



Euthanasia Prevention Coalition

NEWSLETTER

Number 81

December 2007

International symposium - a huge success

The First International Symposium on Euthanasia and Assisted Suicide - Current Concerns Future Directions that was hosted by the Euthanasia Prevention Coalition on November 30 - December 1 was a huge success.



More than 300 persons took part in the First International symposium on Euthanasia and Assisted Suicide



Margaret Somerville

Interesting difficulties were created by the larger than expected number of participants (320). People had to eat in two rooms rather than just the main ballroom.

Cheryl Eckstein of the Compassionate Health Care Network (CHN) summed-up her thoughts in this way:

Well it's all over except for the memories. The International Symposium organized by EPC was an overwhelming success, and I stress success.

As with most good conferences, this one had its very somber moments and tears were shed while other speakers invoked great laughter. We may not have agreed with every point from every presenter, but we certainly learned from every one of the 17 presenters.



Allison Davis

In particular, Dr Peter Saunders from the Care Not Killing Alliance in the UK gave an absolutely brilliant talk. Alison Davis of No Less Human from the UK gave a poignant speech receiving a standing ovation.

After an excellent banquet meal on Friday, we listened to



Alex Schadenberg

the dynamic Margaret Somerville from the McGill Centre for Medicine, Ethics and Law that included a thoughtful power point presentation.

After the dinner CHN presented a plaque to Alex Schadenberg in appreciation and recognition of outstanding dedication for promoting life over death with unfaltering compassion and love.

A larger report about the Symposium will be available in the next newsletter. A DVD package containing the whole Symposium will be available next month for \$50.00. You can order copies of the International Symposium DVD package by filling out the response form or calling the office at: 1-877-439-3348.

A booklet of all the proceedings of the International Symposium will be published in the near future.

Leaders' strategy meeting results in establishment of secretariat — Alex Schadenberg elected chair

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Alarming trend seen in this year's conference of the

Hospice Palliative Care: At a Crossroads - November 4-7, 2007

By: Rose Maggisano

The Canadian Hospice Palliative Care Association (CHPCA) is the national association that provides leadership in hospice palliative care in Canada. CHPCA offers leadership in the pursuit of excellence in care for persons approaching death so that the burdens of suffering, loneliness and grief are lessened. It also offers leadership in the education of palliative care physicians, nurses, volunteers and it is a very influential political advocate.

One of the many conference presentations was a panel on physician assisted suicide: Physician Assisted Dying - Looking at the Issues"

The panel included S. Lawrence Librach MD, CCFP, FCFP, a well known palliative care physician at Mt. Sinai Hospital and physician leader at CHPCA; Victor Cellarius, a bioethicist at Mt. Sinai, and Eric MacDonald, husband of Elizabeth MacDonald who died with the help of Swiss Dignitas, an organization that has long been controversial for its assisted suicides.

Dr. Librach has spent 30 years as a palliative care physician observing suffering at the end of life. His thoughts about physician assisted dying (PAD) have changed in the last five years because many patients are now asking for assisted dying. One of his recent cases was a man with pancreatic cancer and total bowel obstruction who was in constant pain and who asked to be killed. Dr. Librach promised to terminally sedate him and yet at the end he was not able to relieve the suffering and the man died in agony. Dr. Librach said that there are many such cases.

Dr. Librach now sees the need to confront the issue. His reasoning is that a person's autonomy should always be respected. We give people choice of treatments - we allow consent and refusal. Why deny choice at the end: "Whose life is it anyway?" He sees physician assisted suicide as a continuum of palliative care - he does not want to abandon a person asking for PAD. Another reason is that the baby boomers will begin to reach the end stage in the next ten years and there will be many requests for PAD. Dr Librach repeated that he is "neutral" at this stage but thinks that the PAD issue needs to be discussed; discussion will lead to mutually acceptable approaches and all should be open to respectful dialogue.

The second panelist was Victor Cellarius who presented four philosophical aspects that influence our agreement or disagreement on the PAD issue.

The third panelist was a former Anglican minister who told the moving story of taking his wife Elizabeth to the Dignitas

Comment by Alex Schadenberg:

The presentation at the CHPCA was clearly one-sided. One of our leaders had contacted the CHPCA several times, to request to be part of this panel and to suggest names of people who would have made an effective presentation against assisted suicide.

The tone of the presentation seems to indicate that the CHPCA has not only moved to a neutral position on assisted suicide but that they are edging towards a position of supporting assisted suicide.

It also concerns us that the CHPCA is not interested in an open discussion, but rather a process for change.

The Euthanasia Prevention Coalition does not look lightly upon this dilemma. We are working on an effective response to the CHPCA.

clinic in Geneva for the purpose of her ending her life. Eric MacDonald presented a compelling story accompanied by many lovely pictures of his wife. He pleaded for understanding and compassion: "It's her suffering not ours - how can we judge? Her autonomy, control and dignity were most important to her. She did not want to die... she was already dying... she wanted to avoid drawn out suffering... she wanted help in dying.

MacDonald asked for a change in terminology: terms such as suicide and euthanasia have too many negative connotations and should be changed to kinder, more neutral, terms. He reiterated that his wife wanted to live but she was dying and needed help in dying.

There were approximately 900 people in the audience. The panel asked that this not be a debate and they were asked not to take a stand, but to ask questions and be open to discussion.

Comments/Questions:

1. What would happen to the roles of physician, pharmacist, and nurses?

Librach: The legal framework must be worked out... professionals would have to be educated in how to proceed properly... places where this would take place must be identified... people must be assured that the discussion and planning process has taken place.

2. The use and misuse of the terms... these must be debated... within ten years baby-boomers will be asking for PAD... family and caregivers will have to deal with requests for PAS... there is too much confusion... we must define terms and educate the public.

Librach: Educating professionals and politicians who will be making decisions will be of prime importance.

3. We must use the right words... every dying person wants physician assisted dying... what we are talking about here is hastening of death... we should abolish the term PAD and use "hastening of death."

Canadian Hospice Palliative Care Association

There was no response to this comment.

4. Question from a pediatrician - will this also apply to children?

Librach: Children usually die in acute care settings... we should address palliative care for children first before moving toward PAD.

5. Comment from a physician who cared for Sue Rodriguez: There are other options for hastening death... for instance gas with a plastic bag... we need other ways of dying not just medical ways... physicians need not always be involved.

Cellarius: Suicide and assisted death need to be controlled by professionals, not just anyone should be allowed to offer PAD.

6 Comment from Judith Schwartz from “Compassion & Choices” New York Client Care Director: She represents families and patients who choose to hasten death: there is potential for problems when hastened death is underground ... it’s better to regulate and control the practice.

Response: People will ask for help in dying if good palliative care is not available to all... palliative care may lessen the need for PAD as happened in Oregon. Requests for PAD in Oregon have not increased since legalization.

7. Comment from Palliative Care Nurse from Victoria BC: The CHPCA has influence and should use this influence to open the door to the discussion.

8 The last comment: Counseling should be part of the PAD process and the process needs to be redefined... work needs to be done to integrate the concept of the team in the process.

Swiss right-to-die group to expand into Germany

By Katie Reid; editing by Sami Aboudi
ZURICH (Reuters) - November 17, 2007

Swiss right-to-die group Dignitas wants to set up an organization in Germany to carry out assisted suicides there, Dignitas head Ludwig Minelli was quoted as saying on Saturday.

Minelli told Swiss newspaper Landbote that his organization had found someone in Germany who was ready to risk prosecution to offer seriously ill people a chance to get assisted suicides at home rather than having to travel across the border to Switzerland, where assisted suicide is legal.

“It is not right that Germany forces its seriously ill patients to leave their beds instead of us being able to come to them,” Minelli said in an interview.

“In the case of suicide it is about a human right,” he said.

He said Dignitas was prepared to take the case to the German Federal Court of Justice.

Dignitas, which has been using hotel rooms for the assisted suicides after being barred from a number of flats in Zurich, has come under fire recently after some clients died in their cars.

Minelli said using cars for suicides was not the organization’s idea.

“The two Germans said to my colleagues that they would prefer to die in their own car rather than in a strange hotel,” Minelli said.

Assisted suicide has been allowed in Switzerland since the 1940s. Non-physicians can participate in assisted suicide but euthanasia is not legal.

The laws, some of the most liberal in the world, have led in recent years to “suicide tourism”, where terminally ill foreigners travel to Switzerland to die.

In 2006, Dignitas helped 195 people to die and 57 percent of those were German, Minelli said.

Robert Latimer denied day parole.

Robert Latimer, who is serving a life-sentence for the second degree murder conviction for killing his daughter Tracy in 1993 was denied day parole by a three member panel of the National Parole Board. The three member panel was composed of Kelly-Ann Speck, Maryam Majedi and Ben Anderson.

Latimer was applying for day parole after serving 7 years of the 10 year mandatory minimum sentence that is associated with second degree murder convictions. He was denied day parole because he showed no sense of remorse.

Kelly-Ann Speck, one of the members of the Parole Board



Robert Latimer

panel stated to Latimer that: “We were left with the feeling you have not developed the kind of sufficient insight and understanding of your actions.” Speck also stated that Latimer did not seem to appreciate “that the law is there to protect vulnerable people”.

Latimer had told the parole board that it was not a snap decision and it came after his wife (Laura) said they would have to call in Jack Kevorkian.

He said that the two of them never discussed his ultimate decision to pipe exhaust gas into the cab of his truck with Tracy in it.

Latimer continued to insist that taking Tracy’s life was the

Leaders' strategy meeting results in establishment of secretariat

Leaders had an opportunity to discuss their concerns and successes in a special strategy session on Thursday, November 29th. This was a ground-breaking moment for many of the leaders who work incredibly hard in their jurisdictions and yet rarely get the opportunity to discuss their organizational needs and goals with one another.

We shared our experiences from our different viewpoints. We discussed the difficulties that we faced and we recognized our common strengths.

We acknowledged that each country or region has the same issues being brought forward in a similar manner, with only minor differences based on the particular culture or laws.

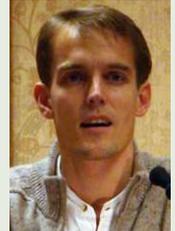
We acknowledged the need to communicate as leaders and groups. We each have unique insights. Recognizing our differences and our common concerns enables us to grow in understanding of our common challenges.

We agreed to a system of communication that would enable all leaders and groups to share information on a moderated and regular basis.

We acknowledged the need to work together. We have common concerns and our successes build common strategies. We need each other.

We agreed to establish an International Secretariat to organize events, to discuss and enhance strategy and to be responsible for an effective communication strategy.

Alex Schadenberg was chosen to be the first chair of the International Secretariat. Alex is executive director of the Euthanasia Prevention Coalition of Canada. The other leaders that were named to the Secretariat were: Marilyn Golden from the Disability Rights Education and Defense Fund, Henk Reitsema from the Netherlands and Barbara Lyons from the Nightingale Alliance.



Henk Reitsema

The strategy meeting opened the door to a new shared growth in efforts to protect the lives of the most vulnerable in our society.

Robert Latimer denied day parole (continued from page 3)

right thing to do. He explained that Tracy faced what he called another mutilating surgery.

When asked how he felt when he took Tracy's life, Latimer said: "No one's ever asked that before. It was a very personal thing and I still don't feel guilty now. I would expect she would not have wanted any more pain. I can only go on what I would want for myself."



Tracy Latimer

When asked if he was a risk to kill again in a similar situation, Latimer stated: "it was unlikely that such a situation would occur again."

When asked why he did not ask to be paroled near his wife Laura, and their three children he replied that he wanted to be in Ottawa for advocacy work and that he hoped to spare his family the constant media attention of his release.

The parole board made recommendations.

Speck stated to Latimer: "You talked about this being a private matter, exploited by others, we're making a strong recommendation to Corrections Canada that you participate in some counselling."

Evelyn Bair of the National Parole Board stated that: "Mr. Latimer likely will not have another opportunity at parole for two years." He is eligible for full-parole after ten years.

Rory Summers, president of the B.C. Association for Com-

munity Living stated: "We're pleased with the decision."

Summers and BCACL executive director Laney Bryenton were two of the only people in the public gallery for the hearing, other than corrections staff and 18 journalists.

Bryenton stated: "We assumed, I guess, he was going to get (parole). But what we saw was such a profound lack of remorse for his actions, that it was deeply disturbing to the two of us."

Jim Derksen, of the Council of Canadians with Disabilities, said his association will continue to fight the "unjust and unfair portrayal" of Tracy Latimer. Derksen stated that Robert Latimer was portrayed as a victim. "Some people were willing to agree that Tracy's life was not worth living - it's extremely dangerous to vulnerable people with disabilities"

The Euthanasia Prevention Coalition believes that Robert Latimer should be treated like any person who has been convicted of second-degree murder. Therefore if the parole board is usually denies someone convicted of second degree murder day parole because of a lack of remorse, therefore Robert Latimer should also be denied day parole.

The Euthanasia Prevention Coalition is primarily concerned about the threat to vulnerable people in society, if euthanasia or assisted suicide were ever to become accepted practices. The case of Robert Latimer is a vivid example of why every Canadian should be concerned.

Information was gleaned from articles published in the Globe and Mail, Canada.com, and Sun newspapers.

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