



# Euthanasia Prevention Coalition

Newsletter #79

October 2007

## Current Issues ⇒ Future Directions

*The First-International Symposium on*

*Euthanasia and Assisted Suicide:*

*When:* Friday, Nov 30<sup>th</sup>, Saturday, Dec 1, 2007.

*Where:* Four Points by Sheraton - Toronto Airport Hotel.

Hotel rate is \$109/night. Reserve by calling 1-800-368-7764

Indicate that your room is for the: **Euthanasia Symposium.**

*Registration Cost:* \$189.00 - regular, \$100.00 - students or people with disabilities. Registration includes: **Friday** (lunch & dinner), and **Saturday** (lunch)

Organized by: the Euthanasia Prevention Coalition - Canada  
Co-Sponsored by: *Euthanasia Prevention Coalition, NOT DEAD YET - USA, Compassionate Healthcare Network - Canada, Physicians for Compassionate Care - USA, Vermont Alliance for Ethical Healthcare - Vermont, Care NOT Killing Alliance - UK, No Less Human, UK, and the Roman Catholic*

Archdiocese of Toronto

The program begins on Friday, Nov. 30<sup>th</sup> at 9:30 am, with closing celebration on Saturday, Dec. 1 at 5:30 pm.

The Friday night dinner speaker is Professor Margaret Somerville founding director of the McGill Centre for Medicine, Ethics and Law.

Some of the important speakers include: Dr. Bill Toffler, Oregon, Dr. Bob Orr, Vermont, Rita Marker, USA, Bert Dorenbos, Netherlands, Dr. Peter Saunders and Alison Davis, UK, Diane Coleman & Stephen Drake, *Not Dead Yet.*, Wesley Smith, USA, Hugh Scher, Canada.

More than 140 registrations have already been received. Total registrations cannot exceed 270. Please register early, while space is available. For more information about registering and hotel reservation please call us at: 1-877-439-3348 or consult the insert included with the newsletter or go to the link on our website at: [www.epcc.ca](http://www.epcc.ca).

## Turning the Tide DVD has sold more than 1000 copies

*Turning the Tide* was produced by the Euthanasia Prevention Coalition and Salt and Light Media.

*Turning the Tide* is a 28 minute video that explores the questions of why people are seeking to legalize assisted suicide. The DVD focuses on 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 is included with the DVD. The discussion guide enables people to share our concerns about the issues, and to organize effective discussion forums.

*Turning the Tide* 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](mailto:info@epcc.ca). Order the video for: 1 copy for \$50.00, 2 copies for \$70.00 4 copies for \$100.00, further bulk rates are available upon request.



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## Study defending assisted suicide written by assisted suicide advocate

By Patrick Goodenough -

(edited from its original)

*CNSNews.com International Editor - Sept 28, 2007*

A new academic study disputes the argument that legalizing physician-assisted suicide is a first step in doing away with society's weakest members. But missing from media reports on the issue is the fact that the lead author herself has advocated the controversial practice.

Right-to-die activists are embracing the new study, which some euthanasia opponents worry will be used to push attempts to legalize physician-assisted suicide (PAS).

Anti-euthanasia campaigners contend that making PAS available may result in sick patients being killed rather than offered palliative care or other treatment, and that the most vulnerable members of society will be most affected.

The study, published in the October edition of the British publication *Journal of Medical Ethics*, examined statistics from Oregon and the Netherlands, where PAS is legal.

The researchers found that the practice was rare, and they said there's no evidence that people regarded as "vulnerable" — including the aged, poor, unschooled and non-terminally disabled — were disproportionately represented.

On the contrary, they said, available data showed that "people who died with a physician's assistance were more likely to be members of groups enjoying comparative social, economic, educational, professional and other privileges."

In Oregon, 292 people have ended their lives since PAS was legalized in 1998 - or 0.15 percent of all deaths in the state over that period. In the Netherlands, voluntary euthanasia and PAS were legalized in 2002 (although tolerated since the 1980s). About 1.7 percent of all deaths there have been a result of voluntary euthanasia, and 0.1 percent a result of PAS, the study said.

The authors concluded: "There is no current factual support for so called slippery slope concerns about the risks of legislation of assisted dying - concerns that death in this way would be practiced more frequently on persons in vulnerable groups."

The researchers conceded that they could not say whether vulnerable people could be disproportionately affected in the future, or in jurisdictions other than Oregon and the Netherlands. They could also not say whether low rates of PAS among vulnerable groups was the result of safeguards in place — or evidence of unequal access to available services.

Compassion & Choices, which calls itself the largest end-of-life advocacy organization in the U.S., welcomed the study,

saying that it "debunks false claims by opponents of terminal patient choice."

The study showed Oregon's law was "working as intended," he said. Compassion & Choices was formed in 2005 when two separate groups, End-of-Life Choices and Compassion in Dying, amalgamated. It has been a key supporter of several attempts to advance an assisted suicide bill in California, based on the Oregon law.

### 'Independent'

Both Dignity in Dying and Compassion & Choices described the study as "independent," and the American group in its statement twice referred to the researchers as "neutral" experts.

The report's lead author, Prof. Margaret Battin of the University of Utah, is a widely-published author and expert in her field.

Her views on PAS are well-known. In the introduction of a 2004 book she co-edited on the subject, she wrote, "physician-assisted dying, whether it is called physician-assisted death or physician aid in dying or physician-assisted suicide, should be among the options available to patients at the end of life."

Battin is a member of the advisory board of the Death with Dignity National Center (DDNC), a Portland, Oregon based "non-profit organization that has led the legal defense and education of the Oregon Death with Dignity Law for more than 10 years."

Anti-euthanasia campaigner and author Wesley J. Smith described Battin Thursday as "an ardent euthanasia and assisted suicide legalization activist for more than 25 years, a woman so committed to the cause that she has long supported permitting assisted suicide for categories of people way beyond the terminally ill."

Asked whether Battin should have declared a "competing interest" to the *Journal of Medical Ethics*, Smith said that requirement deals with financial rather than ideological conflicts.

"But at the very least, the media should have inquired into that matter, rather than merely swallowing her conclusions whole," he told **Cybercast News Service**.

Smith said he was not "overly concerned" about the study's potential impact on the assisted suicide debate around the world. "This is typical euthanasia propaganda that can be rebutted," he said.

## Recent Study: Propaganda or research?

By Alex Schadenberg

*(This is a condensed version of our response – the first in the world – to a recent study published in the Journal of Medical Ethics entitled: “Doctor-aided suicide: No slippery slope”).*

The recent study completed by Margaret Battin of the University of Utah, who is a strong supporter of legalizing assisted suicide. The way in which the study was completed would leave one to question whether her research was done simply to prove her hypothesis. **This is a study that, at best, can be referred to as propaganda.**

No effective conclusions concerning whether or not a ‘slippery slope’ exists can be ascertained by studying the annual reports from the Oregon Department of Human Services. These reports do not include information that would enable a study to determine the actual decision making bias of a person. These reports are compiled from the information from reports sent in by physicians who prescribed the assisted suicide concoction. It is unlikely that a doctor who prescribes assisted suicide would self-report information that may be considered outside of the law. The Oregon reports missed real life situations such as: Kate Cheney and Michael Freeland. Since the annual reports from the Oregon Department of Human Services are only based on self-reports from assisted

suicide prescribing physicians, therefore they cannot be considered an accurate source for determining the level of a slippery slope in Oregon.

In relation to the information that Battin uses from the Netherlands reports, it is important to note that these reports admit to significant numbers of people who annually die from euthanasia who never indicated a desire to be euthanized. Battin simply refers to this data as people who were either suffering intolerably or made a request before becoming incompetent. Battin doesn’t refer to the fact that the Dutch courts consider mental suffering as a reason for euthanasia or assisted suicide. How can you protect people who experience depression when mental suffering is considered grounds for euthanasia?

The reality is that a significant level of social bias exists within our culture. Certain types of disability and physical conditions are seen as conditions where one is better off dead. Many people have accepted this social bias and thus when they experience certain diseases or types of disabilities they consider their lives as not worth living. Within a structure of social bias, it is impossible to determine the slippery slope without analysing the personal and relation attitudes that lead to a decision of assisted suicide.

## Latest pro-euthanasia research redefines “slippery slope” and uses “soft” data

By Stephen Drake - *research director, NOT DEAD YET*  
September 27, 2007 (Condensed from the original)

Big “news” broke with the announcement of the publication of a study that claims to put an end to any idea of “abuses” under assisted suicide and euthanasia laws in Oregon and the Netherlands. The lead author is Margaret Battin, who is a long-time advocate of legalization of assisted suicide and euthanasia, and is on the advisory board of Death With Dignity National Center. Interestingly, the objectivity of Battin and her colleagues goes unquestioned in the mainstream news reports. I have a hard time imagining the publication of an article with contrary findings by an anti-euthanasia advocate that wouldn’t get challenged harshly on its objectivity.

We were contacted by a reporter at the Salt Lake Tribune, but there was little time to review or process the reports regarding the study to be published in the Journal of Medical Ethics. Luckily, **Alex Schadenberg** of the Euthanasia Prevention Coalition had emailed a copy of the Univ. of Utah press release and his own critique earlier in the day, so I was able to beg a few minutes to look over the points in the release.

• The term “slippery slope” has always included the idea that the practices of assisted suicide and euthanasia will expand

beyond the original “target population.” This has happened in the Netherlands, which has given the green light to both infanticide of disabled infants and facilitation of the suicides of some people with psychiatric labels.

• The data used are “soft data” - there is no way to verify the information coming from the anonymous self-reports of medical professionals in the Netherlands and Oregon. In fact, recent events in Oregon have highlighted how little accountability and oversight there really is. After being embarrassed by some investigative reports regarding Oregon’s Nursing Review Board, the Governor ordered an investigation. The result - the top two people are gone. Among the serious cases never referred to police were two nurses who admit to “assisting” a patient commit suicide, although there is no evidence she requested any such “help.” Due to the inaction of the Review Board and the delay, prosecutors are doubtful they will be able to press a case.

For anyone interested in specifics regarding the expansion of euthanasia and assisted suicide, go to: [www.notdeadyet.org](http://www.notdeadyet.org)

**California assisted suicide advocates offer suicide counseling services****By Alex Schadenberg**

Leaders of groups that promote legalized assisted suicide in California have decided that they are now going to promote suicide counseling services.

Earlier this year the California state legislature rejected Bill 374 that was sponsored by democrats - Lloyd Levine and Patty Berg. Berg and Levine have attempted several times in the past few years to legalize assisted suicide in their democrat led legislature.

California's Governor Arnold Schwarzenegger stated during the debate on Bill 374 that he believes that voters, not the legislature should decide to legalize assisted suicide.

In response to Governor Schwarzenegger's comments, Compassionate Choices (formerly the Hemlock society) started a plebiscite campaign. Due to a lack of financial support Compassionate Choices has decided to focus on the suicide counseling service.

Rev John Brooke, a minister with the United Church of Christ, and one of the organizers of the "End of Life

Consultation Service" stated that: "Volunteers will neither provide nor administer the means for aid in dying. Clients will obtain and self-administer these means. We will not break or defy the law."

In September 2006, I had the opportunity to attend the World Federation of Right to Die Societies conference in Toronto. At that conference, members of the 'Client Support Program' explained what they do and why they were involved.

Basically the job of a Client Support Program volunteer is to visit, listen, counsel and journey with their client when he/she chooses to commit suicide. The reality is that this is not value neutral counseling program. The director of the Client Support Program stated at the Right to Die Societies conference in Toronto: "volunteers should not appear to be pushy but should appear to be supportive."

To receive the Full-Report of the World Federation of Right to Die Societies conference, last year in Toronto call the office at: 1-877-439-3348. \$25 donation required.

**Terri Schiavo's family vindicated by recent Vatican declaration****By Alex Schadenberg**

To remove artificially administered food and fluids from someone who is not otherwise dying (Terri Schiavo) has officially been defined as euthanasia by the Vatican.

**Terri Schiavo**

Terri Schiavo's parents (Bob and Mary Schindler) argued before the courts that to remove food and fluids from their daughter was euthanasia by omission.

Terri Schiavo was a practicing Catholic. Her parents argued that as a Catholic, she would not have wanted to die by dehydration and starvation (euthanasia).

In March 2004, Pope John Paul II stated that artificially administered food and fluids were not extraordinary treatment and were therefore obligatory to be provided until they stopped providing any benefit.

Recently the US Bishops asked the Sacred Congregation for the Doctrine of the Faith two questions for clarification.

The first question was: whether artificially administered food and fluids are morally obligatory until someone is unable to assimilate it or it causes them significant suffering? The Congregation stated YES with explanation.

The second question was: can food and fluids be discontinued when it has been determined that a person will not recover from a persistent vegetative state? The Congregation stated NO with explanation.

The recent response from the Vatican concerning the removal of food and fluids ends the debate in the Catholic Church concerning the moral nature of intentionally dehydrating to death, people with cognitive disabilities.

The document also provides an excellent commentary that enables everyone to understand the nature of the question.

The Euthanasia Prevention Coalition has put together a 12 page summary of issues related artificial administration of fluids and food that we will mail to anyone who requests it. Simply call the office at: 1-877-439-3348 or email us at: [info@epcc.ca](mailto:info@epcc.ca) and request the summary on fluids and food.