



Euthanasia Prevention Coalition

NEWSLETTER IMPOSED DEATH

Newsletter #53
April 2005

Petition and Letter Writing Campaign

We have received a tremendous response from the petitions that we have circulated in our newsletters during the past two months.

Our best response has been from Newfoundland and Labrador. We thank Patrick Hanlon for his work to promote the petition campaign on the rock.

Now that Easter is passed, if you or your group has not circulated the petition, please do so this month.

Please attempt to return the petitions by May 1, 2005.

Hundreds of letters or emails have also been sent to Justice Minister Irwin Cotler, Justice Critic Vic Toews and Members of Parliament. We have asked our supporters, when sending a letter or email to politicians to use a similar format to the following 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 feel 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. Send your letters to:

Name of MP

House of Commons

Ottawa ON K1A 0A6

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

Life-Protecting Power of Attorney for Personal Care

The Life-Protecting Power of Attorney for Personal Care was developed by the Euthanasia Prevention Coalition to protect people from cases like Terri Schiavo or Joyce Holland.

Most Canadians get a Power of Attorney for Personal Care from their lawyer in conjunction with their Will.

Most Power of Attorney for Personal Care documents when written by your lawyer follows a format that suggests that all medical treatment will be removed when you experience an irreversible condition. Most physicians and medical institutions will interpret that document to give them permission to withhold fluids and food.

Last year an American woman argued before a court that her husband did not want to be dehydrated to death, like Terri Schiavo, even though his "Living Will" stated that he wanted no further medical treatment when in certain medical conditions. She argued that her husband didn't intend to be dehydrated to death when signing the document. The judge decided against the wife and the tubes were removed.

Order the Life-Protecting Power of Attorney for Personal Care for \$20.00 from the Euthanasia Prevention Coalition by calling 1-877-439-3348.

Jean Echlin receives Palliative Care Award

Jean Echlin, Vice President of the Euthanasia Prevention Coalition and Palliative Care nursing consultant for 26 years has received the Dorothy Ley award of excellence in palliative care that is awarded annually by the Ontario Palliative Care Association. This award recognizes Jean's efforts to advance and improve palliative and end of life care.

We are proud that the palliative care community is recognizing Jean Echlin's life-long work. Jean is a caring, compassionate, professional care-giver.

Jean Echlin is an invaluable leader and advisor to the Euthanasia Prevention Coalition.

Schiavo case could rekindle right-to-do debate in Canada

By Bill Rogers: Free Press Parliamentary Bureau, Ottawa

A Canadian physician warns the Liberal government could be headed toward legalizing assisted suicide across the country.

"I think this is very serious," Dr. Will Johnson, president of the Euthanasia Prevention Coalition of BC, said during an interview yesterday on CTV's Question Period.

"When (Justice Minister) Irwin Cotler, who has a long and distinguished record of upholding individual rights, makes the leap of reasoning that this strong individual rights ethic needs to be carried over into the assisted suicide realm, then I think we're in trouble," Johnston said.

Cotler has called for a renewed debate on assisted suicide, saying times have changed since Parliament last looked at the matter more than a decade ago.

"The problem with an unbridled focus on personal autonomy is that it loses sight of community — there's no vision of community that comes out of that very narrow view," Johnston said.

He sounded the alarm bell during an interview about Terri Schiavo, the Florida woman who has spent 15 years in a "vegetative state."

Schiavo's feeding tube was removed March 18 at the request of

her husband, but the woman's parents have been fighting through the U.S. courts and congress to have it reconnected.

Johnston suggested if Schiavo is truly in coma, then she can't be suffering.

"What good is served by killing this woman?"

The British Columbia doctor said there is a small intellectual elite in Canada "who are punching above their weight in terms of influencing the public" on the issue of assisted suicide.

He said they are confusing the issues of quality of care and suffering.

Former New Democrat MP Svend Robinson, who has battled to make assisted suicide legal in Canada, says the Schiavo case in the U.S. has "rekindled" the debate here on the right-to-die.

"Fundamentally, the issue, it seems to me, is the question of the right of an individual to make these decisions for themselves," Robinson said in a CTV interview.

Robinson added he finds it appalling that American politicians and "outside forces" have intervened in what he believes should have been the decision of Schiavo and her husband.

Council of Europe: Social, Health and Family Affairs Committee examines euthanasia

by Alex Schadenberg, executive director - Euthanasia Prevention Coalition

On February 9, 2005; the *Social, Health and Family Affairs committee* received an updated report (known as the Marty report) on euthanasia from Dick Marty, a representative from Switzerland and a member of the Liberal, Democratic and Reformers' Group.

The Marty report entitled: "*Assistance to patients at end of life*" is an update to a report from April 2004 that called for the Social, Health and Family Affairs committee of the Council of Europe to change its position by supporting euthanasia.

In 1999, the Social Health and Family Affairs committee of the Council of Europe passed recommendation 1418 which opposed the legalization of euthanasia.

Recommendation 1418 is on *protecting the human rights and dignity of the terminally ill and the dying*. It stated that: "the vocation of the Council of Europe is to protect the dignity of all human beings and the rights which stem therefrom ... that it is forbidden to cause someone's death deliberately."

The Marty report argues that since: the Netherlands and Belgium have legalized euthanasia, and several other countries have discussed legalizing euthanasia, and opinion polls seem to indicate that a majority of people support euthanasia, and forms of euthanasia are practised in hospitals without controls. Therefore the report concludes that Council of Europe should allow member states to legalize euthanasia.

The Marty Report is a one-sided report that emphasizes the reasons why reformers want euthanasia legalized without balancing its claims with arguments opposing euthanasia.

The Marty Report emphasizes that legalizing euthanasia would allow it to be regulated and controlled. This is a ridiculous assertion knowing that government reports from the Netherlands prove that even though euthanasia is legal it remains under-reported and punishments for breaking the law are rare.

We need to be aware that the movement for legalized euthanasia is world-wide, organized and determined.

“Human Non-Person”: Terri Schiavo, bioethics, and our future.

By Wesley J. Smith: *National Review Online*, March 29, 2005

Wesley Smith’s debate about Terri Schiavo’s case with Florida bioethicist Bill Allen on Court TV Online eventually got down to the nitty-gritty:

Wesley Smith: Bill, do you think Terri is a person?

Bill Allen: No, I do not. I think having awareness is an essential criterion for personhood. Even minimal awareness would support some criterion of personhood, but I don’t think complete absence of awareness does.

If you want to know how it became acceptable to remove tube-supplied food and water from people with profound cognitive disabilities, this exchange brings you to the nub of the Schiavo case — the “first principle,” if you will. Bluntly stated, most bioethicists do not believe that membership in the human species accords any of us intrinsic moral worth. Rather, what matters is whether “a being” or “an organism,” or even a machine, is a “person,” a status achieved by having sufficient cognitive capacities. Those who don’t measure up are denigrated as “non-persons.”

Allen’s perspective is in fact relatively conservative within the mainstream bioethics movement. He is apparently willing to accept that “minimal awareness would support some criterion of personhood” — although he doesn’t say that awareness is determinative. Most of his colleagues are not so reticent. To them, it isn’t sentience per se that matters but rather demonstrable rationality. Thus Peter Singer of Princeton argues that unless an organism is self-aware over time, the entity in question is a non-person. The British academic John Harris, the Sir David Alliance professor of bioethics at the University of Manchester, England, has defined a person as “a creature capable of valuing its own existence.” Other bioethicists argue that the basic threshold of personhood should include the capacity to experience desire. James Hughes, who is more explicitly radical than many bioethicists (or perhaps, just more candid), has gone so far as to assert that people like Terri are “sentient property.”

So who are the so-called human non-persons? All embryos and fetuses, to be sure. But many bioethicists also categorize newborn infants as human non-persons (although some bioethicists refer to healthy newborns as “potential persons”). So too are those with profound cognitive impairments such as Terri Schiavo and President Ronald Reagan during the latter stages of his Alzheimer’s disease.

Personhood theory would reduce some of us into killable and harvest-able people. Harris wrote explicitly that killing human non-persons would be fine because “Non-persons or potential persons cannot be wronged” by being killed “because death does not deprive them of something they can value. If they cannot wish to live, they cannot have that wish frustrated by being killed.”

And killing isn’t the half of it. Some of the same bioethicists who have been telling us how right and moral it is to dehydrate Terri Schiavo have also urged that people like Terri — that is, human non-persons — be harvested or otherwise used as mere instrumentalities. Bioethicist big-wig Tom Beauchamp of Georgetown University has suggested that “because many humans lack properties of personhood or are less than full persons, they...might be aggressively used as human research subjects or sources of organs.”

Such thinking is not fringe in bioethics, a field in which the idea of killing for organs is fast becoming mainstream. In 1997, several doctors writing for the International Forum for Transplant Ethics opined in *The Lancet* that people (like Terri) diagnosed as being in a persistent vegetative state should be redefined as dead for purposes of organ procurement:

If the legal definition of death were to be changed to include comprehensive irreversible loss of higher brain function, it would be possible to take the life of a patient (or more accurately to stop the heart, since the patient would be defined as dead) by a lethal injection, and then to remove the organs needed for transplantation subject to the usual criteria for consent.

Knowing that this kind of thinking predominates in contemporary bioethics, I decided to bring up the matter in my Court TV debate with Bill Allen.

Wesley Smith: If Terri is not a person, should her organs be procured with consent?

Bill Allen: ...Yes, I think there should be consent to harvest her organs, just as we allow people to say what they want done with their assets.

Put that in your hat and ponder it for a moment: If organ harvesting from the cognitively devastated were legal today — thank goodness, it isn’t — Michael Schiavo would be the one, no doubt sanctioned by Judge Greer, who could consent to doctors’ “stopping” Terri’s heart and harvesting her organs.

Think that’s a horrid thought? Well, ponder this: More than ten years ago, transplant-medicine ethicists Robert M. Arnold and Stuart J. Youngner painted a disturbing picture of the kind of society that the bioethics movement is leading us toward: literally a culture in which organ procurement is a routine part of end-of-life care and “planned deaths.” The ethicists predicted that in the not-too-distant future:

Machine dependent patients could give consent for organ removal before they are dead. For example, a ventilator-dependent ALS patient could request that life support be removed at 5:00 P.M., but that at 9:00 A.M. the same day he be taken to the operating room, put under general anesthesia, and his kidneys, liver and pancreas removed... The patient’s heart would not be removed and would continue to beat throughout surgery, perfusing the other organs with warm, oxygen-and-nutrient-rich blood until they were removed. The heart would stop, and the patient would be pronounced dead only after the ventilator was removed at 5:00 P.M., according to plan, and long before the patient could die from renal, hepatic, or pancreatic failure.

Know this: There is a direct line from the Terri Schiavo dehydration to the potential for this stunning human strip-mining scenario’s becoming a reality. Indeed, as Arnold and Youngner put it so well, “If a look into such a future hurts our eyes (or turns our stomachs), is our discomfort any different from what we would have experienced 30 years ago by looking into the future that is today?”

The death of Terri Schiavo - Euthanasia or Natural Death?

by Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

The tragic death of Terri Schiavo has reignited the Euthanasia debate in the United States and Canada.

Everyday we witnessed media reports about Terri Schiavo. We heard conflicting commentary from bio-ethicists, physicians, and religious leaders as to whether dehydrating Terri was euthanasia or simply allowing natural death to occur.

To intentionally dehydrate and starve Terri Schiavo to death was euthanasia and I will clearly explain why.

Euthanasia is an intentional act or failure to act which causes a person's death for reasons of "mercy."

Therefore euthanasia is an intentional act or failure to act to cause death.

If a person is dying or nearing death their body often begins to shut down, meaning the veins and circulatory system are becoming unable to circulate fluids and food. To withhold fluids and food from a person who is dying or nearing death is not euthanasia but rather accepting the limits of life.

Terri Schiavo's body was not shutting down and she was not otherwise dying. Withholding fluids and food from Terri Schiavo was not an acceptance of the limits of life but rather an intentional failure to act in order to cause her death. **This is euthanasia.**

Some bio-ethicists said that providing fluids and food to Terri Schiavo only artificially prolonged her life and possibly caused her pain and suffering. They claimed that the intention of withholding fluids and food was palliative and not euthanasia.

If a person's body is shutting down then they become unable to benefit from fluids and food. Continuing to provide fluids and food to someone who is nearing death and who's body is shutting down often causes pain and discomfort because the fluids and food have nowhere to go.

Providing fluids and food for Terri Schiavo was of benefit to her. Terri's body could assimilate fluid and food without any problems. Therefore withholding fluids and food from Terri was not palliative. In fact, since Terri was not otherwise dying withholding fluids and food would cause pain and suffering.

In cases of euthanasia, the intentional act or failure to act is the cause of the person's death. If the act or failure to act does not cause the death of the person then it is not euthanasia.

In the case of Terri Schiavo, her death was caused by **dehydration**. Terri was not dying of another cause, before having her tube was withdrawn she was not imminently dying. Therefore the withholding of fluids and food for Terri Schiavo was the intentional cause of her death. **This is euthanasia.**

Some commentators stated that providing fluids and food by tube to Terri Schiavo was extra-ordinary medical treatment and therefore always optional.

Terri Schiavo was not in need of medical treatment and her feeding tube (PEG) was already inserted and effective. She didn't need medical support, only fluids and food. Anyone, with minimal training, can feed someone in this way. There was nothing extra-ordinary about the care Terri was receiving.

Some bio-ethicists have said that Terri was so brain damaged that she was already dead. They claimed that the feeding tube was artificially keeping a dead person alive.

This is a dangerous statement which is based on a eugenic ideology. Nonetheless, Terri had a cognitive disability but she was not brain dead. To say that her life was not worth living is to say that all people who have a severe cognitive disability are not worth living.

Many commentators expressed that Terri's wishes should be respected. Since Terri's husband claimed that Terri would not have wanted to live this way, therefore dehydrating Terri to death is simply respecting her wishes.

There should be presumption in favour of life. I recognize that you can never force anyone who is competent to receive anything against their will, but when a person is incompetent to make decisions for themselves we believe one should always be provided the basic necessities of life, including fluid and food.

Terri Schiavo's death is a case of euthanasia because her death was intentionally caused by dehydration for reasons of "mercy."

Hopefully Terri's death will result in legislation being enacted to protect people who are cognitively disabled from similar acts of death by dehydration.

Terri Schiavo died on March 31, 2005