



Dr. Eric Wasylenko addresses the Canadian Medical Association

CMA REJECTS EUTHANASIA AND ASSISTED SUICIDE

The Canadian Medical Association (CMA) rejected a proposal to support euthanasia and/or assisted suicide at its 146th Annual meeting held in Calgary Alberta (August 21 - 23).

Media articles suggested that the CMA fear debating the issues of euthanasia and assisted suicide, and yet the CMA delegates debated the issues and voted against change.

A post media news article quoted incoming CMA president Dr. Louis Hugo Francescutti: "...doctors are not ducking the issue. What physicians do when they're not sure is pause and reflect and ask for consultation."

CMA delegates rejected the motion to have a "large-scale public consultation to regard medical aid in dying as appropriate end-of-life care"

The euthanasia lobby realized that they didn't have enough support to change the CMA policy so they focused on changing the language

of the debate. The delegates rejected a resolution to "replace the term "physician-assisted suicide" with "physician-assisted death" in all its official documents."

The CMA meeting passed a motion to "support the right of any physician to exercise conscientious objection when faced with a request for medical aid in dying."

The CMA also passed the following palliative care resolutions:

- making palliative care services at home available to every person nearing the end of life
- integration of palliative care services into community and chronic care service delivery
- support for implementation of a collaborative palliative care model

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WORLD MEDICAL ASSOCIATION OPPOSES EUTHANASIA AND ASSISTED SUICIDE

The World Medical Association (WMA) re-affirmed its opposition to euthanasia and assisted suicide at its annual meeting that was held April 4 – 6, 2013 in Bali Indonesia. The WMA positions taken

on euthanasia:

"Physicians-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically. However the right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient."

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ONLY FIVE PERCENT OF BELGIUM EUTHANASIA REQUESTS ARE REFUSED

by Alex Schadenberg

A study published in the Journal of Pain and Symptom Management – November 2011 titled: Process and Outcomes of Euthanasia Requests Under the Belgian Act on Euthanasia: A Nationwide Survey found that only 5% of requests for euthanasia in Belgium are refused.

The Belgian study on the process and outcomes of euthanasia requests was a part of the “Monitoring Quality of End-of-Life Care Study.” Researchers sent an anonymous questionnaire to 3006 Belgian physicians by mail in March 2009. The data in the study is based on 914 returned questionnaires. The study identified 363 requests for euthanasia in the returned questionnaires. Only 5% of the 363 most recent requests for euthanasia were refused by the patients’ doctors.

The study states: “We found that only 5% of all requests are actually rejected, which is considerably fewer than in The Netherlands (12%).” The study then states: “Unfortunately we have no information on the reasons why the attending physicians from our study refused to grant requests... When a psychiatric disorder is the primary diagnosis, the requests were never granted. Although the Belgian euthanasia law specifically mentions psychological suffering as grounds for requesting euthanasia.”

Since March 2009, when the data was collected, it appears that acceptance of euthanasia for people with depression or psychiatric conditions has increased in Belgium. Several recent cases highlight the growing problem.

- This January it was reported that Belgian identical twins, Marc and Eddy Verbessem, were euthanized in Belgium because they feared becoming blind.
- In February it was reported that a woman with Anorexia Nervosa died by euthanasia in Belgium.
- Also in February, Tom Mortier wrote an article about the euthanasia death of his depressed mother in Belgium. Mortier stated: “My mother suffered from chronic depression. ... In April 2012 she was euthanased at the hospital of Vrije Universiteit Brussel.” (i.e. the Free University of Brussels).

A Netherlands study that was published in 2005 that examined euthanasia and depression in relation to cancer patients found that 44% of the patients who were depressed requested euthanasia, which represented a 4.1 times greater risk factor for requesting euthanasia. A similar study in Oregon published in 2008 found that 26% of those who had requested assisted suicide were depressed or experiencing feelings of hopelessness.

The fact that this study found that only 5% of the requests for euthanasia were denied, indicates that doctors in Belgium are not carefully administering the euthanasia law and the safeguards in the law are not being followed. The Belgian people should be very concerned that those who are incompetent and/or depressed are dying by euthanasia and very few requests for euthanasia are rejected.

Bill 52, the Quebec government’s bill to legalize euthanasia, is based on the Belgian euthanasia law. Bill 52 is dangerous. We call upon the Quebec government to reject Bill 52.

PEOPLE WITH DISABILITIES ARE NOT DISPOSABLE

By Steve Passmore

Published in the National Post on August 21, 2013

Re: Ontario Family Shocked After Receiving Letter From Neighbour Telling Them To ‘Euthanize’ Autistic Son, Aug. 19.

Growing up with cerebral palsy, I know for a fact that negative attitudes toward people with disabilities

have always existed. I remember overhearing, when I was 14, someone saying: “How he walks makes me sick.”

When I was in my 30s and talking to someone about an issue, I was told that because I was disabled that my opinion didn’t matter.

I face an underlying prejudice from people in society. The only way to make a difference in society is to address the elephant in the room

— the underlying prejudice toward people with disabilities. There is a prevalent attitude within society that I and other people with disabilities are disposable. We will never have equality, value and acceptance unless the underlying attitude of discrimination is eliminated within society. We need the media to produce programming that exposes the elephant in the room. Thanks for bringing this story to the attention of the public.

QUEBEC PUSHES DECEPTIVE LANGUAGE

The Quebec government has scheduled formal hearings for its euthanasia bill (Bill 52) for September 17 - October 10, 2013.

Euthanasia is a form of homicide (murder) which means it is regulated by the Criminal Code of Canada. The Quebec government is attempting to legalize euthanasia by redefining homicide by lethal injection as a form of medical treatment. Bill 52 is rife with false claims, euphemisms and ambiguous language.

- Euthanasia is defined under the term: “Medical Aid in Dying.”
- “Medical Aid in Dying” (euthanasia) is defined as being part of “palliative care.”
- The bill creates a right to “palliative care,” translating into a right to euthanasia.
- The definition for terminal sedation is vague creating confusion between sedation and euthanasia.

In Bill 52, euthanasia is not limited to people who are terminally ill: an incurable serious illness will do. People with disabilities qualify for euthanasia. Anyone having an advanced state of irreversible decline in capability can be

euthanized. People with depression and mental illness are not protected from euthanasia. Anyone with physical or psychological pain will qualify.

The definitions in the bill are based on the Belgium euthanasia law. These definitions will allow for a wide application of the law.

Bill 52 is a very dangerous piece of legislation. Bill 52 must be defeated. If it is not defeated, the courts must strike it down as unconstitutional.

CANADA’S HEALTH MINISTER SAYS NO

Canada’s Health Minister, Hon. Rona Ambrose, told reporters at the CMA meeting this week that the federal government isn’t planning to re-open the debate on euthanasia.

Canada.com reported Ambrose to have said: “All of us think about the issue because we have elderly grandparents and elderly parents, and it’s on the minds of many because Quebec has introduced their legislation.”

The Calgary Herald reported Ambrose as saying: “This is an issue that is very emotional for a lot of people — not just regular Canadians, but also physicians,” she told reporters. “Parliament voted in

2010 to not change its position on this issue. At this time, we don’t have any intention of changing our position.”

In her speech to the CMA delegates Ambrose stated that “Prime Minister Stephen Harper’s Conservatives are committed to a strong, publicly funded health system.”

VERMONT

The Vermont Alliance for Ethical Healthcare launched a TV Ad campaign in a first step to repealing the Vermont Assisted Suicide Act that was signed into law on May 20.

An article in the Burlington Free Press quoted Edward Mahoney, the President of the Vermont Alliance as stating:

“Our goal is to raise awareness about the legislation,” “Our Legislature just passed a bad law. Repeal this bad law.”

Mahoney calls the law “legislative malpractice” and notes numerous flaws, including that while the law requires a patient to be able to self-administer the medication when the prescription is written, there is nothing to ensure the patient is still able to do so when he or she takes it.

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- creation of a curriculum for training in palliative care.

It is interesting that some media articles report that the CMA is unwilling to debate “assisted death” after an annual meeting where the CMA focused on the issues related to “assisted death.” This is probably because the CMA remains opposed to euthanasia and assisted suicide.

The same tactic is used by some media when they claim that the federal government refuses to debate the issues of euthanasia and assisted suicide after they debated the issues in 2010 and rejected Bill C-384 by an overwhelming vote of 228 to 59.

EPC challenges the media to allow an open debate on the issues of euthanasia and assisted suicide rather than writing one-sided articles that quote the euthanasia lobby while ignoring the facts of the issues and the studies that prove that legalizing euthanasia is not safe.

Canadians and especially the people of Quebec need to know why legalizing euthanasia is not safe.



The most natural thing
in the world
is to have hope

**Euthanasia
Symposium
2013**

November 8 - 9
Renaissance Marriott Hotel
Toronto

REBRANDING KILLING AND SUICIDE: THE UGLY TRUTH ABOUT EUTHANASIA

By Will Johnston

Huffington Post August 19. Dr. Johnston is chair of EPC – BC.

The CMA is meeting this week, and the buzz is that euthanasia and assisted suicide will be discussed. Euthanasia activists are striving to neutralize the medical opposition to their plans, and want the CMA to compromise its clearly stated principle forbidding doctors killing patients. If this principle is broken, an invasive weed will have entered our garden.

Remember: it took centuries of work to rid our society of capital punishment. Finally, we reached the point that we did not trust any system with the legal power to kill. Did we say to ourselves, “There are probably only a few innocent people executed, and one of them is very unlikely to be me... or someone I care about.”? No, the mere possibility that the law would be wrongly used -- on anyone -- was finally enough to justify a complete prohibition of the death penalty.

Moreover, it was time for the state to stop implicating itself in any killing. Why then, a few years later, are we talking about the state giving legal power to doctors to allow them to kill selected patients? Do we truly believe that those failures to protect the depressed and vulnerable under other suicide and euthanasia systems could never happen here? Do we have any idea what we would be trading for our present privilege of insisting that our doctors and nurses are not willfully implicated in any killing, ever?

The art of euphemism -- of sugar coating your verbal meaning -- has been raised to a syrupy peak by the proponents of euthanasia. When kill-

ing and suicide can be rebranded in the hearts and minds of average Canadians, the death lobby wins. What is truly being promised is the medical equivalent of a silent bullet in the head. We don't need it. Symptom control at the end of life has never been better, and the right thing to do is to deliver it when needed.

Most of the euthanasia advocates I have met witnessed the poorly managed death of someone close to them and so joined the nearest right-to-die lobby group. This is naive but understandable. For these activists, indignation at seeing substandard care has trumped common sense. Common sense should tell us that we and our loved ones will not be safer or more empowered when the right to kill is given to doctors and nurses, under any system.

Canadians were recently horrified by the deaths of two children when a deadly snake could not be kept caged. The suicide and euthanasia system so desperately wanted by some activists would be like that cage: The snake would not stay in it forever. We are now the fortunate inhabitants of a place where euthanasia has been banned. If ever legalized, it will send its tendrils into every hospital and care facility.

With each challenge to the ban, the euthanasia promoters have only to win once. In defending itself, Canada has to win every time. The vote against euthanasia was 79% in Parliament in 2010, and it was rejected by 74% of doctors in a recent CMA poll. This should not lead to complacency. The assaults on the key medical principle will not stop. Our wisdom will need endurance.