

Euthanasia Paper - Redesigned and Updated

The Euthanasia Prevention Coalition has redesigned and updated the Euthanasia Paper, a 12 page educational brochure printed in a tabloid newsprint format in order to stop Bill C-407.

In 2003 the Euthanasia Prevention Coalition distributed more than 100,000 copies of the Euthanasia Paper across Canada.

The updated version of the Euthanasia Paper focuses on issues related to Bill C-407, palliative care and disability rights.

Due to increased cost of printing and the cost for redesigning the paper, we will be charging \$20.00 per 100 copies with bulk rates starting at 1000 copies. Look for more information next month.

New euthanasia pamphlet

The Euthanasia Prevention Coalition has designed a new pamphlet as part of its strategy to stop bill C-407 and discourage any future legislation to legalize euthanasia or assisted suicide.

The pamphlet is two-sided, with the one side focusing on palliative care and the other side focusing on people with disabilities. The pamphlet features personal stories.

Information about ordering will be in our next newsletter.

Stop Bill C-407 website

The Euthanasia Prevention Coalition has constructed a new website, www.stopbillc-407.com

This website features all information about Bill C-407, including our assessment of the bill, newspaper articles, an online petition, and links to further information.

Please go to website and forward the information about the site to all your friends and family. The online petition is a practical way for thousands of Canadians to publicly oppose Bill C-407.

Classic Art Christmas Card & Coffee Fund-raiser

Order your Classic Art Christmas Cards by calling the office at: 1-877-439-3348 or going to: www.classicartchristmascards.com

Official Position of the Minister of Justice

Minister's Position: THE MINISTER OF JUSTICE ***WILL NOT*** BE SUPPORTING THE BILL.

Factual Summary of the Bill:

Bill C-407 proposes to amend the Criminal Code to permit assistance in dying under certain conditions.

Key features of the bill:

- The bill seeks to permit assisted suicide and euthanasia, in both cases provided the conditions described below are met.
- The bill would not only apply to terminally-ill patients, but also to persons who suffer from severe physical or mental pain with no prospect of relief (neither physical nor mental pain is defined.)
- The aider could be either a medical practitioner or someone who is assisted by a medical practitioner.

The bill's prescribed conditions require that the person wishing assistance in dying: be 18 years of age or older; be either terminally ill or suffering from severe physical or mental pain with no prospect of relief; make two requests, at least 10 days apart, while "appearing to be lucid," to a doctor or aider; and designate someone who will act on his behalf vis-à-vis the doctor or aider should he or she become mentally incapacitated. Under the Bill, the "aider": must be either a medical practitioner or someone who is assisted by a medical practitioner; must receive confirmation of the diagnosis from another doctor or from two doctors if the aider is not a doctor; must be a member of, or assisted by, a provincial health services team; must act in the manner requested by the person wishing to die; and must provide the coroner with the confirmation of diagnosis.

Assessment:

It is expected that this bill will raise considerable public attention and controversy as it touches upon such profound issues as life and death, which for many involves religious beliefs.

The bill has far-reaching implications in the manner in which it alters the current state of the law and in the way it will impact on medical ethics and practice. The Bill also appears to exceed the parameters of current public views. While many Canadians may

Euthanasia Symposium - Sept 24, 2005

By: Dominic Nicassio - freelance writer from Windsor - edited

Among the speakers at the Euthanasia Symposium, sponsored by the Euthanasia Prevention Coalition, was **Mark Pickup**, founder of *HumanLifeMatters* and a disability activist from Edmonton. For the past 20 years Pickup has lived with degenerative multiple sclerosis. The disease has left half his body incapable of movement.



After explaining why the right to life is the basis of all other rights, Pickup outlined the reasons for his alarm.

“Bill C-407 (a bill before parliament to legalize euthanasia and assisted suicide) has holes so large you could drive a hearse through it,” he told the audience of about 60 people.

It would legalize assisted suicide and euthanasia for persons suffering severe physical or mental pain.

“That means depression could easily qualify,” Pickup said.

Suffering persons are not required to try effective treatments. A person who is euthanized must “appear” to be lucid. The assessment need not be made by a doctor. The suffering person must request death at least twice within 10 days, and that request need not be in writing. One limit is the age requirement of 18, but Pickup worries that will leave suicidal teenagers vulnerable.

The bill comes at a time when society has become impatient with disabled people. “It’s a frightening time to live with a disability in Canada,” Pickup said.

He thinks the bill — which is expected to receive its first hour of debate in Parliament this month — is a “trial balloon” to gauge public acceptance of euthanasia. Justice Minister **Irwin Cotler** has signalled a desire to change Canada’s law on the issue to reflect what he calls “changing attitudes.”

But if there is anything that might change, Pickup said it is the decision of a suffering person to live.

“Twenty years ago my greatest fear was being disabled. But today my life has quality. What has changed? The standard has changed. What happened? Love. That is why my life has value.”

Love is the final arbiter of human value, “and even if not loved by humans, we are loved by God.”

Pickup knows “dying with dignity” is a rationale of euthanasia proponents.

“But death with dignity is a process. People die with as much dignity as they lived with,” he said.

An over-emphasis on autonomy has also shaped public perception of the issue.

“I choose the ‘expensive luxury’ of interdependent community. I don’t have a right to ask another to kill me, because that will compromise their humanity,” he said.

Over the past 20 years Pickup has learned about suffering.

“My prison is my own body. My prison gets smaller each year. But despite this ugly reality, I too discovered a light,” he said. “God is asking us to stand for each human life, from beginning to end, because that is how Christ loves us. My suffering has given me a brief glimpse of the truth, and even this wheelchair can’t take that away from me.”

Others at the symposium shared their own experience of disability and chronic pain. **Bonnie Armstrong**, a blind woman from Toronto, told the audience, “we should find ways of encouraging involvement of disabled people and not just assuming that our lives have to be horrible... I am not dead yet, so I applaud this effort,” she said.

Her friend committed suicide after suffering chronic pain for 11 years.

“These people need friendship, emotional support and love. They also need their pain managed medically,” she said.

The symposium was also time to talk about lobbying strategies. **Alex Schadenberg**, executive director of the Euthanasia Prevention Coalition, wants people to contact their member of Parliament and ask them to vote against the bill. The goal of the coalition is to make sure Bill C-407 does not pass second reading.

Steven Drake, a research analyst for the American group *NOT DEAD YET*, said it is necessary to go beyond conservative audiences who already agree on the issue.

“We want to reach out to people who are not conservative, who are on the political left,” he said.

Peter Aarsen spoke on the demographic changes that our society is experiencing.

DVD/video of the Euthanasia Symposium will be available within the next several months.

Text copies of the speech by Mark Pickup can be obtained from the Euthanasia Prevention Coalition by calling: 1-877-439-3348.

Canadian Conference of Catholic Bishops (CCCCB) Statement on Bill C-407 - September 23, 2005

Gathered in Plenary Assembly, the Catholic Bishops of Canada note with grave concern reports that the Government of Canada intends to study Bill C-407, *An Act to amend the Criminal Code (right to die with dignity)*.

As our elected federal representatives prepare to return to Ottawa for the next session of Parliament, we stand firmly opposed to this draft Bill, and we call upon the Government and all members of Parliament to reject this new effort to legalize assisted suicide and euthanasia in Canada.

Founded on an erroneous understanding of compassion and of freedom, these practices are an extremely serious threat that concerns all citizens but especially the most vulnerable. It is for the common good that Canadian society must reject Bill C-407 in order to ensure a basic trust among all citizens.

In order to respond to the physical, emotional and moral sufferings of people of all ages, particularly those seriously ill or handicapped, including those in a terminal phase, we call on Canadians, including our elected representatives, instead to promote palliative care and end-of-life care. Our legal system should be inspired by a culture of life in which each person feels responsible for the well-being of others until their natural death.

At the moment a basic question is being raised: Can Canadians, who are so concerned about abuse against the sick, the elderly, the handicapped and the vulnerable, entertain the possibility of legalizing the most extreme abuse, killing another person?

The adoption of Bill C-407 or any proposal encouraging euthanasia and assisted suicide would be a major social failure.

Justice Minister response - Continued

not disapprove of permitting those who suffer from severe physical pain with no prospect of relief to access assistance in dying, few would tolerate the idea of allowing those who suffer from severe mental pain with no prospect of relief to have the same access to assisted death. As “mental pain” is not defined in the Bill, such common conditions as chronic depression could potentially qualify as “mental pain”. This particular aspect of the proposal, combined with such vague terms as “while appearing to be lucid” as the requisite criterion for providing consent, raise concerns with respect to s. 7 and s. 15 of the *Charter*. The recognized medical and legal standard for providing a free and informed consent is not reflected in Bill C-407.

In order to guard against the potential to move towards what is often described as the “slippery slope” in facilitating the unwanted death of elderly, physically or mentally vulnerable persons, a very stringent regime would have to be introduced,

and Bill C-407 falls short of accomplishing this. For example, Bill C-407 lacks an appropriate oversight mechanism to guard against abuses. The Bill does not require detailed reporting or establish a committee to review reports as is found in comparable legislation implemented in Oregon, the Netherlands and Belgium, nor does the Bill address how to deal with cases of abuse, e.g. by creating a specific offence.

The bill also addresses matters that fall within provincial/territorial responsibilities for the delivery of health care services and the medical profession, and provincial legislation that deals with substitute decision makers. Extensive consultations with interested groups, including the medical profession, and Canadians in general should be undertaken by Parliament before it considers a specific legislative proposal, although Parliament did examine these issues in detail in 1994 and 1995 in the context of the study conducted by the Special Senate Committee on Euthanasia and Assisted Suicide. It should be noted that the majority recommended that the *Criminal Code* offence of assisted suicide should remain intact.

Carmichael found not criminally responsible

David Carmichael of Toronto was acquitted of first-degree murder in the death of his son Ian, at a Holiday Inn in London Ontario.

Carmichael’s trial ended with Superior Court **Justice Helen Rady** ruling he was delusional because of a “psychotic tidal wave” when he killed Ian, 11, on July 31, 2004. “We will probably never fully understand the desperation that led David Carmichael to take (the life of) his little boy” said Rady.

In the weeks before Carmichael killed his son, Carmichael was in a deep depression and became delusional. He obsessed over an MRI scan, which showed minor brain abnormalities, and he thought Ian had a bleak future from which he needed to be saved.

Two experts testified in the trial that the MRI scan indicated no such looming trouble. The psychiatrists noted that it is common for seriously depressed people to be deluged by small issues.

The verdict means that Carmichael won’t do jail time. But he could be kept in an institution for decades, assistant Crown attorney **Geoff Beasley** stated.

Dutch government intends to endorse new guidelines on child euthanasia

Amsterdam, Netherlands (CP) - August 29, 2005 - edited

The Dutch government intends to expand its current euthanasia policy, setting guidelines for when doctors may end the lives of terminally ill newborns with the parents' consent.

A letter outlining the new directives will be submitted to parliament for discussion by mid-October, but the new policy will not require a vote or change of law, Dutch Health Ministry spokeswoman **Annette Dijkstra** told The Associated Press.

The Netherlands became the first country to legalize euthanasia for adults under some conditions in 2001, and the latest move is likely to spark an outcry from the Vatican, right-to-life proponents and advocacy groups for the handicapped.

Euthanasia is banned in most countries, although Belgium legalized it in 2002. Switzerland allows passive assistance to terminally ill people who have expressed a wish to die.

In the United States, Oregon is alone in allowing physician assisted suicide, but its law is under constant challenge and the U.S. Supreme Court is to hear arguments against it Wednesday.

In Canada, euthanasia is against the law. In 1994, **Sue Rodriguez**, a woman with Lou Gehrig's disease, took her own life after the Supreme Court of Canada rejected her bid to be legally assisted. A Senate study in 1995 came up deeply divided, but recommended against changing Canada's law.

The change in Dutch policy is especially significant because it will provide the model for how the country treats other cases in which patients are unable to say whether they want to live or die, such as those involving the mentally retarded or elderly people who have become demented.

The governing conservative Christian Democrat party, which fought legalization when it was in the opposition, will embrace the guidelines, known as the *Groningen Protocol*, drawn up last year by doctors at the Groningen University Medical Centre.

Under the protocol, euthanasia would be permissible when a child is terminally ill with no prospect of recovery and suffering great pain, when two sets of doctors agree the situation is hopeless and when parents give their consent.

The Dutch Health Ministry has postponed this decision several times and wishes to control the release of information around the policy change, which is still being finalized. Dijkstra confirmed the broad lines of the guidelines after details began leaking to the Dutch press and to some members of the medical community who have been involved in the long-running debate over the issue.

The government will establish a vetting commission, modelled on commissions currently in place for adult euthanasia, to determine whether conditions have been met in each case and to refer the case

to public prosecutors if they do not. But unlike with adult euthanasia, prosecutors will not be bound to follow the commission's judgment that conditions have been satisfied.

"The public prosecutor's office will always make an independent decision," Dijkstra said. "The ending of a life must occur with the utmost of caution."

American ethicist and pediatrician **Dr. Chris Feudtner** of the Children's Hospital of Philadelphia said he hoped the Dutch government would rethink its position.

"I admire the Dutch desire for openness in addressing what is an incredibly difficult issue, but I categorically do not endorse ending people's lives with the argument that it's alleviating their suffering," he told the AP. "I think too often the impulse is to resort to extreme measures when we're not being effective enough in the management of pain."

"If you allow it to occur, it will occur in cases where it is not ethical, period," Feudtner said.

The Netherlands set up adult euthanasia vetting commissions in 1998, well before the practice was formally legalized under a 2001 law, which took effect the following year.

The commissions report about 2,000 people are euthanized in this country of 16 million each year, using a mix of sedatives and a lethal dose of muscle relaxant. But independent studies suggest the number of unreported cases is higher.

Cases of euthanasia for "people with no free will" - such as infants and severely demented or retarded people - were left in a legal grey area by the law because they were so controversial. They remain classified as murder, and doctors who carried out such killings were required to report themselves to the authorities for potential prosecution.

Government-sponsored studies in the 1990s and repeated in 2001 estimated there are 15 to 20 such infant killings in any year. Just 22 cases were reported to the Justice Ministry between 1997 and 2004 - most involving infants with severe damage to the brain and spine from spina bifida - and the ministry decided against prosecuting any of them.

The decision was based on precedents set when doctors were taken to court for euthanizing elderly patients and were either acquitted or found to have acted in good conscience. Judges ruled the level of guilt was so small it did not merit punishment.

The main author of the protocol, **Dr. Eduard Verhagen**, said it was intended to remove the confusion surrounding what is permissible.

"We think the decision is of such incredible importance that the social responsibility of the doctor should be openly discussed and assessed," he said.