

How Will You Say Goodbye educational paper

How Will You Say Goodbye...



To Someone You Love?

Canada is moving closer to legalizing assisted suicide and euthanasia.

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We continue to promote and distribute the *How Will You Say Goodbye* euthanasia paper. We have now distributed more than 200,000 copies of the paper throughout Canada. The paper features articles on palliative care, elder abuse, disability concerns, etc.

*How Will You Say Goodbye* is designed to encourage secular Canadians to read it and be affected by its articles.

**Order the Euthanasia Paper by calling: 1-877-439-3348.**

- \$25 per 100 copies for orders of less than 500 copies,
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\* Shipping and Handling costs are extra and will vary based on the size of the order and the location.

EPC video/DVD finally ready.

The Euthanasia Prevention Coalition video will be finally completed by the beginning of February 2007.

The completion of the video was delayed by availability of the editing team and editing difficulties.

For those who have ordered the video, please be assured that it will be sent out as soon as it is ready.

The video is being sent out along with a presentation format. The presentation material allows people who care about the sanctity of human life and vulnerable Canadians to present to groups without being an expert on end-of-life issues.

The video features: Bobby Schindler, Wesley Smith, Catherine Frazee, Adrian Dieleman, Jean Echlin, Senator Sharon Carstairs, Reg Hancock, and more.

New UN Convention Forbids Withdrawal of Food or Fluids from People with Disabilities

By John-Henry Westen

LifesiteNews.com - December 15, 2006 (edited)

The newly approved United Nations "Convention on the Rights of Persons with Disabilities" which was adopted by the General Assembly Wednesday forbids nations which sign on to it from denying "food and fluids" to people with disabilities.

Article 25 of the Convention, which deals with health, directs (in sub-section f) nations to "Prevent discriminatory denial of health-care or health services or food and fluids on the basis of disability."

Commenting on the development, Alex Schadenberg of the Euthanasia Prevention Coalition told LifeSiteNews.com that: "To cause death by dehydration by denying fluids and food to a person based on their disability or cognitive ability, such as Terri Schiavo, is to kill them by euthanasia."

In March 2005 Schivo died of dehydration after being intentionally denied food and fluids for 13 days.

Schadenberg said the section was "the most important" of the Convention "because if it is recognized it will act by protecting people with disabilities, who are not otherwise dying, from being killed by dehydration." Schadenberg noted that such deaths are a form of euthanasia.

"To kill a person by dehydration is the ultimate affront to the equality and dignity of the human person. People with disabilities are so devalued that they are even denied the most basic necessity, food and fluid," he said.

"Quality of life concerns can never justify euthanasia of persons with disabilities, whether by action or omission," he explained. "These deaths are often motivated by eugenic and economic considerations and they are sold to the general public based on a philosophy of end-of-life choice."

Concluding, Schadenberg said, "Article 25 (f) must be heeded by all governments as a way of ensuring true equality and freedom for all people with disabilities, especially the cognitively disabled."

## **Incremental infanticide: Who is it good for?**

By Colleen Clements

The Medical Post - January 09, 2007

### **The medical profession is taking baby steps toward killing severely disabled newborns**

The Royal College of Obstetricians and Gynecologists in Britain is calling for taking the next step in euthanasia or "mercy killing." That won't be allowed to be conceptually clear, though. Instead, it will be presented as a neutral discussion looking at all the possibilities of the mercy killing of severely disabled babies. The college calls it a "deliberate intervention" to cause the death of such disabled infants, and wants to initiate simply a debate and analysis of possible legalization of such direct killing. The college was most careful to state it was not necessarily supporting such killing, but was only supporting talking about this deliberate intervention and its ethical and legal implications. This is, of course, a classic example of the deliberate incremental steps of euthanasia advocates and the techniques successfully used to enable those steps.

Withdrawing or withholding treatment in cases of severely disabled newborns or infants is legal in many cases, sometimes without the permission of the parents, or even against the wishes of the parents. In those cases of hospital desire to withhold or withdraw treatment, futility of treatment is the reason generally given. In cases where the parents support withholding and withdrawing treatment, the quality of life of the child is the predominant reason. This step in indirect killing was taken with the same strategy as the new step suggests. Working groups reported to medical journals, but the working groups were usually activists for the step. Legal cases were fought as major index cases, with activists again supplying support and legal help. The first cases were assured to be only with the consent of surrogates, and freely decided by those surrogates only, not by the hospital system. Previous steps in indirect killing of patients were used to argue that the new step had to be taken to insure equality under the law and not discriminate against certain other groups who did not yet enjoy this right.

With a combination of bioethics activists, media ideal cases and legal extension of existing rights, the withholding and withdrawing step was fully instituted in most Western societies, including the U.S. and Canada. Having begun with what was inaccurately characterized as a neutral discussion only, the step was quickly implemented. Incrementalism is a potent tool.

This call by the British College is part of a step-by-step advance which will eventually allow physicians to directly kill severely disabled babies. If it follows the pattern, we will next see an emotional argument made where great pain and suffering occurs to a helpless baby because physicians were not able to directly kill that child and end the suffering. Other cases will follow, and there will be a call to change the law, either by using a case or by statute. We will again be falsely reassured that only freely chosen killings will occur, with loving surrogates making those choices based on what is good for the child.

No one will talk much about the economic savings that could be realized from such direct and swift killing. "Safeguards" will be put in place to further reassure the public, although in reality no safeguards are very effective and can easily be circumvented. (I've seen how easily that can be done, time after time.) We will come up with new words to describe such killings, words that will make us complacent and buffer us from reality; words like "deliberate intervention" rather than "direct killing by physicians of disabled babies."

But I do have to reveal my emotional mixed feelings about this bioethics issue. Life is never simple or easy. My own second pregnancy was a wished-for pregnancy, but there was an early complication. In my first three weeks, I had been exposed to rubella by my niece and nephew.

When I called my physician, having just learned I was pregnant, he had me come in that weekend to his office, where he had managed to get a shot of immunoglobulin for me. I arrived at his office with a beginning rash that morning. He took one look and shook his head. There was no point to the shot. I already had the disease. He was an internist, and his concern was high for the pregnancy.

My obstetrician, at the first meeting, was nowhere near that concerned. He felt the new research out of Australia was preliminary and likely to be wrong. He reassured me he had never had a single case of bad outcome in his practice from a rubella infection. He advised against terminating the pregnancy, and since that was compatible with my desire for a second child, I accepted his advice.

Unfortunately, his advice was incorrect. The pregnancy seemed to be abnormal to me, but he said nothing. On the last visit in my seventh month gestation, he did not tell me he could hear no baby's heartbeat, nor did he tell me he was concerned about the fetus and its failure to grow. A few days after that visit, labor began unexpectedly for me, and it was at the hospital that I learned the fetus was dead in utero. A macerated fetus (a girl I did not see) was delivered quickly,

and an autopsy revealed Tetralogy of Fallot in a fetus that had failed to thrive.

It was a sad time, yet I was also relieved the fetus had died. The heart defect was only one sign of a disabled fetus. Most likely, the brain would have been damaged as well, and the consequences would not have been ones I could have borne. I would strongly have wanted that child to die, for its sake and for mine, and the future six children I would have would not have had to be unrealized because of this damaged fetus. I could have coped. But not at the beginning of life. There is something about that tragic fate that makes me want to say to physicians, “All right, directly kill the child.”

But that is irrational and wrong. I thank the fates that the fetus died in utero, without anyone having to destroy it, but I can't agree that physicians killing babies is ethical or wise. We really need to hold the line at withdrawing or withholding treatment at the surrogate's request, or we create an immoral society. What in summary are the arguments?

- The baby's quality of life is too low to justify its continued life. Using that argument, children born in impoverished countries or families should be killed. We could just as easily make that argument. It is not always clear what constitutes sufficient quality of life, and most of us will eventually wind up in situations where others question our quality of life. Our right to exist is a fundamental right, for which we do not have to justify ourselves.

- We already allow such children a slow death, and a quick direct intervention would be more ethical, since there is no difference between indirect and direct killing. There is, in fact, a critical difference, even though the external outcome is the same—death. Someone has to sanction the killing and someone has to do it. That extracts a dangerous price from social values and from the physician's internal values. It is always risky ethically to kill a member of our own species, for it destroys the social bonds that make everyone's existence possible.

- If we give disabled babies the benefit of indirect killing, it is their right to enjoy the benefit of direct killing. I will allow that in extreme cases, there may be a benefit to dying, though physicians lately are far too likely to side with death rather than life. But the personal and social costs of direct killing are too high, and we already have indirect killing in such extreme circumstances. Dying can be made comfortable. If it can't, the alternative is not to withdraw or withhold, rather than to directly kill. Or at least, there are two logical and opposite alternatives to that argument, which makes it a non-argument.

- Medical care is more appropriately given to “normal” babies and patients, and the money should not be allocated to the disabled. I will accept that argument from the nations with the very lowest economic levels, but not from the developed world.

- Medicine should prevent suffering. Yes, it should, but not at the cost of physicians terminating the sufferers and allying themselves with death. There is a tendency to romanticize death or to side with the aggressor death. Physicians need to guard against that.

There will be safeguards to prevent abuse, and surrogate autonomy trumps other values. No safeguards can prevent abuse. Autonomy cannot trump all other values in any other area of society except medicine and abortion, and it is a suspect trump even there.

*Colleen Clements is adjunct clinical associate professor of psychiatry at the University of Rochester in Rochester, N.Y.; clementsebooks.com.*

### **Sick Kids Hospital in Toronto discusses the intentional dehydration (euthanasia) of newborns with disabilities**

On January 18, 2007; (after the newsletter is printed) The Bioethics Department of The Hospital for Sick Children is holding a discussion forum on the intentional death by dehydration (euthanasia) of newborns with disabilities.

The information provided by the hospital states:

“On rare occasions, when other, more invasive forms of life-sustaining treatment such as assisted ventilation, have been withheld or withdrawn from the care of newborn infants with profoundly poor prognoses, the withdrawal of hydration and nutrition may become a focus of consideration. While in the past this was a rare occurrence it is being increasingly considered today, within the overall spectrum of end-of-life care. This practice raises a number of both ethical and practical issues. In this presentation it will be argued that when the prognosis is so bleak and feeding is perceived as burdensome and not in the child's best interest, neither morality nor the law can be shown to stand in the way of a decision to withdraw hydration and nutrition. However, the great symbolism of feeding newborns and the psychological impact of withdrawing hydration and nutrition requires moving very slowly and with great caution.”

Alex Schadenberg will be attending this discussion forum and he will report on it in the next newsletter.

## Health officials redefine assisted suicide

By: Tom Strode

Southern Baptist Convention, Baptist Press - Jan 2, 2007

When is physician-assisted suicide not really suicide?  
Apparently when medical professionals say it isn't.

The American Public Health Association has joined the Oregon Department of Human Services in redefining the act of a terminally ill person taking drugs to kill himself. Terms such as "suicide" or "physician-assisted suicide" should be rejected in favor of such phrases as "aid in dying" or "patient-directed dying," the APHA decided in a resolution announced Dec. 20.

The APHA's Governing Council adopted the resolution in early November as an interim policy until it is confirmed in 2007. The resolution calls on reporters, public policy makers and medical personnel to use the "value-neutral terms" to describe a "mentally competent, terminally ill" person taking his own life.

The council cited in its resolution Oregon's October decision to halt the use of "physician-assisted suicide" to describe those who take their own lives with the aid of lethal prescriptions from doctors. Instead, the state's Department of Human Services will refer to such people as "persons who use the Oregon Death With Dignity Act."

Oregon, the only state that has legalized assisted suicide, has recorded 246 deaths by such means since its Death With Dignity Act took effect in late 1997.

Wesley Smith, a bioethics specialist and lawyer, decried the euphemistic sleight of hand.

"This is pure politics, of course," Smith wrote on the bioethics.com web log. "It isn't medicine. And it isn't health."

A "surreal world" is being entered, he said. "Words mean nothing other than what we want them to at the moment, and this is changeable from moment to moment. Clocks run backwards. Up is down, and east is west. The moon is made of blue cheese, if that serves our purposes. And the basic institutions of society are being steadily corrupted."

The APHA, founded in 1872, represents more than 50,000 members in about 50 public health occupations.

## Euthanasia Lobby - changes the language of the debate

By Alex Schadenberg - Jan 3, 2006

The euthanasia lobby is working its way through American institutions, in this case The American Public Health Association, to word-smith the question of assisted suicide.

At the World Federation of Right to Die Societies international conference in Toronto, in September, the euthanasia lobby explained to the delegates that polling data and focus groups have proven that when language surrounding euthanasia and assisted suicide is altered, support for these acts is also altered.

They suggested that words such as: suicide and assisted suicide were packed with negative connotations. They made it clear that their goal was to change the use of language to use terms such as: "Aid in Dying" rather than assisted suicide.

In California, Compassion and Choices, the leading assisted suicide advocacy group in the United States, said that their polling found that when terms such as Aid in Dying are used in the place of assisted suicide that they gained a 15% point jump in support for their proposal.

The euthanasia lobby believes that many people are able to be fooled most of the time.

With plebiscites and/or legislative initiatives being planned for California, Vermont, Washington State, Canada, and others, we need to be clear by informing the public that just because the proposals are worded differently, doesn't mean they are different.

In other words, language can kill.

### Comments by Dr. Paul A. Spiers, - Chairman, Board of Directors - Compassion & Choices to their members

"Your readers may be interested to know that the American Public Health Association adopted this value-neutral, more accurate, more descriptive language as a result of the efforts of Compassion & Choices' Director of Legal Advocacy, Kathryn Tucker. Attorney Tucker presented the State of Oregon's language, on which she had also worked, to the APHA at their meeting in Boston this past November. So, as your readers can see, helping to re-frame the public dialogue on Aid in Dying is just one of the many benefits that come from supporting, or becoming a member of Compassion & Choices"

## **“Assisted Suicide” in Spotlight After Report of Painful Death**

Deutsche Welle Reports: - Jan 10, 2007

A Swiss group that says it has helped more than 600 seriously ill people end their lives has come under renewed criticism after reports that a German woman suffered severe pain when taking her life at its Zurich clinic.

Zurich's SonntagsZeitung newspaper reported on Sunday that a 43-year-old German woman with a brain tumor, referred to by her initials A.H., cried out in pain for four minutes after taking a fatal dose of poison prepared by the organization, Dignitas, in November 2006.

She had cried out: "It's burning. I'm burning," friends who accompanied her told the newspaper. She then fell into a coma but it took another 38 minutes before she was pronounced dead, the paper reported.

Dignitas declined to discuss the allegations on Monday.

"We have no comment on any reports by the Tamedia house in Zurich," Dignitas head Ludwig Minelli told the AFP news agency in an email. Tamedia publishes the SonntagsZeitung.

Another German client of the organization, a stroke victim identified as Peter A., spent three days in a coma before dying in August 2004 after taking a fatal dose of medication, the SonntagsZeitung reported. This contrasted with the quick and dignified death that Dignitas promises, the paper added.

Liberal Swiss law

A spokeswoman for the Zurich canton prosecutor's office said it was too early to say whether a probe would be launched into the reported incidents.

An assisted suicide in Italy has sparked controversyBildunterschrift: Großansicht des Bildes mit der Bildunterschrift: An assisted suicide in Italy has sparked controversy

In a speech to Britain's Liberal Democrat party in September 2006, 74-year-old lawyer Minelli said that since its creation in May 1998, Dignitas had "helped 619 members to end their lives without any complication."

Swiss law on assisted suicide is amongst the most liberal in the world. It authorizes passive assistance for suicide, allowing a doctor to supply a terminally ill person with a fatal dose of a drug, although the patient must take the dose without the doctor's help.

It is illegal in Switzerland to actively help someone to die, such as by administering an injection.

Dignitas attracts terminally ill patients from all over Europe as laws in most EU member states are either ambiguous on assisted suicide or outlaws it as a last resort for long-suffering people.

In 2005, the organization sparked opposition from many German politicians and church leaders when it opened an office in the German city of Hanover.

### **Reports about not perfect assisted suicides in Switzerland have been a hoax**

By: Ludwig Minelli, director of DIGNITAS - Jan 13, 2007

DIGNITAS at Forch-Zurich, Switzerland, is able to prove that the story published first in 'Politiken' at Copenhagen and then in 'Sonntags-Zeitung', Zurich, about not perfect assisted suicides have been \_\_\_ hoaxes which have been multiplied by other \_\_\_ media such as 'Deutsche Welle' or 'Bild' in Germany.

The fact that DIGNITAS did not comment the publications first is due to the idea that a reasonable person will never comment a \_\_\_ set by an \_\_\_ at the door of their house.

The minutes of both assisted suicides do show that both persons have fallen asleep with an afterwards deep coma within four to five minutes.

Two most reliable and independent witnesses who have been present at the assisted suicide have told DIGNITAS that the 43 year old German lady with a brain cancer did never scream that the medicament is burning her, but that she said with normal voice that the medicament is very bitter.

DIGNITAS knows since years that normally people who have take 15 grams of Pentobarbital of Sodium do fall asleep within two to five minutes. After they have fallen in coma, the time until death occurs is always quite different. About 90 percent of the patients die within 30 minutes to one hour, but in very rare cases - about one in 500 -, much more time is needed. In those cases, the position of the person who is still in a deep coma will be changed so that the person lies on her right side, and this movement seems to accelerate the process.

In all 675 assisted suicides which have taken place at DIGNITAS' since 1998 to the end of 2006, nobody has died with pains.

On the other hand, there have been clinical problems with the performance of euthanasia and physician-assisted suicide in the Netherlands, as 'The New England Journal of Medicine' has reported