborns tells society that being born disabled is a bad thing. If we introduced euthanasia for certain conditions, it would tell adults with those conditions that they are worth less than other members of society.”

‘Assisted-death’ wording stirs debate

The Statesman Journal, Oregon, October 17, 2006 (edited)

The Oregon Department of Human Services no longer will use the phrase “physician-assisted suicide” when referring to the state’s unique law.

But the new phrase “physician-assisted death” could be as controversial as the old one.

People on both sides of the debate about Oregon’s Death with Dignity Act have been arguing about what to call the practice since 1994, when voters approved the law.

Advocates of the law and patients thinking about asking for a lethal prescription have said it is offensive to use the word “suicide.”

Before her death in August, Charlene Andrews of Salem told the National Press Club, “Please do not call it suicide. That is an insult to my fight against cancer. With cancer, we know when there are no treatment options.”

Andrews died without lethal medication.

Compassion & Choices, a national group that supports patients who want to use Oregon’s law, formally asked the agency to review its wording in light of statute’s language.

Oregon Department of Human Services officials said the name change better reflects the agency’s role as a neutral party that collects data and provides information.

The statute says, “Actions taken in accordance with (Oregon’s Death With Dignity Act) shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law.”

“This will be a sea change because how you speak of things strongly influences how you think of them,” said Kathryn Tucker, the director of legal affairs for Compassion & Choices.

Gayle Atteberry, the executive director of Oregon Right to Life, said the language change is “outrageous.”

“They have changed it to a euphemism to make it more palatable,” she said. “Do they think it is going to make it easier for people to kill themselves?”

Changing names, changing perceptions.

By: Alex Schadenberg

At the recent World Federation of Right to Die Societies conference in Toronto (Sept 7 - 10) a presentation was made concerning polling that had been done in the US concerning terminology that was considered more acceptable by the general public.

Clearly identified in the polling data was that the term suicide must not be used because it included negative connotations concerning actions that many people consider morally wrong. When the term assisted suicide was dropped for aid in dying or assisted dying the support for the same act increased.

The following articles simply represent the fact that the Oregon State government has been convinced that support for assisted suicide in their state will increase on a state-wide and national basis if they simply change the terminology.

People need to be concerned that the constant word smithing by euthanasia advocates will result in greater support for the same act that people have regularly voted against in plebiscites throughout the US. The idea is that if you think that something that you perceive to be wrong is something else then you can fool some of the people to support it.

In other words assisted suicide ceases to be assisted suicide if you stop calling it assisted suicide.

What’s next.

Murder or Mercy?

By: Alex Schadenberg , Executive Director, Euthanasia Prevention Coalition

October 2006

Is Canada facing legalization of euthanasia and doctor-assisted suicide by stealth? Recent court decisions and strategies used by euthanasia lobbyists suggest this is happening even though the law as it is written still bans both types of killing.

On October 19, 2006; Montreal Judge Danielle Côté sentenced Andre Bergeron to three years probation for attempting to murder his wife, Marielle Houle. Bergeron had tried to suffocate his wife with a plastic bag by placing it over her head and binding it tightly around her neck. Bergeron was charged in July 2005 with attempted murder but pleaded guilty to aggravated assault.

Houle had an incurable degenerative disease known as Friedreich's Ataxia, which left her significantly disabled and in need of continuing care.

What was most concerning to the Euthanasia Prevention Coalition were the comments by Côté in relation to her sentencing.

According to the CBC, Côté said: "that it was clear that Bergeron did what he did out of love and not aggression, and given the circumstances, he should not serve any prison time." After rendering her judgement, Côté said: "the country's assisted suicide laws have to be revisited."

The Euthanasia Prevention Coalition responded to the decision by stating that: "If attempting to murder someone with a disability is seen as an act of compassion then all lives of vulnerable Canadians are at risk."

Jean Couture, Bergeron's lawyer, said he would be sending a copy of the judgment to Ottawa to ask Prime Minister Stephen Harper to look at the assisted suicide law.

In January 2006, a similar sentence was given to Marielle Houle (no relation to the above-mentioned Marielle Houle) for assisting the suicide of her son Charles Fariala. Fariala was in the early stages of MS and deeply depressed. His mother, Houle, suffocated him with a plastic bag after he intentionally overdosed himself with sleeping pills and barbiturates.

Houle was given three years' probation, though the light sentence was not to be viewed as a model for other cases, stated Quebec Superior Court Justice Maurice Laramée. Rather it was a compassionate ruling in light of Houle's physical, psychological and emotional frailty. "Ms. Houle's actions remain very reprehensible and unlawful," he stated.

Also on Oct. 19, a British case was decided by Judge Brian Barker, the common Sergeant of London who gave a nine-month suspended jail sentence for euthanasia death of Gillian March by her husband David. David March found his wife Gillian in the process of attempting suicide with a plastic bag. He tied the bag around her head tightly, ensuring that she would suffocate.

Judge Barker said that his light sentence was based on "exceptional circumstances."

In September 2006, I attended the World Federation of Right to Die Societies international conference in Toronto. One of the topics at that conference was titled Nudging the Law. One of the workshop presenters was Jocelyn Downie, a professor of law and medicine at Dalhousie University in Halifax.

Downie, a proponent euthanasia and assisted suicide, believes that the law will eventually change but in the meantime she is working to change its application so the law will become null and void.

Downie explained how the guidelines that prosecutors follow in Canada could be changed. She said that if prosecutors were convinced not to lay charges then the law becomes ineffective. Recently a case in Alberta resulted in prosecutors deciding not to lay charges. Downie makes the case that criminal charges in cases of assisted suicide will rarely, if ever, result in a conviction. Therefore, she surmises that prosecutors can be convinced not to lay charges at all.

Downie also urged the use of **jury nullification** in Canada. If a jury refuses to convict because they think the law is wrong, then the person is found not guilty. This works even when the evidence for conviction is overwhelming. Downie believes that an education campaign along the lines of jury nullification would be effective for their cause.

Downie believes that the law can be challenged in the courts based on the Charter of Rights and Freedoms.

There seems to be a general trend toward the acceptance of Downie's strategy. Her position has been strengthened by the fact that when charges are laid for assisted suicide or euthanasia, those convicted rarely receive proportionate punishment for their actions.

The Euthanasia Prevention Coalition is primarily concerned for the lives of vulnerable Canadians. Laws prohibiting assisted suicide and homicide are designed particularly to protect vulnerable people. People with disabilities, the elderly and the chronically ill, whose lives are already devalued by attitudes that are ingrained within Canadian culture, are directly threatened by permissive laws relating to assisted suicide and euthanasia.

It is not in the best interest of the general public for judges to treat assisted suicide laws in a lax manner. At the same time we recognize that these acts are often connected to very difficult circumstances. We believe

that the courts must strike a balance between mercy and justice without demeaning the purpose of the law, which is to protect the vulnerable. We need meaningful sentences that are balanced by mercy.

The Euthanasia Prevention Coalition views these lenient sentences by judges as a form of judicial activism, whereby the judge recognizes that if the law is unenforced then the law will be considered null and void.

We need to express our concerns to members of Parliament by stating that we want our laws concerning assisted suicide and euthanasia not only maintained but enforced.

We also recognize that many people are suffering due to their medical condition, but also due to the lack of emotional, psychological and spiritual support that exists in our society for people who suffer terminal or chronic degenerative conditions.

The human person will naturally feel emotionally vulnerable and often depressed when they are in constant need of care that is not readily received or if they are abandoned by family members or friends based on the necessary demands that care puts on the lives of care-givers.

We need to reassess our own personal commitments and recognize that many people could use our personal help and support. We need to offer ourselves as hospice/palliative care volunteers or simply visit those people who are experiencing difficulty or need a caring listener or supportive friend.

We can change our culture by becoming witnesses of hope in a culture that lacks hope. It is not enough to oppose the evil in our society; we must offer an alternative of care.

For more copies of this article or information about euthanasia or assisted suicide contact: Euthanasia Prevention Coalition • Box 25033 • London ON • N6C 6A8, Toll Free: 1-877-439-3348, Email: info@epcc.ca