

**Euthanasia Symposium #6**

***Bill C-407: Threatens the lives of people with disabilities?***

**When:** September 24, 2005  
10 am - 4 pm

**Where:** Ramada Hotel - 300 Jarvis St., Toronto

**Cost:** \$50 per person (includes lunch)  
\$30 per student (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 world-wide, 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 the acceptance of euthanasia and assisted suicide.

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

**Peter Aarssen** is an Elder Planning Consultant and a member of the Euthanasia Prevention Coalition

**Topic:** Understanding demographic changes: helping us respond to the future.

Please consider donating the cost of the registration fee to allow a student or a person with a disability to attend the Symposium.

To register or to donate the fee for the Symposium, please fill out the information card enclosed with the newsletter.

To register at the last moment, just call the Euthanasia Prevention Coalition toll free at: 1-877-439-3348.

We have included a bi-lingual parliamentary response card with the newsletter. This is an improved version of the same card sent out last month.

**The parliamentary response card states:**

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.

Je m'oppose au projet de loi C-407 parce que celui-ci constitue une menace pour la vie des personnes handicapées, des personnes atteintes de conditions chroniques et d'autres Canadiens vulnérables qui sont déjà dévalorisés par plusieurs membres de la société. Ces personnes ont besoin d'être protégées.

The cards are an effective way to register your opposition to Bill C-407. You simply put the name of your member of parliament on the one side of the card and write your name, address, postal code, and signature on the other side of the card. You then simply put the card in the mail. No postage is necessary when mailing to a member of parliament.

You may wish to send a response card to Justice Minister, Hon. Irwin Cotler, Prime Minister Hon. Paul Martin, Stephen Harper, leader of the opposition or Vic Toes, Justice Critic.

We are hoping that many individuals and groups will be willing to distribute the parliamentary response card. We have already sent out 10,000 response cards and we are hoping to distribute 100,000 cards.

**We are asking for a donation of \$10 for every 100 response cards. We are not charging extra for postage.**

We need to make sure that every member of parliament knows why they must oppose Bill C-407.

Watch for information concerning a new website to stop Bill C-407.

**We had to kill our patients**

**Bill C-407 - Parliamentary Response Card**

Daily Mail UK - September 11, 2005

By Caroline Graham and Jo Knowsley

Doctors working in hurricane-ravaged New Orleans killed critically ill patients rather than leaving them to die in agony as they evacuated hospitals, The Mail on Sunday can reveal.

With gangs of rapists and looters rampaging through wards in the flooded city, senior doctors took the harrowing decision to give massive overdoses of morphine to those they believed could not make it out alive.

In an extraordinary interview with The Mail on Sunday, one New Orleans doctor told how she 'prayed for God to have mercy on her soul' after she ignored every tenet of medical ethics and ended the lives of patients she had earlier fought to save.

Her heart-rending account has been corroborated by a hospital orderly and by local government officials. One emergency official, William 'Forest' McQueen, said: "Those who had no chance of making it were given a lot of morphine and lain down in a dark place to die."

Euthanasia is illegal in Louisiana, and The Mail on Sunday is protecting the identities of the medical staff concerned to prevent them being made scapegoats for the events of last week.

Their families believe their confessions are an indictment of the appalling failure of American authorities to help those in desperate need after Hurricane Katrina flooded the city, claiming thousands of lives and making 500,000 homeless.

### **'These people were going to die anyway'**

The doctor said: "I didn't know if I was doing the right thing. But I did not have time. I had to make snap decisions, under the most appalling circumstances, and I did what I thought was right."

"I injected morphine into those patients who were dying and in agony. If the first dose was not enough, I gave a double dose. And at night I prayed to God to have mercy on my soul."

The doctor, who finally fled her hospital late last week in fear of being murdered by the armed looters, said: "This was not murder, this was compassion. They would have been dead within hours, if not days. We did not put people down. What we did was give comfort to the end."

"I had cancer patients who were in agony. In some cases the drugs may have speeded up the death process."

"We divided patients into three categories: those who were traumatised but medically fit enough to survive, those who needed urgent care, and the dying."

"People would find it impossible to understand the situation. I had to make life-or-death decisions in a split second."

"It came down to giving people the basic human right to die with dignity."

"There were patients with Do Not Resuscitate signs. Under normal circumstances, some could have lasted several days. But when the power went out, we had nothing."

"Some of the very sick became distressed. We tried to make them as comfortable as possible."

"The pharmacy was under lockdown because gangs of armed looters were roaming around looking for their fix. You have to understand these people were going to die anyway."

Mr McQueen, a utility manager for the town of Abita Springs, half an hour north of New Orleans, told relatives that patients had been 'put down', saying: "They injected them, but nurses stayed with them until they died."

Mr McQueen has been working closely with emergency teams and added: "They had to make unbearable decisions."

### **Official Belgium euthanasia figures may be Low**

United Press International - September 7, 2005

About 30 people in Belgium request assisted suicide every month.

The Expatica Web site reported Tuesday that Wim Distelmans, chairman of the Federal Commission of Euthanasia in Belgium, believes the actual number is far greater.

"If we compare our situation with the situation in the Netherlands, we can assume that the actual number of people undergoing euthanasia is five times as high, or about 150," Distelmans said.

In 2002, doctors in Belgium were authorized to assist patients who specifically request euthanasia. The doctors can obtain the necessary drugs from a pharmacist.

### **Euthanasia Limited**

Globe and Mail online editorial - August 15, 2005

The big question that proponents of legalized euthanasia must answer is: Do safeguards work? Would doctors, if empowered to end the lives of terminally ill patients at the request of those patients, make sure to turn away those who can't bear to be a burden or others who are simply depressed at their circumstances?

A new study from the Netherlands provides some reassurance. By law, requests in that country need to be voluntary and informed and based on unbearable suffering with no reasonable alternative to death. The practice seems to correspond to the law. Those who were depressed were among the most likely to have their euthanasia requests rejected, says the study, reported last week in the Archives of Internal Medicine. A separate study conducted in Oregon, and published in the New England Journal of Medicine in April, found that the elderly, poor and depressed were not coerced under a law in that state which permits physician-assisted suicide.

Canada has not really faced up to the issue. One reason the Supreme Court of Canada narrowly rejected the claim by Sue Rodriguez, a patient with Lou Gehrig's disease, that she had a right to assisted suicide was that it did not want to pre-empt a national debate it felt belonged first of all in Parliament. But Parliament has offered little discussion of the matter since that 1993 ruling. Meanwhile, a British Columbia jury expressed the views of many Canadians last year in refusing to convict an accused in a case of assisted suicide.

Canadians care deeply about the topic when it touches them personally, and people in that position surely number in the thousands. In the Netherlands -- a country of 16 million people, roughly half Canada's population -- 3,614 general practitioners who answered a survey said that in the previous year they had received 2,658 requests and had performed euthanasia in 44 per cent of them (other patients died first, or changed their mind, or were rejected). Pointless suffering and loss of dignity were the main reasons doctors cited for accepting a request.

**The Netherlands study is not definitive. A U.S. academic, in a commentary published alongside it, says there is evidence that some physicians in the Netherlands are performing euthanasia without an explicit request; the doctors were not asked about this in the survey. And there are large differences in the rejection rate in the Netherlands (one in eight) and Oregon (one in two) that remain to be explored. Still, there is reason to believe that safeguards can work.**

### **Euthanasia Limited - A response.**

**The Globe and Mail comment on the recent study of the practice of euthanasia in the Netherlands, published in the Archives of Internal Medicine, should have focused**

**on the inadequacies of the study rather than the possibility that safeguards may work with legalizing euthanasia in Canada.**

**The recent study in fact proves little to nothing concerning the amount of euthanasia abuses in the Netherlands because it fails to ask the questions that would have uncovered possible abuses and it fails to deal with the fact that previous studies uncovered a significant level of under-reporting of euthanasia in the Netherlands.**

**It is also 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 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 and starvation to cause death, whether voluntary or not, does not constitute euthanasia in the Netherlands. A 2004 report proved that intentional dehydration and starvation was estimated at between 4 - 10% of all deaths in the Netherlands.**

**This study fails to uncover serious deficiencies in the Dutch euthanasia law. It fails to delve into the serious questions that would uncover the realities of the Dutch law.**

**August 15, 2005**

**Alex Schadenberg**

**Executive Director - Euthanasia Prevention Coalition**

### **Re: Euthanasia, Limited (editorial - Aug. 15):**

**Margaret Somerville, McGill Centre for Medicine, Ethics and Law**

**There is an even bigger question that precedes what The Globe sees as the "big question" about euthanasia: "Do safeguards work?" It is this: Is it inherently wrong to kill another person? If the answer is yes, then we must not do it, no matter how much good we hope might result.**

**And The Globe is wrong about the situation in the Netherlands being reassuring. You state that instances of euthanasia there are a response to "requests . . . [that are] voluntary and informed and based on unbearable suffering with no reasonable alternative to death," but other research over a substantial period of time has shown this not to be true.**

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Meanwhile, under the so-called Groningen protocol, doctors would have the authority to end the life of severely handicapped children, who cannot make a “voluntary and informed” request.

The other questions we must ask include: Do we want doctors killing their patients? What impact would that have on the ethos of medicine as a whole? What effect would teaching medical students to undertake euthanasia competently have on them? And, to take a lesson in formulating ethical questions from First Nations people, if we legalize euthanasia now, how might it be used seven generations down the road?

### Quebec suicide poll released

Montreal (CP) - September 8, 2005

One Quebecer in 10 has seriously contemplated suicide, a poll suggested Thursday.

The Leger Marketing survey was commissioned by the Quebec Association for Suicide Prevention, which called for a province-wide co-ordinated suicide prevention strategy similar to drunk driving and speeding campaigns.

Some 580,000 people thought of suicide, the poll suggested. Among 18 to 24 years olds, the rate increased to 16 per cent, as it was for those earning less than \$20,000 a year. The rate was 17 per cent for students and 22 per cent for the unemployed.

About 35 per cent of Quebecers also said they knew someone close to them who took their life.

Suicide is the leading cause of death among Quebecers under 40 years old, ahead of AIDS and road accidents.

At least 89 per cent of respondents said it was possible to reduce the number of suicides.

“1300 people die from suicide every year, so it’s a high number,” said association president Michel Tousignant.

“It’s about twice as many people who die on the roads.”

The Leger poll of 1,022 adults was taken in all Quebec regions between Aug. 31 and Sept. 4. It has margin of sampling error of plus or minus 3.1 percentage points, 19 times out of 20.

### Police Recommend Charges in Quebec

## Attempted Murder/Euthanasia Case

Police Lieutenant says “Murder is murder”

(LifeSiteNews.com) August 23, 2005

Police said they have no doubt that criminal charges should be laid in the attempted murder of an elderly Gatineau man suffering with terminal cancer, after an unidentified woman close to him administered a near-lethal dose of morphine last Tuesday.

“We don't enter the debate,” said Gatineau police Lieutenant Jean-Paul Le May Thursday, according to an Ottawa Sun report. “There is a definition and it meets the definition and we suggest charges. In the Criminal Code, there is nothing suggesting compassionate murder,” he added. “Murder is murder.”

Police arrived moments after the near-lethal dose was administered, after being tipped off by a concerned person. “The morphine had been administered and the man was rushed to hospital where he received treatment,” Le May said. “He's now out of danger from the effects of the morphine.”

Euthanasia Prevention Coalition Executive Director Alex Schadenberg condemned the woman’s actions. “It’s completely wrong to take another person’s life,” he reminded. “You can’t assume they are in a situation where they wanted it. It’s right for a nation to protect its most vulnerable citizens.”

Schadenberg added that the “prime reason” we need a law against assisted suicide is because “the only way to stop the killing of vulnerable persons is to say that as a society we do not condone killing of any sort.”

Schadenberg conceded that it is possible the woman may have simply “lost it,” triggering her to do “something that she otherwise would not have done.” Schadenberg said he questioned what kind of support existed in this situation. Although not condoning the action, he wondered, “How do we as a society care for the dying?”

### Comment by Alex Schadenberg

Recently, Maclean’s magazine featured the issue of euthanasia. The Globe and Mail editors have stated that they believe that euthanasia or assisted suicide can be legalized with safeguards. Bill C-407 is slithering through parliament.

It seems that the issues of euthanasia or assisted suicide are now on the fore-front of our political landscape. What are you prepared to do to stop it from being legalized?