

International Euthanasia Symposium
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. 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 list of speakers include:

- **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**, attorney for the International Task Force on Euthanasia and Assisted Suicide. Smith is the author of many books including: *Forced Exit*.
- **Catherine Frazee** 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.
- **Diane Coleman** is the founder of *NOT DEAD YET*.
- **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.
- **Hugh Scher** is the legal counsel for the Euthanasia Prevention Coalition and the former chair of the Council of Canadians with Disabilities Human Rights Committee.
- Other speakers include: **Allison Davis** from No Less Human in the UK, **Bert Dorenbos** from Cry for Life in the Netherlands, and **Alex Schadenberg**, etc.

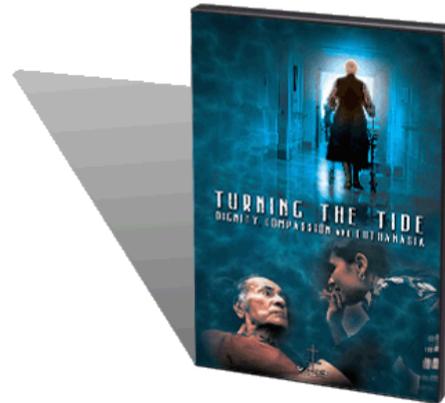
The cost for the Symposium is:

\$189 - adult, \$100 - students or people with disabilities.
(Includes dinner) The room rate is \$105.00 per night.

Reserve your room by calling the Four Points Sheraton - Toronto Airport at: 1-800-368-7764 and indicate that you are reserving for the **Euthanasia Symposium**.

For registration information contact the Euthanasia Prevention Coalition: info@epcc.ca or 1-877-439-3348.

Turning the Tide has sold more than 400 copies.



Turning the Tide 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 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 secular 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.

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 Commission), **Adrian Dieleman** (counselor, rehabilitation clinic for spinal chord injuries), **Jean Echlin** (Dorothy Lea Award winner in 2004 for excellence in palliative care.), and **Senator Sharon Carstairs** (Senator from Manitoba).

Order *Turning the Tide* from the Euthanasia Prevention Coalition, by calling: 1-877-439-3348 or info@epcc.ca. The cost for the video is: 1 copy for \$50-, 2 copies for \$70- 4 copies for \$100-, further bulk rates are available.

Most Dying Cancer Patients say doctor-assisted suicide should be legal

CP Press - June 7, 2007 (edited)

For years, debate has raged in Canada about euthanasia and physician-assisted suicide without much study of the people who are arguably most affected - those who are themselves dying.

Now, new research shows that 63 per cent of palliative care cancer patients who took part in a survey said they believed that assisted deaths should be **legalized** in this country.

The 379 patients were interviewed between 2001 and 2003 in St. John's, N.L., Quebec City, Ottawa, Winnipeg, Saskatoon, Edmonton, Kelowna, B.C., and Vancouver.

Forty per cent said they would consider making a future request for doctor-assisted suicide if their situation deteriorated to a "worst-case scenario," according to the study, funded by the Canadian Institutes of Health Research and published in the U.S. journal *Health Psychology*.

These people tended to explain they were worried about "uncontrollable pain" and might feel comfortable knowing they could have access to assistance in ending their lives, lead researcher Dr. Keith Wilson, an associate scientist at the Ottawa Health Research Institute, said in an interview.

Ten per cent believed that if the option had been legally available, they would already have requested euthanasia, usually because of uncontrolled pain. But the study found that when the pain was brought under control, they tended to change their minds.

A total of 22 participants - 5.8 per cent - said that if they could have access to euthanasia or physician-assisted suicide, "they would definitely initiate a request to end their lives right away, in their current circumstances," the study said.

"It turns out, for those 22 people we're talking about, the issues were much more complicated than pain," said Wilson.

"They didn't tend to have any more pain than the people who didn't want assisted suicide. But they did tend to feel sicker, they did tend to feel weaker. They were more likely to be depressed, and they felt that they had become a burden to others."

These people tended to be less religious, but they were otherwise comparable to other study subjects.

Wilson said it's difficult to put the numbers in context with what's happening elsewhere, given that assisted suicide isn't legal in Canada.

In the Netherlands where euthanasia is openly practised, he said between 6 - 10 per cent of people with advanced cancer die this way.

"But in the state of Oregon, where they have access to physician-assisted suicide but not euthanasia, it's well under one per cent. So there are differences even in places where they're legal."

For this study, euthanasia was defined as a doctor giving an overdose of medication, usually by lethal injection, to purposely end a patient's life. Physician-assisted suicide was defined as providing **drugs** and/or advice so a patient could end his or her own life.

"Both actions were framed within the context of patients who were informed, mentally competent, ill with a life-threatening disease, and asking voluntarily for their physicians' help in hastening their deaths," the researchers wrote.

Earlier this week, Jack Kevorkian, a retired pathologist dubbed Dr. Death for claims that he participated in at least 130 assisted suicides, was released from a Michigan prison after eight years.

Ruth von Fuchs, president of the 400-member Right to Die Society of Canada, said Kevorkian accomplished something.

"He got a lot of people, just ordinary folks, talking about it over the breakfast table and maybe they made living wills, maybe they checked with their doctors," she said.

"People likely wouldn't consider, and their children wouldn't want them to consider, giving up life for the sake of their children, if the life they were having was like it had been during their youth and middle age - fulfilling and mostly pleasant," said von Fuchs, 66, whose own mother died about 20 years after suffering from lymphoma.

"But at the end of life when your body is wearing out and you're having and can only have a life that is, in your view, pretty terrible, no life at all can really seem to be better."

Wilson said the research will inform the debate in Canada.

"It helps to bring a bit of light into a dark issue, and when it comes up again and people start saying 'should we or shouldn't we?' at least there's better information."

"The reality is most pain, not all, but most pain, tends to be controllable and that it's a more complex set of factors that are contributing to euthanasia requests than just pain,"

"Some of them are mental factors, some of them are social factors and some of them are physical factors ... it's not a simple issue." Wilson said.

Euthanasia victimizes the most vulnerable

Printed: Toronto Star, June 11, Ottawa Citizen, June 12

The Euthanasia Prevention Coalition recognizes that people will sometimes consider euthanasia or assisted suicide when the concept is introduced to them or when they are experiencing “profound existential distress.”

The facts that we need to recognize from this study are that of the 379 palliative care patients who were studied, only 22 seriously considered intentionally causing death and of the 22 people, 12 felt that they were a burden to their family or a drain on health care, 4 felt that assisted suicide was a compassionate choice, 3 expressed a need for autonomy, and the others were either concerned about the possibility of experiencing painful symptoms in the future or felt that their life was complete already.

University of Manitoba psychiatrist Dr. Harvey Max Chochinov, a palliative care researcher who was involved in the study, said patients who say they are a burden to others are often in “profound existential distress.”

We know that the legalization of euthanasia and assisted suicide directly threatens the lives of our most vulnerable citizens at the most vulnerable time of their life. We also know that the primary reason people desire “mercy killing” is “a sense of hopelessness” or “profound existential distress”. Therefore we reiterate that euthanasia and assisted suicide must remain illegal and enforced by the law in order to protect vulnerable people who need to receive excellent care and not death.

At the same time, legislators in California have once again recognized that it is not possible to protect vulnerable people by safeguards. California legislators have rejected the legalization of assisted suicide 4 times in the past 8 years.

L.L. (Barrie) deVeber M.D. FRCP(C)

President, Euthanasia Prevention Coalition

Alex Schadenberg

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Great News in California - Assisted Suicide bill fails.

The most recent attempt to legalize assisted suicide in California, Bill AB 374 died on the order paper on June 7. This is the 5th failed attempt to legalize assisted suicide in California in the past 8 years.

The sponsors of the bill: Patty Berg and Lloyd Levine blamed religious opposition but Marilyn Golden with the non-profit Disability Rights Education and Defense Fund stated that people with disabilities, doctors groups and the poor worked together to oppose the bill.

Polling results change based on the context and the question.

By Alex Schadenberg, Euthanasia Prevention Coalition

On November 7, 2000 promoters of assisted suicide in the State of Maine supported a referendum called the Maine Death with Dignity Act. Polls throughout the Campaign assured the sponsors that 70% of the voters supported assisted suicide and Maine would become the second State in the USA, after Oregon, to legalize assisted suicide.

The question voters in Maine were asked was: “Should a terminally ill adult who is of sound mind be allowed to ask for and receive a doctor’s help to die?” On election day 51% of the voters in Maine rejected the Death with Dignity Act.

The Ipsos Reid polling company released a poll that was done between June 5 - 7, that included two questions related to assisted suicide. The result of the poll was that 71% of Canadians supported doctor-assisted suicide and 76% supported the concept of the “Right to Die.” The “Right to Die” is a bogus question due to the mixture of meaning related to the terminology.

In March 2005 the Euthanasia Prevention Coalition participated in an Angus Reid survey of 1122 participants from across Canada. Our polling found that the responses of Canadians differed based on the context of the question.

Our poll included a series of 10 questions whereby the first question we asked resulted in a similar support for assisted suicide as the current Ipsos Reid poll.

We then asked 8 further questions related to disability rights, palliative care, promotion of suicide techniques, the need to protect vulnerable Canadians, etc., with the 10th question being a near restatement of the first question. The response to the final question was that: 45% of Canadians supported the legalization of assisted suicide, 39% of Canadians opposed the legalization of assisted suicide while 16% were undecided. In other words, when people have a chance to think about assisted suicide with respect to its related issues and societal impact the support drops.

We also found that very few people strongly supported assisted suicide with nearly all of the support for assisted suicide falling into the “somewhat support” category. This was the same experience we had with our poll in 2001. Support for euthanasia or assisted suicide can only be determined once it has been placed within a social context.

Similar to the Maine referendum in 2000, where the polls indicated that Maine would become the second State in the USA to legalize assisted suicide, once people had the opportunity to analyze the issue in the context of its effect on society, support for assisted suicide plummeted. Maine voted to maintain legal prohibitions to assisted suicide.

BC doctor sentenced for aiding suicide attempt

By David Wylie

CanWest News Service, June 11, 2007

In the first case of its kind in B.C., an Okanagan doctor has been sentenced in Vernon provincial court to one count of aiding suicide after he tried to help a 93-year-old woman kill herself.

Dr. Ramesh Kumar Sharma, a Vernon general practitioner, admitted in court in March that he tried to help a 92-year-old woman commit suicide. On Monday, in front of a packed Vernon courthouse, the well-known and well-liked doctor was sentenced to two years, less a day to be served in the community.

The College of Physicians and Surgeons of British Columbia has now erased Sharma as a member of its registry, removing his right to practise medicine in the province, said Dr. Elaine Peaston, one of the college's deputy registrar.

"I've never seen a case like this," she said. "That's a charge that the college fortunately has never had to deal with before."

Sharma was approached in June, 2006, by Ruth Wolf, who suffered from congenitive heart failure. She asked Sharma to help her die on her own terms, so he provided her with a deadly dose of pills.

Stan Lowe, spokesperson for Crown counsel, said the defence and prosecution made a joint submission to the judge, asking for the conditional sentence.

"As Crown counsel, we're not happy or sad or pleased by any outcome," he said.

Lowe said this is the first case of the kind involving a doctor he's seen in his nearly two decades of practising law in B.C. He said mitigating factors in the case included that Sharma plead guilty at the outset and that the suicide was unsuccessful.

Sharma has agreed to pay \$9,000 to the College of Physicians and Surgeons of British Columbia — about 50% of its costs of doing its own, independent investigation into the allegations.

This case isn't the first time Sharma had lost his right to practice medicine. He was suspended for one year after being found guilty of having sex with a patient in his office in January, 2001.

Despite the doctor's troubled past, his patients have continued to characterize him as a caring, compassionate and competent family doctor.

Legalized Euthanasia has potential for 'ethical slips'

Most Quebecers support assisted suicide

By Kevin Dougherty

The Montreal Gazette - June 11, 2007

Quebecers may be the leading advocates in Canada of doctor-assisted suicide for terminally ill patients, but Quebec Health Minister Philippe Couillard is not among the majority favouring euthanasia.



In an Ipsos Reid survey for CanWest Global, 71% of Canadians agreed it should be legal for a doctor to assist in the death of a terminally ill patient. In Quebec, support was 84%, while support for assisted suicide was lowest in Alberta at 61%.

In another poll question, support for the concept of the "right to die" was highest in Quebec at 87% and lowest in Alberta at 66%.

The telephone poll of 1,005 adults is considered accurate to within 3.1 percentage points 19 times out of 20.

Couillard, himself a medical doctor specializing in neurosurgery, was asked on Friday whether he thought the law should be changed to allow euthanasia.

He said governments should tread carefully, recalling that as practising physician for 20 years he had to deal with terminally ill patients.

"Who defines what is quality of life?" Couillard said. "Who defines when the quality of life is not good or not worth living?"

"In situations where life is coming to an end and pain is important, usually between the physician, the patient and the family, a solution is found to refocus treatment on comfort, relief of pain, rather than on cure of the disease or aggressive treatment," he said.

"This happens every day in our health-care system and in all health-care systems of the world. I would be a little bit fearful living in a society that qualifies legally how to kill someone," the health minister added.

"There is a potential of abuse here, there is a potential of ethical slip."

A face-to-face with a defiant Dr. Death

By: Mitch Albom, Detroit Free Press Columnist, June 10, 2007

He wore a pale blue suit over his small, thin body, and the skin on his face seemed pulled so tight his eyes bulged. Those eyes rarely blink, and they lock on when you disagree with him. He may be 79. But after eight years in jail, Jack Kevorkian still is ready for a fight.

And he is not sorry.

“If I were sorry, I’d be a hypocrite,” he said.

By his own estimate, Kevorkian, who was released recently, helped at least 130 people die, hooking them to machines that delivered lethal drugs or gases, then allowing them to, essentially, throw their own switch.

He became the focal point of a person’s right to die. He flouted the law because he felt it unjust. He went to jail on a second-degree murder charge, after injecting poison into a patient. “I wanted the imprisonment,” he told me. He wanted to change the rules.

So far, the rules are still mostly there (except in Oregon). Americans are split on the idea of physician-assisted suicide. A recent Associated Press poll showed 48% approved the idea, while 44% did not.

But having known or met many people with terminal illnesses, I understand why human beings want the right to say — for themselves — enough suffering is enough.

So when Kevorkian sat down across from me, I was ready to empathize with his compassion for the sick.

I was not ready for the man himself.

His cruel, cruel world

Are you at all religious, I asked him?

“Religion is all bunk. ... If you’re really

religious, you can’t think for yourself.”

Would you call yourself an atheist?

“Agnostic.”

What do you think happens when we die?

“You stink. You rot and stink.”

No soul?

He laughed. “What’s a soul?”

How did you feel the first time you watched someone die by your machine, a 54-year-old woman who had Alzheimer’s?

“Relieved. For her sake and mine.”

Did you feel you crossed a line?

“I had the honor of having reached a status in the practice of medicine that would have pleased Hippocrates.”

But doesn’t the Hippocratic oath call for doing anything required to help the sick?

“Of course. But that’s not my job. It’s her clinician’s job. They gave up.”

But isn’t there a difference between something un-treatable and helping someone die?

His voice rose in pitch. “I’m not gonna help you die—I’m gonna end your suffering!”

At that moment, with his face contorted in disgust, I couldn’t imagine a suffering so bad that I would want Kevorkian to be the last person I’d see on Earth.

Life, liberty and the pursuit of sadness

He denied familiar charges: that he didn’t always have thorough medical information on his patients (“If the doctors would have talked to me, it would have made it easier. Blame them”); that he didn’t do enough to dissuade suicidal

thoughts (“I turned away four or five for every one I helped”).

He likened what he had done to a doctor who had to cut off a patient’s leg to get rid of cancer. “Unfortunately, the patient must lose a life to end the suffering.”

As we spoke, I heard intelligence, self-assurance, even arrogance. What I didn’t hear was humanity. He didn’t seem to think much of the human race. He likened life to “a tragedy.” He quoted famous people saying they wouldn’t bring babies into this world. When I said that would wipe out mankind, he said, “What’s wrong with that?”

I began to sense a man who was more interested in death than life. Death was his academic passion, and sick patients were part of that academic pursuit, like lab rats.

Is there a meaning to our lives? I asked.

“No,” he said.

Was he happy? “I don’t expect the object of life is happiness. That’s why I’m happy.”

Set the bar low, in other words?

“That’s the way to go,” he said.

I don’t know what’s the way to go. But after an hour, I knew I wouldn’t want to go via Jack Kevorkian, a man for whom the world is bleak, happiness is rare, belief is a waste of time and life is a finite, meaningless entity. The act he champions may indeed be one of compassion, but how can it be delivered by such a cold, cold heart.

• For more information contact the: Euthanasia Prevention Coalition, — Box 25033, London Ontario N6C 6A8 1-877-439-3348 or info@epcc.ca

Grim truth about euthanasia:

Dr. Death is much sicker and ‘terminal’ than vast majority of the people he killed

By: Licia Corbella Editor, Calgary Sun, June 10, 2007

Euthanasia, according to many, should be an issue of “choice”.

Indeed, after a recent column I wrote about the June 1 release from jail of convicted murderer Jack Kevorkian (aka Dr. Death) I received many letters including one by a woman named Carol Anne from near London, Ont. who chastised me for opposing the legalization of euthanasia.

“It is truly a sick society when people treat their beloved pets more compassionately than the human race,” wrote Carol Anne.

She states that if someone wants to die or be killed “it is their own free will” and “no one’s business but their own.” She closed her letter saying:

“Remember — quality of life and dignity in death by your choice — not society.”

The main problem, of course, with Carol Anne’s position is that in jurisdictions where euthanasia has become an accepted practice or a so-called choice — people are often given no choice at all — ever again.

Euthanasia is when a substance is administered to a person with intent to kill them. Euthanasia is NOT removing someone from life support.

There is an enormous moral divide between making someone die and letting someone die.

One is murder, the other is simply allowing nature to take its course.

The best living laboratory for the practice of euthanasia or doctor-assisted suicide exists in the Netherlands, where euthanasia has been practised openly since the late 1980s and was fully legalized in 2002.

What has taken place there should stop the debate about euthanasia entirely. Period.

Instead, just this week the California Assembly

considered passing an assisted-suicide act, though in the end it did not have enough support.

A remarkable report entitled: “Medical Decisions About the End of Life,” colloquially called The Rummelink Report, named after Prof. J. Rummelink, attorney general of the High Council of the Netherlands, was the first comprehensive Dutch study on euthanasia. It was released in September 1991.

Its findings were beyond alarming and should have stopped euthanasia dead. In 1990 alone, the study found:

- Dutch doctors actively killed 1,031 of their patients “without the patient’s request.”

Of those 1,031 people killed:

- 14% were found to be fully competent;
- 72% had NEVER expressed that they would want their lives ended;
- In 8% of the cases, doctors admitted performing “involuntary euthanasia” even though they believed other options were still possible.

Stop here and ponder those numbers. Really think about those 1,031 people. Who were they? What were their hopes and plans?

That’s some choice, eh?

Get wheeled into hospital — maybe you’re unconscious and a bit mangled from a motorcycle accident or you’ve just suffered a stroke — and your doctor, quite apart from any directive from you, decides to murder you, though it would be couched in the language of compassion and called “mercy killing” or “assisted suicide.”

Perhaps said doctor had a golf game or a dinner party to rush off to, who knows.

Maybe said doctor is just a sadist obsessed with death, like Kevorkian.

Whatever the reason, in Holland in that one year alone, the tacit acceptance of euthanasia led to the premeditated killing of 1,031 people without their consent.

They were given no choice in that key decision and would never make any other choice ever again.

Is it any wonder many in Holland — particularly the elderly — have taken to carrying around “don’t kill me” cards in their wallets?

If you’re thinking 1990 was just an anomaly, you’d be wrong.

Another extensive report conducted in Holland in 1995 shows that 950 people were killed without their consent or request.

While euthanasia started out as a “choice” for elderly, terminally ill people in Holland, now Holland has established guidelines for when doctors may kill terminally ill newborns as well as infants born with mild deformities, such as spina bifida and cerebral palsy.

Recently a Quebec man was charged for helping his uncle with muscular dystrophy to hang himself.

It’s expected this will reopen the debate of euthanasia being legalized in Canada.

People also argue that since it’s going on anyway — that many doctors may slip a little extra pain killer to a dying patient to hasten death — that it should be legalized in order to provide “guidelines” and parameters for euthanasia.

But Rita Marker, an attorney based out of Steubenville, Ohio and executive director of the International Task Force on Euthanasia and Assisted Suicide said: “It’s

like saying that we know that some bankers embezzle therefore we should establish guidelines for embezzlement.”

Upon his release from prison, Kevorkian — who served eight years of a 10-25 year sentence for the second-degree murder of Tom Youk in 1998, which was taped and aired on the CBS show 60 Minutes — promised he would no longer help people kill themselves.

He is also prohibited from providing care for anyone who is older than 62 or is disabled, or he could go back to prison if he violates his parole.

Those are ridiculous conditions considering many of the 130 people he helped kill were under the age of 40 and were not disabled or even suffering from any disease at all.

Indeed, Kevorkian, 79, is much sicker and “terminal” than the vast majority of the people he killed.

He suffers from a variety of ailments including hepatitis C, hardening of the arteries in his brain, liver disease, diabetes and high blood pressure and yet he said he didn’t think he was a good candidate for assisted suicide.

He told the Detroit News: “No, remember I did not advocate assisted suicide, I only advocated a person should have the right to have an option if he or she, in sound mind, needed and desired it while in irremedial pain and suffering and terminal.”

Yet, many of the young people he killed were simply mildly depressed, something a little bit of medication could have turned around.

As a result of euthanasia they will never make another choice again.

Ever.

For more information contact the: Euthanasia Prevention Coalition — Box 25033 London ON N6C 6A8
Call toll free: 1-877-439-3348, email: info@epcc.ca, website: www.epcc.ca