

## Newsletter #57 August 2005

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

#### **Talking Points:**

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 amends sections 222 and 241 of the criminal code. Section 222 of the criminal code concerns homicide. Euthanasia is prosecuted under Section 222. Assisted suicide is prosecuted under section 241.

#### **Bill C-407 legalizes euthanasia and assisted suicide.**

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

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 *appear to be lucid* mean?

Bill C-407 is not about "physician aid-in-dying". This bill allows anyone to euthanize or assist the suicide of another person, 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 does not even require that a person at least try effective treatments for their chronic physical or mental pain. The Bill states that a person qualifies for euthanasia or assisted suicide even if they have refused to try effect treatments.

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.

Please send the parliamentary response card to your member of parliament, which says: "I oppose Bill C-407 because it is a threat to the lives of 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."

### Euthanasia Symposium #6 Does bill C-407 threaten the lives of people with disabilities?

When: Saturday, September 24, 2005  
Where: Ramada Hotel - 300 Jarvis St. Toronto  
Time: 10 am - 4 pm  
Cost: \$50.00 Adult, \$30.00 for students.  
(Includes lunch)

#### **Speakers:**

**Stephen Drake**, is the research analyst for *NOT DEAD YET*, a national disability rights organization in the United States that focuses on issues related to euthanasia and assisted suicide.

**Topic:** *Euthanasia and Assisted Suicide in relation to disability issues and Terri Schiavo.*

**Mark Pickup** is the founder of *HumanLifeMatters* and a Canadian disability activist. Mark, who has Multiple Sclerosis, has worked to oppose the cultural changes that lead to euthanasia and assisted suicide.

**Topic:** *Bill C-407: a bill to legalize euthanasia and assisted suicide, and his concern for the lives of people with disabilities.*

**Peter Aarsen** is an Elder Planning Consultant.  
**Topic:** *Understanding demographic changes.*

To register: Send in the registration form or call the Euthanasia Prevention Coalition at: 1-877-439-3348.

Please consider donating to the cost of the registration for a student (\$30) or an adult with a disability (\$50).

## **Infant Euthanasia: Disability Group Blasts AP for Inaccurate Reporting**

By T.J. DeGroat, August 10, 2005

<http://www.diversityinc.com/public/16466.cfm>

A disability-rights organization today criticized an Associated Press (AP) story sent over the wires Monday that contained misleading information about a Dutch study on euthanasia and its connection to “terminality.”

The story, written by AP correspondent Tara Burghart, states: “The study comes at a time of heightened scrutiny of euthanasia—especially in the Netherlands, where officials acknowledged last year that they had carried out mercy killings of terminally ill newborns.”

The final part of that statement is wrong, said **Stephen Drake**, research analyst for Not Dead Yet, a national disability-rights group opposed to the legalization of assisted suicide and euthanasia.

“Earlier this year, the New England Journal of Medicine published an article regarding infant euthanasia in the Netherlands,” Drake said. “It was clear that all 22 infants discussed in the article had spina bifida, which is not a terminal condition.”

The Associated Press was unavailable for comment despite calls to its headquarters in New York City, the Chicago bureau where Burghart works and to Burghart herself.

The misinformation was lifted from an earlier AP article, said Drake, who complained that this isn’t the first time the news organization has confused “terminal illness” and “disability.”

Not Dead Yet pointed to another problematic paragraph in the story: “A study released Monday sheds new light on euthanasia in the Netherlands, the first country to legalize it for terminally ill people.”

That statement is “misleading,” Drake said, because the Dutch guidelines for euthanasia aren’t limited to people with a terminal condition.

This story has been added to Not Dead Yet’s Hall of Shame, where it notes that “a great many journalists seem to have bent over backwards to omit any mention of disability groups and our viewpoints from coverage of assisted suicide, euthanasia, or so-called ‘mercy killings.’ Some even get basic facts totally wrong.” Getting facts wrong is not Drake’s biggest problem with AP. According to Drake, AP’s reaction to mistakes and its ability to correct them is a serious issue. “They are really resistant to any kind of criticism or correction,” he said. “Dealing with the AP is incredibly frustrating.”

Since newspapers and other media outlets around the country, including DiversityInc, are AP members and use AP stories, “when the Associated Press gets something wrong, it really does spread like a virus,” Drake said, noting that a search of Google news yielded about 50 publications that had run the story in question as of this morning.

Kelly McBride, ethics group leader of the Poynter Institute, a St. Petersburg, Fla., school for journalists and their teachers, said AP’s correction process is straightforward. The organization does send out corrections regularly for factual errors. If an editor notices a correction was issued for a story his or her publication ran, he or she will send it to the corrections desk, McBride said.

“Euthanasia and assisted suicide are important and contentious social issues,” a Not Dead Yet statement reads. “The Associated Press owes it to the public to get its facts straight. They’ve failed us all miserably in their Netherlands coverage.”

### **Comment on Netherlands Euthanasia study**

By: Alex Schadenberg

The recent study published in the *Arch Intern Med.* 2005;165:1677-1679., on euthanasia in the Netherlands was not able to assess actual abuse of euthanasia in the Netherlands because it fails to ask specific questions to uncover the possible abuses.

**The problem of definitions.** It is difficult to assess the actual number of euthanasia deaths in the Netherlands due to definitions. Euthanasia is defined as a voluntary act in the Netherlands. Therefore any act which is not voluntary does not fall under the definition of euthanasia. The definition issue points to a problem with euthanizing newborns who are not capable of consenting.

Since euthanasia is only defined as an act within Dutch law, therefore intentional dehydration, whether voluntary or not, does not constitute euthanasia in the Netherlands. A 2004 report proved that intentional dehydration was estimated at between 4 - 10% of all deaths in the Netherlands.

Second: The report didn’t ask the general practitioner whether or not they report all cases of euthanasia. Previous reports proved that nearly 50% of all euthanasia deaths are not reported.

## Terminally Ill Can Be Starved to Death.

### UK Court Rules

By Nicola Brent

CNSNews.com Correspondent - August 02, 2005

An appeal court has denied a terminally ill British man the assurance that his wish **not** to be starved to death once he becomes incapacitated will be respected to the end.

Former mailman Leslie Burke, 45, has a progressively degenerative disease that although leaving him fully conscious, will eventually rob him of the ability to swallow and communicate.

He petitioned the High Court last year to ensure that he would not be denied food and water once he was no longer able to articulate his wishes.

Burke won that right when judge James Munby ruled that if a patient was mentally competent — or if incapacitated, had made an advance request for treatment — then doctors were bound to provide artificial nutrition or hydration (ANH).

But last May, the General Medical Council (GMC) — the medical licensing authority — took the case to the Appeal Court, arguing that doctors had been placed “in an impossibly difficult position.”

The appeal judges have now agreed, overturning the High Court judgment and upholding GMC guidelines on how to treat incapacitated patients.

Those guidelines give doctors the final say in whether a patient should be given life-sustaining “treatment,” a term legally defined to include artificial feeding or hydration.

The latest ruling obliges doctors to provide life-prolonging treatment if a terminally ill and mentally competent patient asks for it.

However, once a patient is no longer able to express his or her wishes or is mentally incapacitated, doctors can withdraw treatment, including ANH, if they consider it to be causing suffering or “overly burdensome.”

Ultimately, the court said, a patient cannot demand treatment the doctor considers to be “adverse to the patient’s clinical needs.”

Anti-euthanasia campaigner and author Wesley Smith told Cybercast News Service it was important Burke had taken the case to court because “it is now clear that a patient who can communicate desires cannot have food and water withdrawn.”

“That is a line in the sand that is helpful.”

However, he added, the judgment had “cast aside” those who were mentally incompetent or unable to communicate their

wishes — “those who bioethicists call non-persons because of incompetence or incommunicability.

“I believe that the judgment clearly implies that the lives of the competent are worth more than the lives of the incompetent since doctors can decide to end life-sustaining medical care, including ANH,” said Smith, a senior fellow at the Discovery Institute and author of *Culture of Death: The Assault on Medical Ethics in America*.

Burke was quoted as saying in reaction to the ruling that it held “no good news at all” for people who shared his concerns.

In the light of public health service cuts and under-funding, Burke said he was worried about “the decisions that will have to be made” by doctors in the future.

“I have come to realize that there are quite a few people who feel the same way I do,” the *Yorkshire Post* quoted him as saying. “Not everyone wants to be put down. Not everyone wants their life to be ended prematurely.”

Responding to the court’s ruling, the GMC said it should reassure patients.

The council’s guidelines made it clear “that patients should never be discriminated against on the grounds of disability,” said GMC President Prof. Graeme Catto in a statement.

“We have always said that causing patients to die from starvation and dehydration is absolutely unacceptable practice and unlawful.”

A professor of palliative medicine at Cardiff University, Baroness Ilora Finlay, supported the court ruling. “Stopping futile interventions allows natural death to occur peacefully,” she argued in a British daily newspaper. “This is not euthanasia by the back door.”

But the Disability Rights Commission (DRC) took a different view.

The commission was one of several campaigners, including right-to-life activists and patients’ groups, which had strongly supported Munby’s earlier ruling.

DRC Chairman Bert Massie expressed the group’s dismay at the Appeal Court decision, saying it did nothing to dispel the fears of many disabled people that “some doctors make negative, stereotypical assumptions about their quality of life.”

It had also “totally ignored” the rights of those who were unable to express their wishes, he added.

## **Woman Details Her 20-Year Coma**

### ***Woman Awake After 20 Years***

Aug. 4, 2005 CBS News

For 20 years, Sarah Scantlin was seemingly unaware of the world around her after she was hit by a drunk driver in an accident that sent her into a comatose state in September 1984.

Then in February, she shocked her parents and doctors when she began to speak. In her first national television interview, after undergoing surgery on her long-unused limbs and speech therapy to unlock her long-dormant tongue, Scantlin speaks with *The Early Show* national correspondent Tracy Smith in a two-part interview.

Smith also speaks with Sarah's parents, Jim and Betsy Scantlin, who never imagined they would talk to their daughter again.

In a February interview on *The Early Show*, Sarah's father recounted the phone call he and his wife got, informing them of the unimaginable.

"It was amazing. I'm in the living room. Betsy was in the computer area, and the phone rings ... and suddenly, I'm aware that there's a profound, distinct difference. Rather than speaking about Sarah, it became very clear that Sarah's nurse was speaking to Sarah. It was the most amazing feeling in the world," he said.

The 1984 accident occurred when Scantlin was crossing the street in her hometown of Hutchinson, Kan. She suffered a massive brain injury and could not breathe on her own. Smith speaks with New York neurologist Randolph Marshall, who says that people like Scantlin rarely awake from such an injury. "You only hear about these cases very rarely and they're always a surprise when they actually come to light," he says.

Scantlin's speech is still limited. However, it seems that throughout her 20-year coma, she could see, hear, and understand what was going on around her. Shortly after she awoke, her father asked what she knew about events that had occurred years earlier.

"Sarah, what's 9/11?" her father asks. She responds, "Bad. fire. airplanes. building. hurt people."

Smith says there are other things deep in Scantlin's brain that also survived the accident, such things as her favorite 1980s song "Summer Lovin'," which she even sings for *The Early Show*.

## **Euthanasia Doctor Accused of Five Murders**

*Expatica News 2005* - August 3, 2005 - Brussels

An Oostende doctor has been accused of murdering five elderly patients in a coastal nursing home in the past three years.

The victims — all of whom were suffering from dementia — died after being injected with a lethal dose of morphine.

The doctor, identified only as Boudewijn D.W., has admitted administering the treatment, but has denied murdering his patients.

A Brugge judge ordered the man's arrest on Friday, July 29 but he was released on Tuesday morning. Investigations into the deaths continue, newspaper 'Het Nieuwsblad' reported on Wednesday.

The doctor has claimed he only wanted to end his patients' suffering and that he had discussed giving them injections with their families and nursing staff.

However, the nursing home Sint-Monica in Oostende reported the deaths to authorities and the doctor was arrested on suspicion of five murders.

Belgium law permits euthanasia if strict procedures are followed, but nursing home spokesman Alex Daenekindt has denied the five deaths were a form of euthanasia.

And an Oostende lawyer said euthanasia regulations are very precise, pointing out that the request must come from the patient and that the doctor must be certain the patient is suffering from an incurable illness.

A second medical opinion must be sought and the nursing team should be consulted along with the patient's family. The medical dossier must then report all of these steps and outline the conclusions.

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

#### **More than 1000 copies distributed**

The *Life-Protecting Power of Attorney for Personal Care* was designed by the Euthanasia Prevention Coalition to protect your life when you become unable to make personal care decisions for yourself.

This document has become essential since the death of Terri Schiavo and since the judicial decision in Britain that denies people the right to receive hydration and nutrition when they become incompetent.

Order your copy for \$22.00 (\$20.00 + \$2.00 shipping and handling) by calling toll free: 1-877-439-3348.