

### **Petition and Letter Writing Campaign**

The petition, letter writing and email campaign organized to uphold our current assisted suicide prohibition has been very successful.

Our petition campaign collected almost 18,000 signatures. Our letter writing and email campaign was successful. More than 3000 names have been sent to us in the last month alone. If you have any further petitions, please send them in immediately.

The Euthanasia Prevention Coalition would like to thank all of you who responded to our request and sent letters, emails or circulated our petition. The petition will be presented again in Parliament by Liberal MP Pat O'Brien.

### **Life Protecting Power of Attorney for Personal Care**

The Euthanasia Prevention Coalition has distributed nearly 200 *Life-Protecting Power of Attorney for Personal Care* documents since the death of Terri Schiavo. The *Life-Protecting Power of Attorney for Personal Care* is a legal document, like a living will, that is designed to protect you when you are unable to make decisions for yourself.

The Euthanasia Prevention Coalition redesigned the *Life-Protecting Power of Attorney for Personal Care* to ensure that it can be used in every province in Canada.

The problem with most living wills or power of attorney for personal care documents is that they may result in you being denied fluids and food.

Most of these documents state that all medical treatment should cease when you are unable to recover, and only comfort care should be provided. Fluids and food are considered to be medical treatment by most physicians.

To order the *Life-Protecting Power of Attorney for Personal Care*, simply fill out the return card or call us toll free at: 1-877-439-3348.

### **Futile Care Theory, Canada and Terri Schiavo**

In the last several weeks, we have received two separate phone calls from families with teenage children who were being denied basic medical care.

Both cases were parents who had a child with a significant disability and in both cases the child was experiencing a life-threatening condition. In both cases the medical staff decided to provide no further medical treatment. **In the second case the child died.**

In the past we have received many calls from people who were concerned about the lack of treatment being provided for an elderly family member or friend. In fact, last year we successfully intervened in the case of Joyce Holland, an 81 year old woman with Alzheimer's.

The Euthanasia Prevention Coalition has published articles in previous newsletters about *futile care theory* to warn our supporters about current attitudes toward people with disabilities, the elderly and the vulnerable. Futile care theory seems to be becoming an accepted practice in Canada.

What makes *futile care theory* different from other medical care models is that the decision to provide medical treatment is not based on the effectiveness of the treatment but rather on the "quality of life" of the patient.

Medical professionals who make decisions based on *futile care theory* will often deny effective medical treatment to a person with a disability or an elderly person, not because the treatment may be of no benefit or too burdensome, but because the person is perceived to be "futile".

*Futile care theory* is a precursor to euthanasia or assisted suicide. Once a person is deemed to be futile, the only options are to allow them to die or to hasten their death.

### **Terri Schiavo's death was hastened by dehydration.**

You need the *Life-Protecting Power of Attorney for personal care* to protect you from medical professionals who may consider your life to be "futile".

## **Disability Groups Outline Opposition**

**By Sue Watson Arthurs, The Times Standard, May 31, 2005**

Assemblywoman Patty Berg, D-Eureka, introduced a bill in February that would legalize physician-assisted suicide in California. The Times-Standard has been looking at some of the legal, ethical and emotional questions the issue raises in an occasional series.

Advocates for the civil rights of disabled people are among those joining the Catholic Church and other organizations in opposing proposed assisted-suicide legislation.

Assembly Bill 654, heading to the state Assembly for a vote this week, would allow people with six months or less to live to request a prescription for lethal medication. The person would have to be evaluated and considered mentally competent.

Cheryl Bergan, a public policy analyst with the California Foundation for Independent Living Centers, said she thinks the law is well-intentioned but flawed.

“The problem is you can’t make mistakes,” she said. “If someone dies, you can’t go back and say, ‘Let’s fix that.’”

Paul Longmore, director of the Institute of Disability Studies at San Francisco State University, has been studying the issue of assisted suicide since the early 1980s. He said he began looking at the circumstances of individual cases and found that those who sought assisted suicide had been “badly abused by the system.” For example, he said, one man had ended up in a nursing home because he couldn’t get the resources to live independently. If he’d gotten referred to appropriate agencies, Longmore said, he would have had a much better quality of life.

At the time, advocates of assisted suicide “ignored the social factors and said these guys want to die because they don’t want to live with their disabilities,” Longmore said. “And the activists, like me, said these guys want to die because they’ve been mistreated by the system.”

Although the law would apply only to people told they had six months or less to live, Bergan said there’s a large overlap with the disability community. Illnesses like cancer, if they affect a person’s daily living activities, are considered disabilities under the foundation’s philosophy, she said.

“We know from the perspective of people with disabilities that many, many times they’re told they’re going to die within a certain period of time and they don’t,” she said. “The accuracy of trying to predict end of life is doubtful.”

Independent living centers serve people with physical and mental disabilities. Bergan said a core part of their mission is encouraging individuals’ control and choices in their lives, but she thinks financial and emotional considerations — such as fear of being a burden — make this difficult under AB 654.

“We believe in informed choice, and informed choice is a little bit more difficult than just choice,” she said.

She said people may be swayed by subtle pressures to believe they’re a burden on their families, for example, and not be thinking clearly about their decision.

Longmore added that he’s concerned about economic factors. Both private health insurance plans and Medicaid are eager to save money, he said, and a lethal prescription is often cheaper than other health care options. He said he’s concerned that insurers will actively promote assisted suicide as a way to save money, taking the decision out of the hands of the individual and family.

“It’s described as autonomy, freedom of choice, self-determination,” Longmore said. “The question that needs to be asked is — if you don’t have access to other types of care, what kind of options are you going to have?”

He added that he’s concerned that proponents of the bill point to the good track record in Oregon. Longmore contends that it’s hard to know exactly what’s going on in Oregon, and to what degree there are gaps in officials’ knowledge.

Bergan said she’s concerned that the doctors who prescribe the lethal medication are the ones doing the reporting.

“I don’t know that there would be many doctors who would stand up and say, ‘Oh, sorry, made a mistake,’” she said.

Taking the word of the prescribing doctors, Longmore said, can mean ignoring the context — for example, if a previous doctor refused to issue a prescription because the patient was considered not mentally competent or otherwise inappropriate. Noting recent newspaper accounts of an Oregon man who attempted suicide through the proper procedures, but survived, Longmore said there may be other such cases but no one knows about them except the individuals involved.

He said Oregon relies — and California, under AB 654, would rely — too much on self-reporting rather than outside oversight.

“We can’t really know what’s going on in Oregon,” he said.

Bergan said she’d like to see improvements to social services and palliative care. Following several years of budget cuts, social services are already stretched thin in California, she said.

“We don’t like that the very first service that’s fully funded is suicide,” she said.

**California Bill on Assisted Suicide Suspended; efforts move to Senate**  
**Sacramento (Associated Press) - June 2, 2005**  
**Times-Standard staff writer *Sara Watson Arthurs* contributed to this report.**

Short of votes and facing a looming deadline, the authors of a bill to allow doctor-assisted suicide suspended their efforts in the Assembly on Wednesday and shifted their focus to the state Senate.

Assembly members Patty Berg, D-Eureka, and Lloyd Levine, D-Sherman Oaks, said they would amend the contents of their bill into unrelated legislation that already passed the Assembly and is awaiting votes in the Senate.

That will enable them to keep their effort alive despite Friday's deadline for most bills to pass their first house.

"Californians want this choice, and we think they should have it," Berg said.

The amended bill would still need to come back to the Assembly for a vote if it passes the Senate, but Berg and Levine said their tactic would give them more time to try to round up Assembly support.

"Continued debate in the Senate gives legislators the time they need to sift through the lies and scare tactics and get to the truth," Levine said.

Assembly Bill 654, known as the California Compassionate Choices Act, would allow people with fewer than six months to live to request a lethal prescription. The patient must be evaluated and pronounced competent, and informed of other alternatives.

The bill is expected to be considered by the Senate Judiciary

and Senate Appropriations committees before heading to the full Senate. It must go back to the Assembly and be passed by both chambers by Sept. 9.

"I know that many Californians deeply want compassionate choices at the end of their life," said Sen. Sheila Kuehl, a co-author of the bill. "And I want to work to help ensure this important privacy right."

Berg spokesman Will Shuck said many members of the Assembly appeared undecided, and Berg and Levine hope to better make their case with more time.

"We think it's worth three more months of effort to try to make the case that many people will be comforted simply knowing that they have a choice," he said.

Californians Against Assisted Suicide, a coalition opposing the bill, announced Wednesday that they had presented petitions to Assembly Leader Dario Frommer's office. The petitions state in part that "physician-assisted suicide illegitimately postures death as compassion and care."

The coalition argues that Californians' lack of equal access to good health care means the bill is likely to discriminate against the poor. Several disability organizations are among those leading the fight. The California Medical Association has also opposed the bill.

**Dutch Suicide Consultant Charged**

Amsterdam, Netherlands (Reuters) — June 3, 2005

Dutch prosecutors have charged a man calling himself a "suicide consultant" with helping a mentally ill woman end her life, officials said.

The 73-year-old founder of Dutch suicide consultancy De Einder, who prosecutors identified only as J.H., will face trial for providing medicines to help a 27-year-old woman kill herself in 2003, a spokesman for prosecutors said.

The Netherlands became the first country to legalize euthanasia in 2001 but doctors must obey strict rules.

Patients must face a future of unbearable suffering and make a voluntary, well-considered request to die. Doctor and patient must be convinced there is no other solution. A second doctor must be consulted and life ended in a medically appropriate way.

But the prosecutors spokesman said euthanasia rules had

been occasionally broken by people without medical qualifications. The accused in this case is not a doctor.

The consultancy of the suspect has existed since 1995 and provides "professional help" to people who want to kill themselves by either persuading them to change their mind or assisting them to do so if that is their choice, its Web site says.

The precise number of euthanasia cases in the Netherlands is not known as not all doctors report them, but the government estimates that there are several thousand each year — including a number of severely handicapped newborn babies.

## **Expert tells doctors: let youngest premature babies die**

By Sarah-Kate Templeton, The Sunday Times - June 05, 2005

Britain's top medical ethics expert has urged doctors to let the most premature babies die, with treatment offered only in exceptional cases.

Baroness Warnock believes Britain should follow Holland in setting an age limit below which babies would not routinely be resuscitated.

She says this would prevent doctors competing for the "triumph" of keeping babies alive at increasingly young ages even though they may not survive in the long term or may be left severely disabled.

Warnock's comments were backed in part by Britain's most senior paediatrician, who said the setting of a lower limit should be considered.

In Holland, doctors do not routinely administer intensive care to babies born before 25 weeks of pregnancy. The Nuffield Council on Bioethics, a medical think tank, is considering proposing similar guidelines in Britain. It is consulting doctors, nurses and parents about setting a 24-week limit.

Warnock, who helped frame laws on embryo research and fertility treatment, supports setting an age limit, with exceptions for babies who show they have a strong chance of living to become healthy children.

"Some doctors and nurses get competitive about the triumph of keeping these tiny, premature, babies alive," she said. "It would be better to set a minimum age than to have no form of scrutiny or regulation. Below a certain age of gestation no baby should be kept going without very thorough scrutiny of what the prognosis for that baby is."

Although most doctors are opposed to an age limit, Sir Alan Craft, president of the Royal College of Paediatrics and Child Health, said it was a legitimate option to

consider. "One possible course of action would be not to intervene with any 23-week-old babies unless they breathe completely and spontaneously themselves," he said.

Craft, speaking in a personal capacity, argues that, as it is not possible to tell which babies born at 23 weeks or less will survive, doctors are forced to consider resuscitating all of them, although the majority have no chance of living.

Once doctors have started assisting these babies, he says, parents find it difficult to agree to treatment being withdrawn, even though it is of no help.

The Nuffield council is investigating the costs of raising the disabled children that premature babies often become as well as the expense of intensive care in neonatal units.

A study of the most premature babies showed most went on to suffer disabilities. The EPICure study of babies born at 25 weeks or less, led by researchers at Nottingham University, found that, by the age of six, only 20% of surviving children had no disabilities; 22% had severe disabilities, including cerebral palsy; while 34% had milder problems such as a squint.

In addition, it found that only 11% of all babies born at 23 weeks survived. Since the study began, however, care has improved and the figure is believed to be closer to 20%.

Bliss, the premature baby charity, says about 50 babies born at 23 weeks survive every year and it would be wrong to deny them the chance to live.

Bonnie Green, head of external relations, said: "We would be very unhappy. It is expensive to keep adults who may not pull through in intensive care but, in their case, we do not say 'let's use the money for something else'."

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