

Kiwis in death drug trip to Mexico

Stuff.co.nz - February 6, 2007

Elderly and sick Kiwis will travel to Mexico accompanied by the man dubbed "Dr Death" to buy powerful suicide drugs they then plan to smuggle home.

Euthanasia advocate Philip Nitschke told The Dominion Post that he was organising the first trip for New Zealanders to buy the life-ending drug Nembutal, which is used by vets to put animals down. The powerful barbiturate is used in countries, including Switzerland, where euthanasia is legal.

Dr Nitschke said he planned to meet about eight Kiwis - who will spend an estimated \$15,000 on the trip - next month in San Diego. He would then escort them to Mexico, where the drug can be bought legally. He would help them find the drug and buy it and said it was then up to them if they wished to risk bringing it back to New Zealand.

The Kiwis would be expected to make the return trip themselves, taking responsibility for their actions.

A Customs spokeswoman said that, if the group was found to have Nembutal, it would be seized as with other "restricted or prohibited" goods.

Dr Nitschke, who has been dubbed Dr Death for his euthanasia advocacy, is due to arrive in New Zealand this week to launch his controversial book *The Peaceful Pill Handbook*, which is restricted in Australia pending a hearing to have it banned.

His New Zealand visit is already mired in controversy after the Medical Council complained to the Health Ministry that his activities were potentially illegal.

During a visit last year, Dr Nitschke discussed producing New Zealand's first suicide pill and encouraged workshop participants to approach a "friendly vet" to source Nembutal here.

Voluntary Euthanasia Society of New Zealand president Jack Jones said the Mexico trip was risky, but some members wanted to take it as "insurance". "They want to have the means to their own departure readily available." Mr Jones refused to name those making the trip. They were mainly in their 70's and 80's, he said.

"They're taking a risk. Bringing it across the border (and into the United States) at Tijuana - and then boarding the plane with a US ban on liquids."

The group would then have to get the drug past New

Zealand Customs officials.

Younger people with potentially terminal illnesses were also considering Mexico but had to be well enough to make the "gruelling trip", Mr Jones said.

Health Ministry drug regulator Medsafe has warned it is illegal to carry pentobarbital, the active ingredient of Nembutal, without a prescription. "Pentobarbital is classified as a c4 drug (under the Misuse of Drugs Act) and access to it requires a prescription from a registered medical practitioner," Medsafe principal technical specialist Stewart Jessamine said.

Dr Nitschke's book *Killing Me Softly* describes Nembutal as the drug closest to that which his euthanasia group, Exit, sought to provide in its "peaceful pill".

Medical Association chairman Ross Boswell has said barbiturates were previously found in sleeping tablets, but now doctors "rarely, if ever" prescribed such medication.

Aussie euthanasia crusader Nitschke launches book

News.com.au - February 12, 2007

Australian voluntary euthanasia campaigner Philip Nitschke launched his controversial book in New Zealand yesterday. About 50 people attended a workshop in Auckland conducted by Dr Nitschke to learn how to end their lives.

Following the workshop Dr Nitschke launched *The Peaceful Pill*, the book which has been the subject of an appeal by Australia's Attorney-General Philip Ruddock who is trying to stop its sale.

"It (the book) is about assessing your end of life choices, if you want to end your life peacefully and reliably," Dr Nitschke said. He was concerned that people who were depressed and suicidal would buy the book, but said this was no grounds to ban its sale. Nitschke's book is currently available in the US, **Canada**, Europe and Australia.

Charles Seppings, 77, was at the book launch. "What you want is an insurance policy. That is what this is all about," he said.

New Zealand's Office of Film and Literature Classification (OFLC) said last week the book could be banned in New Zealand.

The language of death

How lawmakers talk about assisted suicide: highlights the language we use to soften our reaction to death.

February 12, 2007

By Geoffrey Nunberg, a linguist at UC Berkeley's School of Information, is the author of the book: "Talking Right."

This week, California Assembly Speaker Fabian Nuñez and a group of Democratic legislators will reintroduce the California Compassionate Choices Act, which would allow terminally ill patients found to be of sound mind to request medication from doctors "to provide comfort with an assurance of peaceful dying if suffering becomes unbearable."

Like the 1994 Oregon Death with Dignity law it is based on, the California bill nowhere mentions suicide, except to say that "actions taken in accordance with this bill shall not constitute suicide or homicide."

That clause was framed to address concerns about legal liability and life insurance benefits, but the avoidance of "suicide" is also an implicit acknowledgment of the stigma attached to the "S-word." The choice of words makes a big difference in how people come down on laws governing the choice to die. In a 2005 Gallup survey, 75% of adults agreed that doctors should be allowed by law to "end the lives" of patients suffering from incurable diseases if the patient and his or her family requested it. But when the question was worded as permitting doctors to "assist the patient to commit suicide," only 58% of the respondents agreed. That's one reason supporters of the measures have shied away from talking about "assisted suicide" in favor of a battery of gentler phrases, like "aid in dying," "choice in dying" and "end-of-life choices."

Not surprisingly, opponents hear those phrases as Orwellian euphemisms. When Oregon's Department of Human Services announced that it would be dropping the phrase "assisted suicide" from its website, Dr. Charles Bentz, the director of a group opposed to the Oregon law, charged that the department was "trying to take away those stinging, harsh terms that can lead to guilt. They are backing away from calling it what it is — a suicide and an act of medical killing."

But *is* "suicide" really the appropriate label here? To most of us, the word suggests fanaticism, desperation or mental unbalance. Certainly most patients who want a doctor's help to end their lives wouldn't qualify as "suicidal" by the ordinary definition of the term. And like other words ending in the suffix "-cide," "suicide" has overtones of criminality or wrongdoing — it's an act we speak of people "committing," like grand larceny or adultery. In fact, the Oxford English Dictionary expands its definition of "suicide" as "the act of taking one's own life" with the synonym "self-murder."

To some of its opponents, "murder" is just what the California bill would permit patients and their doctors to perform. But most people are reluctant to speak of suicide when the choice to die seems defensible or at least understandable, in the same way we don't use "homicide" to describe soldiers who kill in wartime.

The New York City medical examiner's office demurred from listing suicide as the cause of death for any of the people who jumped from the World Trade Center on 9/11. They recorded the deaths as homicides, following the logic that has the Oregon law instructing doctors to list cause of death as the patient's disease.

Then, too, to describe phrases like "aid in dying" as euphemisms isn't necessarily to condemn them. Every culture and every age has felt the need to find words that palliate the harsh realities of death and dying. Most of the English vocabulary of death had euphemistic origins. "Cemetery" is from the Greek word for a dormitory, and until the Crimean War, "casualty" was just a word for an accidental loss.

"Execution" and "capital punishment" were introduced to distance the brutal facts of state killing. And "suicide" itself was coined in the 17th century as a more decorous name for what Shakespeare called "self-slaughter." Some euphemisms exist to lessen a sense of culpability — "execution" and "collateral damage," for example. But most are what the classicist Richmond Lattimore called "the alleviations of death." Terms like "pass away," "succumb," "the departed" and "fallen" serve to comfort the dying and console the living.

Phrases like "hastened death" and "aid in dying" clearly belong in the second group, even if you think they also belong in the first. Or, at least, they represent the sort of softened language anyone would choose when sympathizing with a friend whose terminally ill mother had chosen to end her life. When you're speaking to the bereaved, compassion should always trump ideology.

But all of this creates a familiar quandary for the media and government bodies. In an age that has polarized the vocabulary of moral and political values, it can be hard to find neutral linguistic ground. Most media (including the Los Angeles Times) still speak of assisted suicide, whatever reservations people may have about the phrase. For now, anyway, items like "aid in dying" and "end-of-life choices" are simply too vague to convey the specifics of the laws to the average reader. And while a reference in an Associated Press report to "a law that allows doctors to assist in hastening the death of a patient" may be more explicit, it doesn't exactly roll off the tongue.

Ultimately, one or another term may very well emerge from the welter of euphemisms to become the new label for these choices. It's worth remembering that "pro-choice" and "affirmative action" were regarded as oblique euphemisms when they were first introduced, and so were "welfare," "social security" and "free enterprise" in earlier periods.

Even if the media wind up sticking with "assisted suicide," the terminology controversies are bound to change the way people think about the issue. From civil rights to feminism to gay rights to modern conservatism, the success of influential social movements can be measured by their power to throw our settled vocabulary into disarray.

"Separate but equal," "ladylike," "deviant," "liberal" and now "suicide" — when the old words no longer appear transparent and uncomplicated, we're obliged to either abandon them or justify them anew, reexamining our own attitudes along the way.

Euthanasia Prevention Coalition co-sponsors
International Euthanasia Symposium

Death on Demand

The Euthanasia Prevention Coalition is organizing the first ***International Euthanasia Symposium*** for the weekend of Nov 30 - Dec 1, 2007 at the Toronto Airport Sheraton Hotel.

The *International Task Force on Euthanasia and Assisted Suicide*, the *Physicians for Compassionate Care* in Oregon and the *Vermont Alliance for Ethical Health Care* have agreed to co-sponsor the Symposium with us.

Internationally renowned speakers have already been booked.

Please mark your calendars and make plans to attend. Further information will be in the next newsletter.

Canadian Hospice Palliative Care Association's
Position on Assisted Suicide

The Canadian Hospice Palliative Care Association (CHPCA) in their November 22, 2006 board of directors meeting replaced their position of opposition to assisted suicide to a position of "studied neutrality." This is exactly the same position that the British Medical Association adopted in 2005 only to face an uprising by their membership at the 2006 annual meeting where 65% of their membership voted to oppose assisted suicide.

This is of significant concern for the Euthanasia Prevention Coalition, for people with disabilities and for the majority of palliative care medical professionals.

Please contact your local hospice/palliative care association and state:

"I am opposed to the recent decision of the CHPCA board of directors to move to a position of "studied neutrality" on the issue of assisted suicide.

I am concerned that if assisted suicide becomes part of hospice/palliative care that the lives of the most vulnerable Canadians will be threatened by family members and medical care providers who question their "quality of life."

By: Wesley J. Smith

First Things, February 8, 2007

The Swiss Supreme Court has ruled that people with mental illnesses can be legally assisted in suicide. The case came about when a member of Dignitas, an organization that, for a fee, provides a safe house for, and assistance with, suicide, brought a lawsuit seeking the right to have his death facilitated. The man does not have cancer, AIDS, or another physical illness, as that term is popularly understood. Rather, he is depressed from bipolar disease. But this does not mean that he does not have a right to die. According to the International Herald Tribune, the Swiss high court ruled, "It must be recognized that an incurable, permanent, serious mental disorder can cause similar suffering as a physical (disorder), making life appear unbearable to the patient in the long term."

No one should be surprised by the Swiss ruling. The two weight-bearing ideological pillars of euthanasia/assisted suicide advocacy—a radical individualistic notion of "self-ownership" and the deemed propriety of killing as an acceptable answer to the problem of human suffering—virtually compel this result. After all, many people suffer more intensely and for far longer than people who are dying. And, if choice is the be all and end all of personal freedom, then who can gainsay a suffering person's decision to die? Hence, rather than being a radical extension of assisted suicide ideology, the Swiss court decision is simply its logical outcome.

Indeed, the Swiss court is not the first to issue such a ruling. More than ten years ago, the Dutch Supreme Court reached a strikingly similar conclusion in a decision interpreting the parameters of the Netherlands' euthanasia program.

The case involved the 1991 assisted suicide of a depressed woman named Hilly Bosscher. After Bosscher's two sons died, she became obsessed about being buried between them.

Continued on the Next Page

Death on Demand - Continued from the Front Page

She approached the Dutch psychiatrist Boudewijn Chabot, an assisted-suicide advocate, seeking his help in killing herself. Chabot met with her on four occasions but did not attempt treatment. Instead, believing that she would never improve, he assisted Bosscher's suicide. The Dutch Supreme Court subsequently approved, finding, like the Swiss court after it, that the law cannot distinguish between suffering caused by physical illness and that caused by mental anguish.

These European cases are consistent with ongoing advocacy among some American mental-health professionals for the recognition of what is called "rational suicide" or "permitted suicide." Under this view, if a patient is deemed by a psychiatrist or psychologist to suffer from a "hopeless illness," and if the patient has a sustained desire to die, the mental-health professional is not duty-bound to engage in suicide prevention and indeed may even be permitted to facilitate a patient's demise.

This begs the question: What is a hopeless illness? The term has been defined broadly in mental-health literature as "including but limited to people with terminal illnesses, [maladies causing] severe physical and/or psychological pain, physically or mentally debilitating and/or deteriorating conditions, and circumstances where [the] quality of life [is] no longer acceptable to the individual."

We can thus see that rational-suicide advocates seek to implement a policy of suicide permissiveness. After all, "severe physical or psychological pain" could include almost any sustained illness, injury, or emotional malady—from multiple sclerosis to chronic migraine headache, from clinical depression to schizophrenia, from rheumatoid arthritis to cancer. Indeed, hopeless illness could even be reasonably interpreted to apply to almost anyone with more than a transitory desire to die, since, by definition, a suicidal person believes that his or her life is "no longer acceptable."

For political reasons, savvy euthanasia advocates, aided and abetted by the media, continue to pretend that "the right to die" is about last resort "escape valves" for the dying few (which would be wrong in any event). A few may even believe it. But the evidence demonstrates that "death with dignity" leads inevitably to "death on demand."

Wesley J. Smith is a senior fellow at the Discovery Institute and the Legal Counsel for the International Task Force on Euthanasia and Assisted Suicide.

Legal battle over 'right to die' in the UK

BBC News, February 12, 2007

Kelly Taylor has less than year to live.

Kelly Taylor interview

A 30-year-old terminally ill woman is to launch a legal battle to force doctors to allow her to die.

Kelly Taylor, from Bristol, who has been given less than a year to live, wants doctors to increase her medication to induce a coma-like state.

Mrs Taylor, who has heart and lung and spinal conditions, has also made a "living will" asking doctors not to provide artificial food or hydration.

Her doctors have refused her requests, saying it amounts to euthanasia.

Mrs Taylor's lawyers plan to use part of the European Convention on Human Rights which bans "inhuman or degrading treatment" to argue in the High Court that she should not be refused steps which will end her life.

But the British Medical Association said that giving morphine with the deliberate intention of ending someone's life was "unlawful and unethical".

I am in constant pain, suffer from breathlessness and have bed sores. I do not want to have to leave the UK in order to die

Although other terminally ill patients have gone to court to argue their right to die, Mrs Taylor's case is thought to be unique, as her solicitors are combining two arguments to try to force a change in law.

They will argue doctors have a duty to provide her with adequate pain control, even if that hastens her death - a decision known as the "double effect".

What the law says:

Doctors may give morphine or other medication to relieve pain or distress which may have the effect of shortening life - a situation called the "double effect". It is illegal to give drugs with the deliberate intention of ending someone's life. Assisted suicide, where the individual is given the means to administer fatal drugs themselves, is also illegal in the UK

But they will also ask for her living will to come into force once she is unconscious from the effects of morphine.

Her cardiologist, palliative care consultant and GP have refused to increase her medication to a level which would result in her entering deep sedation.

Mrs Taylor who has Eisenmenger's syndrome and Klippel-Feil syndrome, told the BBC she was in immense pain.

"I don't want to be looked after any more. I want to assert my own independence," she said.

"I don't really understand why I'm here. I go from day to day just making it through the day. I don't want to be here."

Suffering

People with Eisenmenger's syndrome are usually born with a large hole in the heart. The condition means that blood flow becomes reversed or bidirectional leading to shortness of breath, coughing up blood, reduced exercise tolerance, fainting and palpitations

Deborah Arnotts, chief executive of Dignity in Dying said: "Mrs Taylor is in an intolerable position."

"Her case highlights the impossible dilemma that the current law presents to patients with terminal illness where pain relief and palliative care do not work to relieve their condition."

Mrs Taylor's solicitor Richard Stein of Leigh Day & Co Solicitors, said: "We have advised our client that she is entitled to seek this treatment and that it is unlawful for doctors to deny it to her unless they also take steps to find a doctor willing to provide it for her."

Klippel-Feil syndrome is a rare musculoskeletal developmental disorder characterised by a short neck, restricted mobility of the upper spine and low hairline. It is caused by a failure in the normal segmentation of the spine during the early weeks of foetal development

A spokesperson for United Bristol Healthcare NHS Trust said: "Mrs Taylor's doctors have spent much time with her discussing her requested treatment options."

"The primary responsibility of all doctors is to determine, in consultation with a patient, the treatment that is in that individual's best interest and that is within the boundaries of the law and professional clinical standards."

Swiss clinic

In January last year, retired doctor Dr Anne Turner, from Bath, travelled to the controversial Dignitas clinic in Switzerland to end her life.

The option of travelling to one of the Swiss clinics which offer terminally ill patients the ability to commit assisted suicide had been rejected by Mrs Taylor.

She did consider the option but then became too ill to travel and believes she should be allowed to die at home.

Euthanasia is a crime in the UK, as is helping someone to kill themselves - known as "assisted suicide".

Assisted suicide differs from euthanasia in that a fatal dose of drugs is not administered to the patient by another person, but they are given the means to do it themselves.

A spokesperson for the British Medical Association said: "While we sympathise with Mrs Taylor's situation, we cannot support her request for doctors to sedate her, to a state of unconsciousness, with the specific intention of ending her life."

"In our view, this would involve the doctors in assisting her suicide, which is both unlawful and unethical."

Dr Peter Saunders, campaign director for the **Care Not Killing Alliance** said: "This is a very sad case but what is really needed is not a change in the law to allow lethal injections but access to the highest quality of palliative care to those who need it."

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Assisted-suicide bill in death throes

By: Robert Shikina
The Star Bulletin - February 8, 2007

Stiff opposition seems likely to keep the legislation from surviving the session

A proposal to legalize physician-assisted suicide in Hawaii met with overwhelming opposition at a state House hearing last night, and it appeared unlikely to survive the legislative session.

House Health Chairman Josh Green said he received about 300 written testimonies, which ran 10-to-1 against House Bill 675. Last night's hearing was attended by about 100 people and lasted several hours, with most of the testimony against the bill.

Lt. Gov. James Aiona was the first to testify, setting the tone for much of the night: "I just want to say for the record my opposition, my strong opposition, for this bill."

Versions of the proposal have been before the Legislature since 1999 and have always been defeated.

With new members comprising the Health Committee and advances in technology, Green said it is important to revisit the issue since it was last defeated in 2005 and perhaps make a clear statement about the community's view on the issue.

The early indications showed committee members did not support the bill, said Green (D, Keauhou-Honokohau).

Green, who is an emergency room physician, said he was on the fence about physician-assisted suicide, which he noted probably would not mesh with Hawaii's culture.

Speaking on behalf of the Hawaii Medical Association, John McDonnell said the group favors more education of pain management techniques beginning at the undergraduate and graduate level.

"Requests for physician-assisted suicide should be a signal to the physician that the patient's needs are unmet," he said.

Daniel Fischberg, medical director of pain and palliative care at the Queen's Medical Center, said, "This is about giving a new power to physicians, a power that we don't want."

"Increased education and access to hospice and palliative care, which are underutilized, are needed," he said.

But not all the testimony was against the bill.

Palolo resident Suzi Coy spoke about her experience with her aging parents.

Her mother suffered 20 years with Alzheimer's, pneumonia and hallucinations, she said. Her blinded father began to ask why they were still alive.

"Do you want your beloved people to die like this?" she asked.

Oregon is the only state in the union that allows physician-assisted suicide, which means a doctor can prescribe a lethal dose of medicine to a terminally ill patient.

Waipahu resident Kevin Inouye, who was paralyzed from the neck down in a motorcycle accident 14 years ago and lay in a coma for three months, was convinced the bill should die.

"This bill is wrong. It's taking advantage of the elderly, disabled, sick -- kicking a man when he's down," he said. "If this law was in effect, I would have went for it, and I wouldn't be here today. You can't control this bill once you pass it."

Inouye has regained some movement in his upper body, and lives on his own with assistance from medical aides.

"I would go for more patient comfort," he said.

Assisted Suicide Legislative Update

By: Alex Schadenberg

The attempt to legalize assisted suicide in Hawaii was rejected at the committee level. This is excellent news at a time of great concern among the groups that are leading the opposition to assisted suicide on a world-wide basis.

There are currently legislative initiatives to legalize assisted suicide in California, Vermont, Great Britain, Germany, and Australia. In Canada, the Canadian Medical Association (CMA) is planning to review its opposition to assisted suicide at their August AGM and the CHPCA has become neutral.