Newsletter #75
May 2007

International Symposium on Euthanasia and Assisted Suicide

Current Issues - Future Directions

The Euthanasia Prevention Coalition is co-sponsoring the first International Symposium on euthanasia and assisted suicide entitled: *Current Issues - Future Directions* on Nov 30 - Dec 1, 2007 at the Toronto Airport Sheraton Hotel.

The other co-sponsors are: Care NOT Killing Alliance (UK), *NOT DEAD YET* (USA), No Less Human (UK), Physicians for Compassionate Care (Oregon), Alliance for Ethical Health Care (Vermont)

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 Imagination*.
• **Wesley J. Smith**, an attorney for the International Task Force on Euthanasia and Assisted Suicide. Smith is the author of many books including: *Forced Exit*.
• **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 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.
• **Dr. Peter Saunders** is the director of the Care NOT Killing Alliance in the UK.
• **Dr. Bob Orr** is the director of the Vermont Alliance for Ethical Health Care.
• Other speakers include: **Allison Davis** from No Less Human in the UK, **Diane Coleman** from *NOT DEAD YET*, **Bert Dorenbos** from Cry for Life in the Netherlands, **Alex Schadenberg**, **Hugh Scher**, etc

A registration form has been included with this mailing.

Report released on End-of Life Practises in the Netherlands.

Euthanasia cases have not fallen in the Netherlands

By: Alex Schadenberg

A recent report entitled: *End-of Life Practices in the Netherlands under the Euthanasia Act* was published in the New England Journal of Medicine (May 10, 2007).

The media is reporting that the report states that Euthanasia in the Netherlands has dropped since legalization in 2002.

When reading the actual report we learn of a different reality than the media reports.

The report states that in 2001, the year before euthanasia was formally legalized in the Netherlands, there were approximately 3500 (2.6%) euthanasia deaths, there were approximately 300 (0.2%) assisted suicide deaths and approximately 8500 (5.6%) deaths by terminal sedation (sedation followed by intentional dehydration).

The report states that in 2005 there were approximately 2325 (1.7%) euthanasia deaths, there were approximately 100 (0.1%) assisted suicide deaths and there were approximately 9685 (7.1%) deaths related to terminal sedation. It seems that the decreased incidence of active euthanasia was replaced by the incredible increase in deaths by terminal sedation in the Netherlands.

The other fact in the study is that approximately 550 (0.4%) of deaths resulted from the: ending of life without explicit request. These numbers are not part of the regular euthanasia numbers because they lack the requirement of voluntary request and therefore they are placed in a separate category. This number appears to have remained steady since 2001.

The practice of terminal sedation needs to be separated from decisions to sedate patients without the explicit intention of causing death. In 2005 there were another 1.1%

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of deaths whereby the patient was sedated without the explicit intention of causing death.

Terminal sedation often represents slow euthanasia, rather than normal end-of-life care. When someone who is not otherwise dying, but unlikely to recover, the decision to sedate and intentionally dehydrate and starve the person to death often death is from dehydration. Since the intentional cause of death is dehydration and not an underlying medical condition, therefore these deaths fulfill the traditional definition of euthanasia which is the intentional causing of death, by action or omission, for reasons of mercy.

Since the Netherlands defines euthanasia as only the voluntary active cause of death, therefore cases of intentional death by terminal sedation are not considered to be part of the total euthanasia practice.

The actual number of intentionally caused deaths may, in fact, be higher. The report states that 80.2% of all euthanasia deaths in 2005 were reported, which is up from 54.1% in 2001. Nonetheless, the report admits that most of the under-reporting is related to deaths that resulted from the use of opioids to intentional overdose.

The media continues to lack honesty in their reporting of the actual number of intentionally caused deaths in the Netherlands and euthanasia continues to be out-of-control. Therefore in 2005 there were approximately 12,660 (9.3%) intentionally caused deaths in relation to all deaths in the Netherlands. This does not represent a decrease in intentionally caused deaths but rather a continuation of a sad history of intentionally causing the death of people who are at their most vulnerable time of their life.

To receive a copy of the report: ***End-of-Life Practices in the Netherlands under the Euthanasia Act*** simply request it from: Euthanasia Prevention Coalition • Box 25033, London ON • N6C 6A8: euthanasiaprevention@on.aibn.com or call toll free at: 1-877-439-3348.

End-of-Life Practices in the Netherlands under the Euthanasia Act: The New England Journal of Medicine, volume 356: 1957 - 1965, May 10, 2007, Number 19.

Euthanasia Cases Fall in Netherlands: The Associated Press, New York Times, May 11, 2007.

Mercy Killing husband convicted of Murder

By: David Sapsted
The Daily Telegraph, May 10, 2007

A devoted husband has been found guilty of murder for killing his wife after she repeatedly begged him to help end her life.

It is believed to be the first time that a 'mercy killing' has ended in a murder conviction but euthanasia campaigners were loathe to condemn the verdict tonight because, unlike other cases, 65-year-old Patricia Lund had not been terminally ill.

On the day that retired accountant Frank Lund suffocated his wife of 33 years, she had already taken 80 paracetamol tablets but had started being sick and was fearful they would not kill her.

After writing farewell cards and giving his wife roses, Lund, 58, placed a plastic bag over her head and smothered her with a pillow, Liverpool Crown Court was told.

Nobody during the trial questioned that the pair were anything but a "passionate and devoted couple" or that Lund had acted out of anything but compassion for his wife, who had attempted suicide on five previous occasions and was severely depressed by the affects of irritable bowel syndrome.

Now, however, Lund faces an automatic life sentence after being convicted of murdering her at their home in New Brighton, Merseyside, last September.

Lund, who was supported by his late wife's relatives, denied the charge at the start of the three-day trial but Gordon Cole QC, prosecuting, told the court: "Mrs Lund did not die by her own hand. Her death was caused by the deliberate act of the defendant suffocating her with a pillow. That act was carried out with sufficient force to ensure Mrs Lund died."

"It is, therefore, the prosecution case that the act of the defendant doing this was, in law, murder."

The jury took only three hours to reach a guilty verdict after being told by Mr Justice Silber that they must do so if they were satisfied that Lund deliberately killed her.

After the case, a pro-euthanasia campaigner, who did not wish to be named, said: "This is a very difficult case legally. Although Mr Lund's family support him in what he did, it is not like other mercy killings because Mrs Lund was not terminally ill."

During the trial, Lund said that he had agreed to help his wife die after watching a TV programme in which celebrities discussed euthanasia last August.

He said that he had initially opposed his wife's requests for help in ending her life and had tried to persuade her to at least postpone committing suicide.

Then, he said, he changed his mind after the TV programme.

"It was a documentary. It was done in a hypothetical way by three reasonably well known people, and they were talking about what they would do in terms of the mechanism of killing themselves, including suffocation with a plastic bag," he said.

"We had a very sad discussion in the evening. Patricia was very distressed and she said it should be her right to choose the day she died, because only she would know when she had as much as she could take."

"I don't know why I felt differently. Perhaps it was the accumulation, but it did strike a chord with me that it was her choice. I went to bed and when I woke up it was absolutely clear in my mind."

Lund said that he had made a "solemn vow" to his wife that she would die with dignity, in her own bed, on a day of her choosing. He said he also promised she would not wake up in hospital.

On the morning of September 1, Lund told the jury that his wife had said to him: "Today's the day. I want to do it today."

He continued: "I knew exactly what she meant because there was no other topic of conversation by then."

Lund explained that he went out to buy nearly 100 paracetamol tablets for his wife, along with roses and two farewell cards, which he wrote from himself and their pets.

He said that Mrs Lund took the tablets without his help but she began vomiting and he was worried they would not kill her. He told the court that he had asked if she wanted to go to hospital but she refused.

Andrew Menary QC, defending, asked if Lund had considered taking her to hospital against her wishes. Lund replied: "That would have been equivalent to the greatest act of disloyalty and betrayal I could have rendered against her. I would have been better to just desert her than to do that."

He said that he had then placed a plastic bag over his wife's head and smothered her with a pillow.

Afterwards, he washed her and changed her clothes and sheets before calling her two adult sons, Stephen Olive and Daniel Olive-Lund, whom he raised from a young age, to tell them what he had done.

Frank Lund was remanded in custody pending sentencing on May 24.

Should the UK adopt Dutch rules on euthanasia in newborn babies?

British Medical Journal - May 3, 2007
Editorial: Euthanasia in neonates

Euthanasia for newborn babies with lethal and disabling conditions is illegal worldwide, but in reality, its acceptance and practice vary between different countries.

An editorial in this week's BMJ asks should it be available?

In the Netherlands, about 200,000 live births occur annually; of these, 10-20 babies – mostly with severe congenital malformations – are thought to be actively killed. Yet between 1997 and 2004 only 22 such deaths were reported to the authorities, writes Kate Costeloe, Professor of Paediatrics at the University of London.

To regulate neonatal euthanasia, clinicians in the Netherlands have argued that all cases should be reported and they have developed guidance which defines criteria that must be fulfilled before euthanasia can be considered. Doctors who follow this guidance are not guaranteed freedom from prosecution, but to date no paediatrician in the Netherlands has been prosecuted.

In UK law, the fetus becomes a legal entity only at the moment of birth. Because of this, the Royal College of Obstetricians and Gynaecologists can recommend that late termination of pregnancy for fetal anomaly should be preceded by feticide, but any clinician who injected a similar severely malformed newborn baby with potassium chloride moments after birth would be guilty of murder.

The report of the Nuffield Council of Bioethics, published after widespread consultation in November 2006, "unreservedly" rejected the possibility of neonatal euthanasia in the context of UK practice even when life is intolerable.

One of the reasons the UK is resistant to adopting the Dutch recommendations is that active killing as a therapeutic option is seen as a "slippery slope" towards its wider use, she says, although some reject this argument.

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Another reason is the fear that active killing may have a negative impact on the psychology of professional staff, and that parents may feel pressured to accept the option of euthanasia so that they do not become a burden on medical and social services.

Acts by neonatologists in the UK undertaken with the purpose of ending life seem to be rare, and guidance provided by the Royal College of Paediatrics and Child Health around end of life decisions has provided a framework within which UK neonatologists feel comfortable.

The availability of active euthanasia as a therapeutic option would undermine this progress and be a step backwards, she says.

However, we must look at how to provide for babies who might be candidates for euthanasia elsewhere in the world. Sadly, too often, parents have to battle for essential services that ensure the best outcome for their disabled child, and that also make their own lives more tolerable, she concludes.

Don't open door to "mercy-killing," says anti-euthanasia activist

By: Dan Bellerose, Sault Star - April 22, 2007

Alex Schadenberg, along with Shannon McLeod of the Algoma Residential Community Hospice (ARCH) and Dr. Susan Febbraro, co-hosted a two-hour euthanasia/assisted-suicide workshop.

Among the purposes of the coalition are to preserve and enforce laws and ethical guidelines prohibiting "mercy killing" and to increase public awareness of hospice/palliative care, Schadenberg said.

"Euthanasia is the deliberate killing of someone by action or omission for what they argue are compassionate reasons," he said.

"A fear of suffering motivates a lot of Canadians to consistently respond in favour of euthanasia and assisted suicide in the polls; they wrongly associate euthanasia with death by withdrawal or withholding of medical treatment instead of it being intentional killing."

Schadenberg stressed that the coalition understands there are times when discontinuing treatment is medically appropriate but people should then become care-givers, turn to the services of a hospice, a facility the Sault hopes to construct, or palliative care.
Hospice-palliative care is active total care of patients whose prognosis is limited due to a progressive, far-advanced disease.

"Its purpose is to alleviate pain and enhance quality of life; not postpone or hasten death," he said.

Advances in hospice/palliative care and pain management methods are threatened when euthanasia and assisted suicide are sanctioned as a means of relieving pain and suffering, Schadenberg declared.

"Conventional medications, such as morphine and other narcotics, are able to control up to 97 per cent of pain and suffering," he said.

"Euthanasia and assisted suicide are abandoning the patient at the most vulnerable time of their life. . . . They need special additional care; not death."

Two years ago, a private member's bill urging the legalization of euthanasia and assisted suicide reached second reading before dying on the Parliamentary Order Paper as a result of the federal election call.

"We expect a similar bill will eventually be coming forward; the private member's bill that died was about the fourth such bill since the late 1980s," he said.

The fear is that legalization will only increase euthanasia availability. He referred to the Netherlands, one of only two countries in the world to legalize euthanasia, along with Belgium.

Originally euthanasia was available only to competent dying adults capable of consent and with unrelievable suffering and repeated requests for it. Now the practice has been extended to disabled newborn babies, he said.

"In Canada, the combination of an aging population, scarce health care resources and euthanasia would be lethal," he said.

The elderly and disabled could be targeted as "lives not worth living."

The three-day CWL convention attracted 250 delegates from 36 councils throughout a diocese, which stretches from the Sault to North Bay.

(Picture by Pete Vere) - Alex Schadenberg with Evelyn Theriault - Sault Ste Marie Diocesan CWL President.