

Newsletter #74

April 2007

International Symposium on Euthanasia and Assisted Suicide

Current Issues - Future Directions

The Euthanasia Prevention Coalition is organizing the first International Symposium on euthanasia and assisted suicide on November 30 - December 1, 2007 at the Toronto Airport Sheraton Hotel. **Mark this weekend on your calendar.**

The theme of the symposium is: **“Current Issues - Future Directions.”** The symposium will focus on our current concerns and look toward establishing common directions.

The current list of speakers includes:

- **Margaret Somerville**, from the McGill Centre for Medicine, Ethics and Law. Somerville is the author of many books including: *The Ethical Canary*, *Death Talk*, *The Ethical Imagination*, etc.
- **Wesley J. Smith**, an attorney for the International Task Force on Euthanasia and Assisted Suicide and a special consultant to for the Center for Bioethics and Culture. Smith is the author of many books including: *Forced Exit*, *The Culture of Death*, *Power over Pain*, etc.
- **Catherine Frazee** is a professor of disability studies at Ryerson University and the former chair of the Ontario Human Rights Commission (1990 - 95).
- **Dr William Toffler** is a professor of Family Medicine at (OHSU) and is the national director of *Physicians for Compassionate Care* in Portland Oregon.
- **Rita Marker** is the Executive Director of the International Task Force on Euthanasia and Assisted Suicide. She is the author of *Deadly Compassion* and many articles and has spoken throughout the world.
- Other speakers include: **Allison Davis** from the UK, **Diane Coleman** from NOT DEAD Yet, **Bert Dorenbos** from the Netherlands and more.

The cost for the Symposium is:
\$189 - adult, \$100 - students or people with disabilities.
(Includes dinner) The room rate is \$109.00 per night.

For more information contact the office at: info@epcc.ca
or call toll free at: 1-877-439-3348.

Euthanasia Prevention Coalition Presents Petition in the House of Commons - March 23, 2007

Mr. James Lunney (Nanaimo - Alberni, - Conservative)

Mr. Speaker. I have here a large petition of some 18,000 signatures collected by the Euthanasia Prevention Coalition.

The petitioners draw attention to the fact that section 241 of the Criminal Code states that everyone who counsels a person to commit suicide or aids or abets a person to commit suicide, whether suicide ensues or not, is guilty of an indictable offence.

The petitioners remind Parliament that the Supreme Court of Canada upheld section 241 in the Rodriguez decision, finding no charter right to suicide.

They call upon Parliament to retain section 241 of the Criminal Code, without changes, in order that Parliament not sanction or allow the counselling, aiding or abetting a suicide whether by personal action or by the Internet.

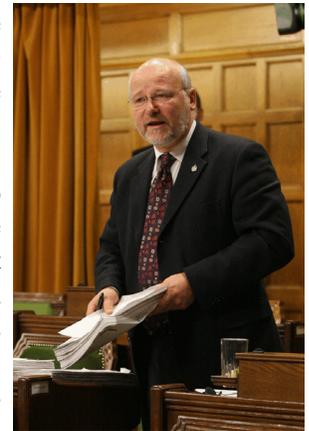
- This was the second time we had presented this petition in the House of Commons. The first time 32,000 were presented by Pat O'Brien, the former MP.

Euthanasia Conference and End of Life Issues Conference in Edmonton - May 25 - 26, 2007

A conference on Euthanasia and End of Life Issues has been organized by the Christian Medical Dental Society, Caritas Health Group, St. Luke's Physicians Guild and the Archdiocese of Edmonton for May 25 - 26, 2007.

Speakers include: Wesley Smith, Professor Dick Sobsey, Professor Jason West, Dr. Sheila Rutledge, Mark Pickup, Bob & Mary Schindler (Terri Schiavo's parents) and more.

For more information call toll free: 1-780-455-5249 or email: eeoli@shaw.ca or go to: www.eoliconference.com



The dehydration death of a nation

By: Bobby Schindler

March 30, 2007 - WorldNetDaily.com - edited

Saturday, March 31, marks the two-year anniversary of my sister, Terri Schiavo's death by dehydration. Not a day passes that my family does not think of my sister and relive the horrific images of her needless and brutal death at the hands of those who deliberately set out to kill her.

As hideous as it was, the truth is, long before Terri's case made headlines, the removal of basic care – food and water – was becoming commonplace. It continues to happen every day across our country oftentimes in cases, like Terri's, where the patient does not suffer from any life-threatening condition.

Much of the problem that exists stems from a blind acceptance of misinformation that has moved us from a firm belief in the sanctity of life to a "quality of life" mindset, which says that some lives are not worth living.

This shift, what I call lethal bigotry, began with the medical community, has infiltrated our judiciary and is taking over our nation. People are making decisions in place of God, while even many Catholic leaders remain silent despite the Church's teaching and the pope's constant reminders that God alone is the arbiter of life and death.

The sad fact is we have become a nation that spends billions trying to find the perfect body, while ignoring the condition of our collective soul; where altruism seems to be a thing of the past, and moral relativism has become a bona fide religion.

Combined with a popular media selling the notion that killing people in certain conditions is an act of compassion, one can understand why people with disabilities are in danger.

My sister's case is a perfect example. Look how the popular media presented Terri's story, abandoning any attempt at objective or ethical reporting in their rush to justify her death. In an effort to dehumanize Terri, they repeatedly reported she was in a coma, brain dead, a "vegetable" and that the autopsy proved she was in a persistent vegetative state, all of which are patently false.

All one has to do is watch the videos of Terri to see how alive she was. If that's not enough, more than 40 medical affidavits stated Terri wasn't in PVS and/or could have been helped with new medical technology.

The media chose to ignore all of this, instead reporting what Terri wasn't able to do and referencing a doctor who took pride in the moniker, "Dr. Humane Death."

They painted a story of a husband's unconditional love as he carried out his wife's "wish" to die, completely ignoring the fact that there was no evidence of this and that Michael essentially abandoned Terri as soon as he began living with his new wife-to-be.

They framed this as a strictly pro-life issue, ignoring the 30 disability groups publicly supporting Terri's life.

They quoted Catholic priests who agreed with her "husband's" position, despite the fact this was completely contrary to Catholic teaching.

Completely unaware of their own hypocrisy, they commended Christopher Reeve's wife, Dana, and rightly so, for her dedication in caring for her husband, while vilifying my parents for wanting to do the same thing for their daughter.

In the same vein, they repeatedly questioned the intent of our legal team while glossing over the fact that Schiavo's attorney, George Felos, admitted in his book to having violent images of bludgeoning his wife to death.

They chastised former Gov. Jeb Bush for doing his job by trying to stop the two-week dehydration death of an innocent disabled woman.

And, finally, they paid more respect to and had more compassion for a racehorse than they did my sister.

To this day, every story in which a person emerges from a condition similar to Terri's, or an advance is found to help the severely brain-injured, is an opportunity for the media to remind us that, of course, "this is nothing like the case of Terri Schiavo."

Should we be surprised with what is happening when we have so easily bought into what our popular media is promoting? Or that even people like Bill O'Reilly, who claim to be both conservative and Catholic, can be so ignorant on this issue as to raise the idea that if someone "costs" taxpayers too much money, it should be OK to kill them?

This is the same propaganda used by the medical community in Nazi Germany immediately prior to the Holocaust when hospitals were used to kill at least 200,000 handicapped, mentally ill and others who were deemed physically or mentally inferior.

Unfortunately, I don't know if people realize how the mainstream media influences their everyday lives, or the scope of what is happening in our hospitals. Perhaps, more accurately, they just don't care.

With tens of thousand in conditions similar to and even worse than Terri's, we should be alarmed. While many would prefer not to educate themselves on this issue, the cold reality is that one day this "quality of life" approach could very well impact their families, as it did ours.

We will never forget Terri.

**The Euthanasia Prevention Coalition video:
Turning the Tide is available for orders.**

Turning the Tide: Fighting for Our Lives is a 28 minute video that explores the questions of why people are seeking to legalize euthanasia, the arguments related to personal autonomy and safeguards, the question of whether or not euthanasia puts vulnerable people at risk, and the reality of what we need to do to make a difference in our society.

Turning the Tide is designed for a general audience, where it would be expected that many of the participants do not share our opposition to euthanasia and assisted suicide.

A **discussion guide** for small group or classroom presentations has been designed for use with the video. The discussion guide enables groups and individuals who share our concerns about vulnerable people, and organize effective discussion forums. It is our hope that *Turning the Tide* will be used to facilitate many discussion forums across Canada.

The video features: **Bobby Schindler** (Terri Schiavo's brother), **Wesley Smith** (Attorney, International Task Force on Euthanasia and Assisted Suicide), **Catherine Frazee** (former chair of the Ontario Human Rights Committee), **Adrian Dieleman** (counselor, rehabilitation clinic for spinal chord injuries in Hamilton), **Jean Echlin** (Dorothy Lea Award in 2004 for excellence in palliative care.), **Senator Sharon Carstairs** (Senator from Manitoba), and more.

Copies of *Turning the Tide* can be ordered from the Euthanasia Prevention Coalition, by calling: 1-877-439-3348. The cost for the video is: 1 copy for \$50-, 2 copies for \$70-, 4 copies for \$100-, further bulk rates are available.

Vernon doctor pleads guilty to assisted suicide attempt

By: Chad Skelton, Vancouver Sun - April 2, 2007

A Vernon doctor who pleaded guilty to trying to help a patient commit suicide has agreed to stop practising medicine while the College of Physicians and Surgeons of B.C. investigates his conduct.

Family physician Dr. Ramesh Kumar Sharma pleaded guilty Wednesday in Vernon provincial court to trying to assist a patient, 92-year-old Ruth Wolfe, commit suicide last spring. Staff at the residential care facility where Wolfe lived intervened and she lived.

Reached by phone Monday, Wolfe refused to comment on the matter but she has said in the past that she was of sound mind when she decided to end her life and didn't think Sharma should be charged.

The college suspended Sharma's license after he was charged in August, then allowed him to return to work in October under several restrictions.

Those restrictions included not prescribing narcotics and having a chaperone present during all interactions with patients. Following Sharma's guilty plea, the college announced in a news release that it asked Sharma to withdraw from medical practice as it conducts a formal review of his conduct – something it said Sharma has agreed to do.

Sharma is scheduled to be sentenced June 11. The College said it will probably make a final decision on Sharma's status in May.

Baby euthanasia is a reality in Belgium

Expatica - Brussels Belgium - April 11, 2007

About half of the 300 deaths of infants under the age of one are the result of active life termination. This emerged from a study by Professor Veerle Provoost of the University of Ghent.

Provoost examined the medical files of about 300 babies. She also interviewed the acting physicians about the exact cause of death. In about 150 cases the baby's life had been actively terminated.

This involves stopping treatment or administering a fatal dose of opiates. In 9 percent of cases products were explicitly administered to end the child's life.

These cases were babies with no chance of survival, or, in 30 percent of these cases, little hope of having an acceptable quality of life.

In most cases (84 percent) the decision was made in consultation with the parents.

Internet 'suicide helper' found not guilty

From The Times (Britain) - April 13, 2007

By: Stewart Tendler, Crime Correspondent

A computer analyst who posted a message on the internet offering to help suicide attempts was cleared yesterday of breaking the law after a judge ruled that there was insufficient evidence.

Gary Howes, 44, was charged after a reporter on the Lancashire Evening Post went undercover posing as a depressed schoolgirl and a bullied schoolboy in response to the message.

Judge Edward Slinger ordered the jury at Preston Crown Court formally to acquit Mr Howes of three charges of attempting to help a person commit or attempt suicide but said that the story "filled the court with the greatest unease".

Mr Howes, from Chesham, Buckinghamshire, posted a message on the internet in which he invited anyone who needed assistance in committing suicide to contact him and said: "I will be only too happy to help."

Nicholas Kennedy, for the prosecution, said that a mature woman student, who had suicidal thoughts at times and suffered from depression, saw the message.

Using an alias she contacted the message sender who, the court was told, offered help and outlined his method, which involved drugs and asphyxiation. The message, from Mr Howes, went on to say he could be present for the suicide, the court was told.

Mr Kennedy said the woman contacted Stefanie Hall at the newspaper who had been investigating easily accessible advice to vulnerable people on possible suicide methods.

Using fictitious characters, one a depressed 16-year-old girl, and the other a bullied 14-year-old boy, Mrs Hall made contact with the defendant who went on, through a e-mails, to offer a method he described as "painless and quick" to commit suicide.

He said that there was no need for them to fear, assured them that it could be arranged quickly and asked for telephone numbers so that contact could be made.

Mr Howes also wanted assurances that the people he was in contact with were genuine and not from the police or press. Police traced him to a London flat where he was arrested. Officers seized two photographs depicting people with bags over their heads.

Mr Howes in a defence statement later claimed that he had been indulging in fantasy and had no intention of counselling anybody to commit or attempt suicide.

Judge Slinger ruled that the Crown had to prove that the defendant intended to assist in a suicide or attempt a suicide. It had also to prove that he attempted to do so by some act which was more than merely preparatory.

'Your troubles will be over soon'

"E-mails to "Daniel"

"Take heart, your troubles will be over very soon. You will never have to worry about letting anyone down again."

"I can guarantee that it won't hurt. It will be just like falling asleep and travelling to a far better place."

"You will soon be free of all your pain ... Just bring your medication. I will do the rest." E-mails to "Jennie"

"Things do look bleak for you don't they? It could soon be over. I have a quick and painless method."

"My Dear Daniel, there's no need to be afraid, it will just be like drifting off into a long peaceful sleep."

Comments from Alex Schadenberg

The Euthanasia Prevention Coalition believes that laws need to be interpreted in such a way as to protect people from internet suicide predators.

In September 2006, I attended the World Federation of Right to Die Societies Conference in Toronto. At that conference, leaders of the euthanasia movement emphasized their concerns related to an Australian law that was designed to thwart Dr. Philip Nitschke from suicide counseling on the internet.

Canadian law states (sec 241) that you cannot aid, abet or counsel suicide, whether suicide ensues or not you are liable to 14 years in prison. We need our laws that protect others from suicide predators to protect others by means of communication that include the internet. This may be accomplished if the courts were to recognize that abetting may occur by other means of communication.

There are troubled teens and people who experience depression and mental breakdown who need to be protected from others. The law appropriately recognizes the need to protect the nations most vulnerable citizens. The law needs also to be interpreted to include communications that did not exist at the time the law was written.

Difficult to define whose suffering is worthy of death

Right-to-die bill can't preclude expansion to other ill people

By: Wesley J. Smith: San Francisco Chronicle - Sunday, April 8, 2007

Here we go again. For the fourth time in eight years, a bill is moving through the California Legislature to legalize physician-assisted suicide.

If history is any guide, assisted-suicide proponents and the media will cast the debate in strictly religious terms — as the Catholic Church versus rational modernists. But the coalition opposing AB374 is a broad and diverse political alliance that vividly reflects California's unique multiculturalism.

Leading the charge against the latest assisted-suicide bill) are disability rights advocates — the nation's most effective anti-euthanasia campaigners — who are overwhelmingly secular in perspective, liberal in politics and pro-choice on abortion. They will be working closely with civil rights activists. (The League of United Latin American Citizens, the country's largest Latino civil rights organization, is on record as firmly opposing assisted suicide.)

These groups will be joined by medical, nursing and hospice professionals — with organizations such as the California Medical Association and the American Medical Association adamantly opposed to transforming assisted suicide into a medical treatment.

Add advocates for the poor, such as Oakland's Coalition of Concerned Medical Professionals, mix in religious conservatives, and it becomes clear that assisted-suicide opponents have forged a potent, strange political bedfellow alliance that bridges the usual liberal versus conservative, secular versus religious, and pro-choice versus anti-abortion disputes that divide the country.

Why would people who fundamentally disagree about other issues ally against assisted suicide? One of the most important reasons is that assisted suicide

ultimately devalues those it supposedly protects from so-called "bad deaths." Indeed, legalizing and popularly legitimizing assisted-suicide opens the door to an epochal shift in the way society perceives dying, disabled and other suffering people.

To see why this is so, consider the pillars of assisted-suicide ideology. The first is a fervent devotion to personal autonomy that views "choice" as the be all and end all of liberty. The second is the conviction that ending life is a legitimate answer to the problems of human suffering.

Advocates of assisted suicide may claim that hastened death is "only" for the dying. But given the conjoined beliefs that drive assisted-suicide advocacy, other than as a temporary political expediency, why should the "ultimate civil right" — as some assisted-suicide proponents call it — be limited to those diagnosed with terminal illnesses? After all, many people suffer far more intensely and for a longer period than the dying.

Thus, once this first category of suffering people is granted the license to have their suicides assisted, other anguished people will naturally ask: "Why not me? Why shouldn't I be also allowed to end my suffering on my own terms?"

And indeed, once suicide is transformed into a mere "medical treatment," the answer — whether supplied by future legislation or the courts — is likely to be: "Yes, why not you?"

This isn't alarmist rhetoric but is clearly discernible in the flow of recent events. Why, just in February, the Swiss Supreme Court ruled in a case involving a depressed man suffering with bipolar disease, that the mentally ill have a right to assisted suicide. The reason? As reported in the International Herald

Tribune, the 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.”

The Swiss decision was no fluke. More than 10 years ago, the Dutch Supreme Court similarly expanded that country’s assisted-suicide guidelines to allow doctors to facilitate death for the depressed and grieving.

When faced with the undeniable steady expansion of assisted-suicide practices in the Netherlands and Switzerland, assisted-suicide advocates in California point to the experience in Oregon as proof that we will not fall off the same ethical cliff. It’s a good advocacy tactic, and proponents of AB374 may even believe it. But a close examination reveals that nobody really knows much about what is actually going on with assisted suicide in Oregon.

Wait just a darned minute, proponents of assisted suicide will exclaim: The state publishes an annual report about assisted suicides.

True. But the information upon which the state relies is almost worthless from an empirical standpoint. This is because there is no direct oversight by Oregon over the practice of assisted suicide. Rather, the state’s entire regulatory system — which will also be true in California if AB374 becomes law — depends on self-reporting by lethally prescribing doctors.

The state has no authority to even investigate whether patients were actually terminally ill. If a patient’s own physician refuses to assist in a suicide and the patient receives a lethal prescription from another doctor — which often happens — the state will not even inquire why the patient’s long-term physician said no. In fact — and this is very telling — after each annual report is published, all of the supporting data are destroyed.

One Oregon patient’s story brings to mind the Swiss and Dutch Supreme Court cases involving the mentally ill. The man’s name was Michael J. Freeland. His case was reported in the June 2005 peer-reviewed *Journal of the American Psychiatric Association*. (The authors, Gregory Hamilton and his wife, Catherine Hamilton, a psychiatrist and social worker respectively, are affiliated with Physicians for Compassionate Care, a group that opposes assisted suicide.)

After being diagnosed with lung cancer, Freeland received a lethal prescription. Subsequently, he became psychotic and had to be hospitalized. A social worker went to Freeland’s home and found it “uninhabitable” with “heaps of clutter, rodent feces ... lack of food, heat, etc.” The police removed Freeland’s guns, but despite his obvious mental illness, his prescribed fatal overdose was left in the house.

Freeland was hospitalized for a week. The discharging psychiatrist noted with approval in Freeland’s records that his guns had been removed but that the lethal prescription remained “safely at home.” Freeland was permitted to keep the fatal overdose even though the psychiatrist reported that he would “remain vulnerable to periods of delirium” and would “be susceptible to periods of confusion and impaired judgment.”

In the end, Freeland did not commit suicide. Instead, he received hospice-type support from Physicians for Compassionate Care. During that time, he was reunited with his estranged daughter and came to see that his life was worth living to its natural conclusion. And even though patients are only supposed to receive assisted suicide if they will die within six months, Freeland lived for almost two years after receiving the lethal prescription. More to the point, we didn’t learn about the abuses in Freeland’s case from Oregon’s statistical reports, which obscure far more than they enlighten.