

Euthanasia Prevention Coalition

NEWSLETTER

IMPOSED DEATH

Newsletter #51

January/February 2005

Petition Campaign

On November 17, 2004, federal Justice Minister Irwin Cotler stated to the Justice Committee that he "decided it is time to go back to the drawing board in light of recent high-profile assisted suicides in Quebec and British Columbia."



Justice Minister
Irwin Cotler

The Euthanasia Prevention Coalition responded by explaining in a media release how the cases in British Columbia and Quebec prove that current laws need to be maintained and enforced.

We asked you, our supporters, to respond by writing or emailing the Minister of Justice, the Justice Critic and Members of Parliament. Many of you responded to the request and wrote or e-mailed the appropriate politicians, stating your opposition to any change in the current law concerning assisted suicide.



Justice Critic
Vic Toews

We are now asking our supporters to begin circulating the petition that is enclosed with this newsletter.

Members of Parliament who oppose assisted suicide have told us to show our opposition to assisted suicide NOW. They believe that we should be concerned about the statement made by the Justice Minister.

Please ask your Church to allow the distribution of the petition, or ask your friends, families or group members to sign the petition. French copies of the petition will be available soon. If you need french petitions call our office toll free at: **1-877-439-3348**.

Please write or email:

Sample Letter:

I am opposed to any change in the current law concerning assisted suicide. I support enhancing palliative care and support for people with disabilities.

I believe that changing the law concerning assisted suicide would cause many vulnerable Canadians to be pressured into suicide with assistance.

Email addresses:

Justice Minister Irwin Cotler: Cotler.I@parl.gc.ca

Justice Critic Vic Toews: Toews.V@parl.gc.ca

Euthanasia Prevention Coalition: info@epcc.ca

You can mail Members of Parliament at no cost at this address:

Name of MP

House of Commons

Ottawa ON K1A 0A6

Please send a copy of your letter or email to the Euthanasia Prevention Coalition

Assisted Suicide Forum

Wednesday, February 9, from 7:30 - 9:30 pm
27 Front St. E. Toronto

Admission is Free

Panel:

Svend Robinson, former Member of Parliament for Burnaby-Douglas and pro-euthanasia activist.

Catherine Frazee, Co-Director of the Institute for Disability Studies at Ryerson University.

St. Lawrence Centre Forum and CBC Radio One.

News from the Netherlands ...

Dutch Euthanasia law should apply to patients “suffering through living,” report says

by: Tony Shelden, Utrecht (*British Medical Journal*, January 8, 2005)

Doctors can help patients who ask for help to die even though they may not be ill but “suffering through living,” concludes a three year inquiry commissioned by the Royal Dutch Medical Association. The report argues that no reason can be given to exclude situations of such suffering from a doctor’s area of competence.

The conclusion has reopened a fierce debate over what constitutes grounds for requesting euthanasia, as it contradicts a landmark Supreme Court decision that a patient must have a “classifiable physical or mental condition.” The 2002 ruling upheld a guilty verdict on a GP for helping his 86 year old patient die, even though he was not technically ill but obsessed with his physical decline and hopeless existence (BMJ 2003;326:71).

The Dutch euthanasia law does not specifically state that a patient must have a physical or mental condition, only that a patient must be “suffering hopelessly and unbearably.” The new report does not rule on how doctors should respond if a patient without a classifiable condition should approach them for help but says that doctors believe that some cases of “suffering through living” could be judged “unbearable and hopeless” and therefore fall within the boundaries of the existing euthanasia law.

The report argues that the Supreme Court criteria are unhelpful in defining the limits of medical practice in varied and complex cases. It is “an illusion,” it argues, to suggest that a patient’s suffering can be “unambiguously measured according to his illness.”

Jos Dijkhuis, the emeritus professor of clinical psychology who led the inquiry, said that it was “evident to us that Dutch doctors would not consider euthanasia from a patient who is simply “tired of, or through with, life,”” (terms used in the original court case). Instead his committee chose the term “suffering through living,” where a patient may present a variety of physical and mental complaints.

He said there was “enormous protest” from doctors to the Supreme Court’s ruling. “In more than half of cases we considered, doctors were not confronted with a classifiable disease. In practice the medical domain of

doctors is far broader ... We see a doctor’s task is to reduce suffering, therefore we can’t exclude these cases in advance. We must now look further to see if we can draw a line and if so where.”

His report recommends caution, saying that doctors currently lack sufficient expertise and that their roles remain unclear. It recommends drawing up protocols by which to judge “suffering through living” cases and collecting and analyzing further data. In the meantime it recommends an “extra phase” to treatment, where therapeutic and social solutions can first be sought.

Henk Jochemsen, director of the anti-euthanasia Lindeboom Institute for Medical Ethics, said that the report has dangerous signs, to the effect that “we as a society should say to people who feel their life has lost meaning: right you had better go away.”

The association plans to continue the debate, believing that such cases could become more common. Research shows that 30% of doctors have had patients request euthanasia even though they do not have “a serious physical or psychiatric condition.” (Lancet 2003; 362:395-9)

Op zoek naar normen voor het handelen van artsen bij vragen om hulp bij levensbeëindiging in geval van lijden aan het leven (*In Search of Standards for the Treatment by Doctors of Requests for Help in Ending Life Because of Suffering Through Living*) is accessible on the website of the Royal Dutch Medical Association

Editor’s Note:

In our last newsletter we printed an article about the Groningan Protocol that is designed for euthanizing babies and children in the Netherlands. This month we have printed this article about the Dutch study recommending euthanasia for people who are “suffering through living.”

Do you think legalized euthanasia or assisted suicide would be different in Canada? Let’s stop warning of a slippery slope. It’s already arrived.

New Important Developments

New Drug is Approved to Treat Chronic Pain

By: Marc Kaufman - Washington Post - Dec 29, 2004

A synthetic form of a sea-snail venom was approved yesterday by the Food and Drug Administration as a novel approach to treating severe, chronic pain.

The drug, called Prialt, was approved for hard-to-treat pain associated with cancer, AIDS and neuropathies. Based on a compound found in the poison of the South Pacific cone snail, it controls pain in a new way — by blocking the calcium channels in nerve cells that transmit pain signals — and may have broad implications for the future of pain management.

Because it is as much as 1,000 times more powerful than morphine, it is considered a last resort for long-suffering patients, rather than a first-line pain medication. But the manufacturer, Elan Corp. of Ireland, hopes that will change.

Researchers believe the snail venom, and products like it, can become an alternative to opioid drugs such as OxyContin and morphine. Ultimately, it may also provide an alternative for severely affected patients dependent on medications such as Celebrex, Aleve and now-withdrawn Vioxx — which have come under fire because of indications that they may cause heart problems.

“This drug is very exciting because it’s a very potent analgesic but isn’t a narcotic,” said Richard L. Rauck of Wake Forest University medical center and the Carolinas Pain Institute. Rauck, an investigator for one of the Elan-funded clinical trials that led to yesterday’s FDA approval, said he found the drug to be “effective in almost all types of chronic pain it’s been studied in.”

What will limit the use of Prialt, and other potential drugs derived from tree frogs and other creatures with natural venoms, is that it cannot be taken in pill form. It has to be delivered directly into the fluid that surrounds the spinal cord, which carries it to the brain without affecting other organs. Because it is so potent, tiny amounts of the drug could be dangerous to the heart and possibly other organs.

“This drug is for patients in chronic and severe pain who are not getting substantial and meaningful relief with oral opiates, or are having unacceptable side effects with them,” said Robert Meyer, director of the FDA’s Office of Drug Evaluation II. “At this point we don’t see this class of drug expanding to general use.”

Nonetheless, Elan’s president for global research and development, Lars Ekman, said as many as 100,000 people in the United States might be helped by the drug.

He said about 50,000 patients have implanted or external devices that pump morphine directly into the spinal column, and many of them may want to try Prialt because opioids can gradually lose their effectiveness. In addition, he said, many patients in severe pain who take pain pills may want to try the spinal cord route if the drug involved is not an opioid.

“There are thousands of people out there who have pain like a bad toothache all day and night, week after week,” Ekman said. “Many of these people have tried morphine and it either didn’t work or made them unable to function.”

Elan, a relatively small company, has won FDA approval for two novel drugs in two months. In November, the FDA approved its multiple sclerosis drug Tysabri.

Prialt is a synthetic form of the venom that the *Conus magus* cone snail, which lives in tropical saltwater shallows, uses to stun passing prey.

Efforts to turn the substance into a pill faltered because of its potency, but researchers found that small drips of the drug into the spinal cord fluid went safely to the brain.

In 2000, the FDA required an additional clinical trial to better determine the best dosages, and Ekman said patients will initially receive smaller amounts as a result.

Chris McNeil, a California small-business man who has taken the drug for almost a year as part of a clinical trial, said it has changed his life. He said sharp, unexplained pain in his legs — and the fog that enveloped him when he took opioid painkillers — had kept him virtually homebound for six years.

“Once I started taking the new drug, I could walk again and laugh again and start having a life,” said McNeil, 48. “I lift heavy boxes in my shop and even play a little soft tennis.”

Prialt, which is expected to reach the market next month, will come with a “black box” warning regarding its risks, which include hallucinations and even psychosis in vulnerable people. McNeil said he experienced hallucinations in the first two weeks he was taking the drug, but they stopped.

Despite the limitations of Prialt, Mary Pat Aardrup, executive director of the National Pain Foundation, a nonprofit education group, called yesterday a “red-letter day” for pain patients. “To have another pain drug in an entirely new class is very exciting and very hopeful.”

For Immediate Release:

January 16, 2005 - Not Dead Yet

Disability Activists Call Chicago Movie Critics: "Million Dollar Bigots"

Chicago disability activists will be protesting the bigotry and ignorance of the members of the Chicago Film Critics Association (CFCA). Virtually every critic in the association gave a rave review to Clint Eastwood's Million Dollar Baby, a film that promotes the killing of disabled people as the solution to the "problem" of disability.

On Wednesday, January 19th, activists will picket and distribute protest leaflets outside of the Union League Club of Chicago. Attendees at the CFCA event will be met by activists from the Chicago disability rights community, protesting the bigotry and ignorance of Chicago movie critics. Ignorance and bigotry are the only explanations for the universal adoration expressed for a movie that is being called a "corny, melodramatic assault on people with disabilities" by one reviewer in the disability community.

Roger Ebert, of the Chicago Sun-Times, has named it the number one movie of 2004. In fact, he seems to find new opportunities to promote the

movie every couple of days. His TV partner, Richard Roeper, also gave the film an enthusiastic "thumbs up." But like we said, they're not alone. Michael Wilmington of the Chicago Tribune gave it 4/4 stars.

The vast majority of critics talk about the "surprise" ending without telling their readers and viewers what it is. It's simple - the "surprise" is that a young woman

boxing star becomes disabled, and Eastwood's character (in a painful, self-sacrificing gesture), kills her.



It's a pro-euthanasia movie.

But they don't want you to go in expecting that to be the main message. But it's the romanticized killing at the end that makes the movie "great" for most of the critics.

We feel it's no coincidence that Eastwood is also a staunch opponent of the Americans with Disabilities Act (ADA). He's been sued - and lost - under the act in regard to a resort he owns. After his loss in the courts, he engaged in a legislative campaign to weaken the ADA, even giving testimony in Congress. His face is on the cover of a book on ADA backlash called "Make Them Go Away." This film appears to be his revenge on our community.

Suppose instead Eastwood had been an active opponent of the civil rights of any minority other than people with disabilities. Suppose he'd been sued for race or gender discrimination at his resort instead of disability discrimination. And then suppose he'd made a movie manipulating the audience to sympathize with someone who killed a member of that group. We suspect the reactions of critics across the country would have been -pardon the expression - "critical."

Not Dead Yet

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