

Special Edition: Bill C-407

Bill C-407: Euthanasia Bill

On June 15, 2005; Francine Lalonde, Bloc Québécois member from La Pointe-de-l'Île introduced Bill C-407: An Act to amend the Criminal Code (right to die with dignity).

If passed, Bill C-407 would legalize euthanasia and assisted suicide in Canada.

The Euthanasia Prevention Coalition has provided a full summary and explanation of the bill on the centre pages of this newsletter.

We will send out a copy of the bill to whoever requests it. Call the office at: 1-877-439-3348 or ask for it by mail or email: info@epcc.ca.

Petition and Letter Writing Campaign

We continue to receive petitions from individuals and groups. Our petition campaign was organized to uphold the current law prohibiting assisted suicide in Canada.

We have currently received almost 19,000 signatures. Hopefully the petition campaign has raised awareness of our concerns and will help us defeat Bill C-407.

If you have anymore signed petitions please send them to us immediately.

Life-Protecting Power of Attorney for Personal Care

Last month we received nearly 60 orders for the *Life-Protecting Power of Attorney for Personal Care*.

The *Life-Protecting Power of Attorney for Personal Care* is designed to protect you when you are unable to speak for yourself and is legal throughout Canada

Order your copy of the *Life-Protecting Power of Attorney for Personal Care* by calling: 1-877-439-3348 or sending \$22 (\$20 + \$2 postage) to the Euthanasia Prevention Coalition.

British Medical Association drops its opposition to Assisted Suicide

A law allowing assisted suicide in Britain and Canada came a step closer when the British Medical Association (BMA) dropped its opposition.

The British Medical Association dropped its opposition to assisted suicide in a close vote at their meeting on June 30, accepting a neutral position on the issue. The BMA strongly influences the Canadian Medical Association.

The BMA's decision was welcomed by Lord Joffe, who plans to reintroduce his *Assisted Dying for the Terminally Ill Bill* after it ran out of time before the general election.

Lord Joffe said: "We are preparing a Bill which we hope will become law in time. The BMA's decision to adopt a neutral stance is an important move because the Government is really thinking carefully about the issue."

Lord Joffe received a letter this month from Rosie Winterton, the Health Service Minister, suggesting that the Government was prepared to give his Bill time. It declared that the Government's stance was to also "remain neutral" and "to listen to the debate."

The motion stated that doctors believed that the question of "the criminal law in relation to assisted dying is primarily a matter for society and for Parliament", but added that the BMA would press for strong safeguards for patients and doctors who did not wish to be involved.

This is a tragic decision by the BMA. We know that it is necessary to have the Medical Association on side when working to keep euthanasia and assisted suicide illegal.

The Euthanasia Prevention Coalition is sounding an alarm bell. First Canada is being presented with a bill to legalize euthanasia and assisted suicide, next the British Medical Association becomes neutral on the issue.

Canada will be facing strong pressures to legalize euthanasia and assisted suicide in the next year.

Bill C-407 A Bill to Legalize Euthanasia and Assisted Suicide

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

On June 15, 2005; Francine Lalonde, Bloc Québécois member from La Pointe-de-l'Île introduced Bill C-407: An Act to amend the Criminal Code (right to die with dignity).

Bill C-407 acts by amending sections 222 and 241 of the criminal code. Section 222 of the criminal code concerns homicide. The prohibition to euthanasia in Canada is found in Section 222. The prohibition to assisted suicide in Canada is found in section 241.

Bill C-407 leaves the current wording in the criminal code unchanged but then adds a new subsection (7) to section 222 on homicide and a new subsection (2) to section 241 of the criminal code. These new subsections to sections 222 and 241 state that the criminal code is not in effect under the circumstances, as defined in the bill.

Bill C-407 legalizes both euthanasia and assisted suicide.

Summary:

Bill C-407 is not about allowing a “death with dignity”. This bill legalizes euthanasia and assisted suicide for people suffering chronic physical and mental pain.

Bill C-407 does not require that a person at least try effective treatments for their chronic physical or mental pain. It states that a person qualifies for euthanasia even if they have refused to try effective treatments.

Bill C-407 is not about “death with dignity” for competent people. This bill legalizes euthanasia and assisted suicide for people who “appear to be lucid”. What does that mean?

Bill C-407 is not about “physician aid-in-dying”. This bill allows anyone to euthanize or assist the suicide of anyone, so long as they are “assisted by a medical practitioner”, and act in the way indicated by the person who asks to die.

Bill C-407 allows a person to kill another person, if that person asks to die. Once society allows one person to kill another it becomes impossible to protect persons who are otherwise viewed as a burden on society.

How does Bill C-407 amend Section 222 of the criminal code to legalize euthanasia?

The bill amends section 222 of the criminal code by stating that: Despite anything in this section, a person does not

commit homicide within the meaning of this Act by reason only that the person aids another person to die with dignity, if:

- the person must be 18 years old.

(This may be the only real limit to the bill)

- the person must have tried the appropriate treatments available or refusing the treatments that have not been tried.

(This line of the bill is double talk. If you have refused treatments that have not been tried, then you are not even required to try appropriate treatments).

- the person must be suffering severe physical or mental pain without any prospect of relief.

(This line in the bill directly affects people with disabilities and those suffering from chronic physical or mental pain. Chronic pain sufferers know that their pain can be mitigated but there is often no prospect of total relief or cure for their condition. **This bill has nothing to do with terminal illness and everything to do with eliminating certain people).**

- or suffers from a terminal illness.

(There is no definition for terminal illness in the bill).

- has, while appearing to be lucid, made to a medical practitioner, or to the person who aids the person to die, two requests more than ten days apart expressly stating the person’s free and informed wish to die.

(What does it mean to appear to be lucid? People who experience chronic depression may appear to be lucid. If this bill becomes law, you will need to be careful what you say to physicians, family, friends or care-givers when you are having a bad day. If you state, while having difficulties, that you wish to die, and then state it again 10 days later, you will have given another person the right to kill you, or you will have exercised your obligation to die.)

- has, while appearing to be lucid, designated in writing, before two witnesses with no personal interest in the death of the person, another person to act in his or her name with respect to the person who aids him or her to die, and with respect to any medical practitioner, while the person does not appear to be lucid.

(The underlined part of this section is very concerning. It states: with respect to any medical practitioner, while the person does not appear to be lucid. Does this mean that a medical practitioner may euthanize a person while he/she is not lucid?)

The person who aids the other person to die:

- is a medical practitioner or is assisted by a medical practitioner. (What does it mean to be assisted by a medical practitioner. This means that anyone can euthanize another person.)
- has received confirmation of the diagnosis from two medical practitioners — or, if the person who aids the other person to die is a medical practitioner, from one medical practitioner — with no personal interest in the death of the person. (In the Netherlands and the State of Oregon, “Right to Die” organizations provide a list of physicians who are willing to refer a person for death. If a physician believes that a person does not qualify for euthanasia or assisted suicide, another physician is found to provide the referral.)
- is a member of or is assisted by a team of persons entitled under the laws of a province to provide health services. (What does it mean to be a member of a team or assisted by a team of persons?)
- acts in the manner indicated by the person who wishes to die.
- provides the coroner with a copy of the confirmation referred to in subparagraph. (After the act reporting is not a safeguard because coroners reports are only for people who are already dead)
- For the purpose of this section, “medical practitioner” means a person who is entitled to practise medicine by the laws of a province. (This definition of “Medical practitioner” is not restricted to physicians. Physicians are not the only professionals who are entitled to practise medicine in Canada.)

How does Bill C-407 amend Section 241 of the criminal code to legalize assisted suicide?

The bill adds a subsection (2) to section 241 of the criminal code and uses the identical language and clauses as it does in section 222.

Bill C-407 legalizes assisted suicide in the identical manner to which it legalizes euthanasia.

Conclusion:

* This bill is not about allowing a “death with dignity”. It legalizes euthanasia and assisted suicide for people who suffer chronic physical and mental pain that is treatable.

* This bill does not require that a person at least try appropriate treatments for their chronic physical or mental pain. It states that a person qualifies for euthanasia even if they have refused to try treatments.

* This bill is not about allowing “death with dignity” for competent people. It legalizes euthanasia and assisted suicide for people who “appear to be lucid”. What does it mean to appear to be lucid?

* This bill is not about “physician aid-in-dying”. It allows anyone to euthanize or assist the suicide of anyone, so long as they are “assisted by a medical practitioner”, acts in the manner indicated by the person who wishes to die.

* This bill does not even provide the typical “limits” that we have seen in other euthanasia or assisted suicide proposals in other jurisdictions.

*** Needs to be delayed in parliament and defeated at second reading.**

* Every member of parliament needs to speak to this bill.

*** There is nothing good or redeeming about Bill C-407.**

Bill C-407 allows any person to kill another person. Once society allows one person to kill another person it soon becomes impossible to protect people who are otherwise viewed as a “burden” on society.

Bill C-407 is an attack on people with disabilities, people with chronic conditions and other vulnerable Canadians who are already devalued by many members of society. People who need to be protected.

For more information on Bill C-407 or to distribute the parliamentary response card in your Church, call the Euthanasia Prevention Coalition at: 1-877-439-3348

PERSPECTIVE: Euthanasia Is Out of Control in The Netherlands

Hasting Center Report, 35, no. 3 (2005): inside back cover

By Stephen Drake: research analyst at *Not Dead Yet*

The March 10 issue of the *New England Journal of Medicine* featured an article by two Dutch doctors defining a “problem” and a “solution.” Drs. Verhagen and Sauer announced that a survey had found that, contrary to Dutch law, some infants with severe disabilities have been euthanized. In an effort to end “uncontrolled” euthanasia, they proposed adoption of a set of protocols, known as the “Groningen protocol,” for legally euthanizing infants with disabilities and serious medical conditions.

It’s hard to believe anyone could be surprised by the news of this latest effort to expand the practice of euthanasia in the Netherlands. For the sake of brevity, one might compare Dutch euthanasia practices to a highway system. In this system, drivers are responsible for monitoring their own speed. As long as they tell officials how fast they’re driving, the authorities generally won’t issue tickets for speeding.

Here’s the hitch: the problem of speeding has become so problematic that every few years a driver is actually issued a ticket. In every reported case, the offender was given a slap on the wrist, and the speed limit was raised. Predictably, this just results in a general rise in the speed of traffic and further requests to raise the speed limits. This is, in effect, what happened in 1994 when Dr. Boudewijn Chabot was convicted of aiding the suicide of a woman in despair over the death of her two sons. It happened again in 2001 when Dr. Wilfred van Oijen was tried and convicted for “euthanizing” an elderly woman without her permission.

The main difference between the Dutch system and the American system, I’d suggest, is one of degree. We’ve set the speed limits at a lower level and mostly resisted requests to raise them.

However, there is significant evidence that at least some medical professionals in the United States would embrace legalization of infanticide based on disability. It wasn’t that long ago that passive euthanasia of infants with Down Syndrome and spina bifida was an accepted practice here, and it’s still unclear to what extent the practice persists.

The sentiment for facilitating the deaths of infants with disabilities is evident in numerous research studies. For example, in 2001, Streiner and colleagues published a study in *Pediatrics* comparing the attitudes of parents and health care professionals in “quality of life” assessments of premature infants. The study found that neonatologists and neonatal nurses were both more pessimistic about pediatric outcomes, and also more likely to judge death to be the best outcome, than were the parents or siblings of the same children. This study, conducted in Canada, is consistent with earlier U.S. studies that have demonstrated a bias on the part of medical professionals in devaluing the lives of infants with severe disabilities. No one should mistake this bias for anything other than what it is - an over-valuation of physical and mental norms, which is bigotry.

That prejudice is often mistaken for objectivity in bioethics discussions. It’s one reason most public discussion of euthanasia is tainted by misinformation. For example, the Associated Press story on the Groningen protocol misinformed readers that the protocol applied to “euthanizing terminally ill newborns.” This is a gross distortion: Verhagen and Sauer made no attempt to hide that they were talking about newborns with “serious medical conditions.”

It’s both puzzling and disturbing that this misinformation was met with total silence from the bioethics community. You would think that bioethicists, eager to claim expertise and promising to bring clarity to public debates, would have jumped all over the Associated Press report. This silence reinforces the cynical view that the righteous anger bioethicists express at outspoken disability advocates has less to do with providing clarity than protecting turf.

Bioethicists who appear in popular media often decry the simplistic way in which complex issues are addressed. On behalf of *Not Dead Yet* and other disability rights organizations, I have a not-so-respectful request: admit your failure to promote a complex and accurate public discussion of bioethical issues and make room for those of us who seem more willing and able to lead the effort.