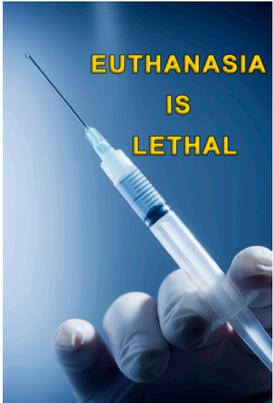


THE QUÉBEC EUTHANASIA BILL IS IMPRECISE AND OPEN TO ABUSE



The Québec government re-introduced a euthanasia bill identical to Bill 52 and at the stage that Bill 52 was at before the Québec election.

The Québec groups, *Vivre dans la Dignité* and the Physician Alliance, reacted by stating at a press conference that they would legally challenge the bill, if it is adopted by the National Assembly. They also emphasized how the legislative process to adopt the euthanasia bill represented a parody of democracy.

In his article: “From One Totalitarian Party to Another,” Québec lawyer, Michel Racicot, explained that the Québec Health Minister, Gaetan Barrette, who is a promoter of euthanasia, told a public meeting that members of the National Assembly would not be allowed to oppose the re-introduction of the euthanasia bill.

Racicot explained that even the amendments that had been proposed by the Liberals won’t be in the euthanasia bill. Racicot referred to the process of re-introducing the euthanasia bill as a culture of collusion and bullying.

The Euthanasia Prevention Coalition (EPC) asks why has the Québec government decided to pass the bill so

quickly? Since the Supreme Court of Canada will hear a euthanasia case on October 14, what’s the rush?

EPC and its Québec counterparts want you to know:

- Euthanasia is defined as homicide in the federal Criminal Code. The bill defines killing by lethal injection as “health care” in order to avoid the Criminal Code prohibition.

- The bill gives Québec doctors the right to lethally inject their patients for physical or psychological suffering and does not define psychological suffering.

- The bill does not limit euthanasia to terminally ill people. The bill states that a person must be “at the end of life” but the bill does not define end of life.

- The bill targets people with disabilities. It states that a person must be in “an advanced state of irreversible decline in capability.” Many people with disabilities fit these criteria. Since the bill does not define “end of life” euthanasia will be extended to people with disabilities.

The bill is unconstitutional and needs to be challenged in the court.

The bill is imprecise and open to abuse.

The bill is lethal.

SECOND COMPLAINT LAUNCHED AGAINST BELGIAN EUTHANASIA DOCTOR

In late April, a 20 year-old Belgian woman submitted a [formal complaint](#) against Belgian euthanasia doctor, Wim Distelmans. The woman, known as Margot, submitted a complaint stating that her depressed mother died by euthanasia without receiving treatment for depression.

De Standard news reported Margot as stating:

“How could someone who has not even received treatment for depression, get euthanasia?”

Distelmans responded:

“It’s very frustrating for me, but I can not respond to these kind of stories in the press. I can not respond, because of privacy laws and it would violate my professional duties.”

The article reported that this euthanasia death was approved by the Belgium Euthanasia Control and Evaluation Commission. The article omitted that Distelmans chairs the Commission.

Margot’s complaint follows a complaint last February by Professor Tom Mortier concerning the euthanasia death of his mother, Godelieva De Troyer.

WHY WOULD A EUTHANASIA PRACTITIONER TOUR AUSCHWITZ?

By Dr Kevin Fitzpatrick and Dr Tom Mortier

The leading practitioner of euthanasia in Belgium, Dr Wim Distelmans, is organizing an instructional tour to [Auschwitz](#), the Nazi extermination camp. In a travel brochure he describes Auschwitz as an ‘inspiring’ surrounding in which to ‘clarify confusion about euthanasia’.

In fact, Dr Distelmans’s tour does help to clarify matters: it shows that how little distance there is between Belgian euthanasia in 2014 and Nazi death camps in 1944.

Linking the right to die and the Nazis is a no-no in most circles. In fact, opponents are usually deemed to have lost the argument as soon as they mention the word “Nazi”. But Dr Distelmans’s breath-taking initiative could change that rule. To hold a seminar on euthanasia in an extermination camp where the idea of ‘lives not worth living’ took its most extreme form, is peculiar, to say the least.

Dr Distelmans has often been in world headlines. He was filmed on television killing Nathan Verhelst who was suffering after failed sex reassignment surgery. He performed the world’s first double euthanasia when he killed twin brothers Marc and Eddy Verbessem, whom Belgium’s social services were not able to help. At least three times he has been involved in euthanasing people who are depressed.

Dr Distelmans has also chaired the Belgium Euthanasia Control and Evaluation Commission since euthanasia was legalised in 2000 – a commission which has never investigated a single death.

In a ‘travel brochure’ emailed to his contacts he describes the study tour as follows:

“Belgium is the only country in the world with a law that is concerned about a dignified end-of-life for everyone because of the patients rights law, the law on palliative care and the euthanasia law. In our country there is - unlike other countries of continental Europe – already 25 years of excellent professional palliative care and for more than 10 years we also have experience with transparent euthanasia requests and respect for patient rights.

“In dealing with the problems of life, one is constantly confronted with existential pain, questions about the meaning of life, self-reflection, reliance, self-determination, finiteness and especially with (in)dignity. Therefore, it seemed a logical step to us to plan the next study trip to the place that is the eminent symbol of an unworthy end-of-life being Oświęcim, better known as Auschwitz, the

extermination camp of the Nazis in Poland. This site is an inspiring venue for organizing a seminar and reflecting on these issues so that we can consider and clarify confusions.”

Dr Distelmans appears to have suffered a severe lapse of judgement. If, hypothetically, an Association of American State Prisons Executioners were to organise a holiday tour of Auschwitz with their wives and partners, staying at an expensive hotel and winding up an exhausting day at one of the best restaurants in Krakow (as Dr Distelmans and his fellow travellers will be doing), would there not be an uproar? What experience would they have gained there? Quicker ways of gassing prisoners? More efficient ways of administering lethal injections? Less painful ways of withdrawing nutrition and hydration? No doubt even their friends and admirers would question their eagerness to be “inspired” at a venue so steeped in horror.

It is widely acknowledged that the Nazi euthanasia program was a trial run for the death camps. It began in 1939 with the mercy killing of a severely disabled child. By the end of World War II, 5,000 sick and “idiot” children had received the blessing of a mercy killing. This experience was so fruitful that it grew into the T4 program for the mercy killing of chronically ill and disabled adults. There were so many of these that Hitler’s mercy killing technicians invented the gas chambers which proved so effective at Auschwitz.

It is gratifying for us to see Dr Distelmans connect the dots between euthanasia in Brussels and the atrocities of Auschwitz. It confirms for us the dark future of Belgium’s legal euthanasia. It should terrify all the chronically ill and disabled who live there.

Nonetheless, it is surprising that Dr Distelmans is allowing himself to be associated with the medical faculty of Auschwitz University, a confraternity which included such illustrious researchers as Dr Josef Mengele, Dr Edward Wirths, Dr Horst Schumann and Dr Carl Clauberg.

As persistent critics of Dr Distelmans, we have been accused of blackening the name of the good doctor. But while we have our disagreements, we have never, ever, linked him to the atrocities, the inhumanity, and the repellent euphemisms of the Nazi era. He has done this all by himself.

Dr Kevin Fitzpatrick is Director of the Euthanasia Prevention Coalition - Europe and a leader of the disability rights group Not Dead Yet UK. Dr Tom Mortier lectures in chemistry at Leuven University College, in Belgium.

THE CURRENT DEBATE ON ASSISTED SUICIDE IS SADLY MISPLACED

By Rene Leiva, Ottawa Citizen – May 17, 2014

I find the current debate on assisted suicide in the Parliament sadly misplaced. As a doctor who has been caring for the elderly and dying for 12 years now, I believe we are missing the boat on this one.

To paraphrase a philosopher, the answer to euthanasia is not a pill but a person, not a word but an act. It is an act of loving presence. As Holocaust survivor and psychiatrist Viktor Frankl says:

“Love is the only way to grasp another human being in the innermost core of his personality.”

The experience of many, including mine, is that the presence of a loved one to the sick and fragile and the voicing to the patient that they are being truly and honestly loved is what gives true dignity.

When suffering and loneliness arrive, if someone honestly tells the patient that they are worth so much to them no matter what, that they are loved and needed just by being present, I think it would be very hard for them to go ahead with their plan.

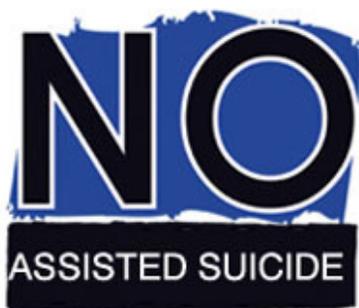
I can often spend only limited time with my patients, but friends and family can offer something I can't. I can deal easily with the pain of the body, but I can't do the same with the pain of the soul. At the end, it is all about the command that says, *“I was sick and you took care of me.”*

I hope I can teach this to my children.

Rene Leiva, MD, Palliative Care and Care of the Elderly, Ottawa, Ontario.

VERMONT ASSISTED SUICIDE LAW: ONE YEAR LATER

Last year at the bill signing party for Act 39 held in the Governor's ceremonial office, True Dignity Vermont launched a hotline and email address for individuals who suspect that a patient was being unduly influenced to request or ingest lethal drugs, or were being given such drugs against their will. That number is: 1-855-787-5455 and ReportAbuse@TrueDignityVt.org.



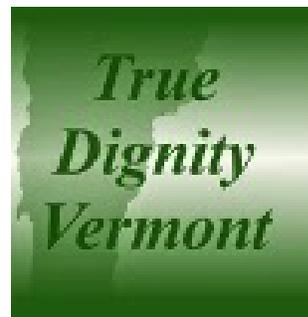
“We expanded our educational role to become a place where our network of health care providers and other supporters would have a place to take their concerns,” stated True Dignity spokesperson, Carolyn McMurray of Bennington. *“The most alarming reports we have received*

to date involve two separate clinical psychologists, dealing with two different patients, both of whom had suicidal tendencies. In each case, the patients revealed their belief that suicide was more ‘acceptable’ now that the legislature had passed this law.”

Shortly after Act 39 went into effect, True Dignity Vermont received a call from a woman convinced that a health care facility was intentionally withholding treatment from her elderly mother. TDVT recommended that she contact the appropriate experts for further investigation.

Nearly six weeks ago, [True Dignity Vermont](#) received a call from an 85 year-old Korean War veteran from New Jersey who wanted information about how he could come here and get a “shot” to end his life. During the conversation, he revealed that he was not terminally-ill, nor physically ill in anyway. He said he was depressed, and he said the suffering of depression was terrible. The man believed, with all his heart, that the new law meant that he could come to Vermont and a physician would end his life. True Dignity Representative told him we did not want him to commit suicide and talked to him for as long as he wanted to talk. He said it helped him a lot to talk. The representative told him to get professional help and invited him to call back to talk whenever he wished. He has not called back.

True Dignity Vermont board members attended a conference sponsored by the Vermont Ethics Network in October entitled “Vermont's New Normal: End of Life Care and Physician Aid in Dying” where, even in a setting designed to promote the law, many of Act 39's flaws were obvious to attendees and supporters.



True Dignity Vermont will continue to educate about the dangers of physician-assisted suicide and remind Vermonters to report any concerns.

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AUSTRALIAN DOCTOR PUBLICLY ADMITS TO ASSISTED SUICIDE

By Xavier Simons, Bioedge – May 2, 2014.

Urologist and Dying with Dignity Victoria vice-president, Dr. Robert Syme, has publicly admitted to giving a veterinary euthanasia drug to a [man dying from cancer](#).

Dr. Syme said that in 2005 he gave 86-year-old Steve Guest the lethal drug, judging that “it would give him the best possible palliation of his psychological existential suffering.” Mr. Guest died two weeks later from an overdose of the drug.

Dr. Syme dared authorities to arrest him, believing that prosecution may result in a legal precedent salutary to the pro-euthanasia cause:

“a lot of these things, it seems, will only be changed in a court decision, so bring it on.”

Dr. Syme’s actions parallel the various public confessions to assisting in suicide made by Dr. Jack Kevorkian in the 1990s.

Paul Russell – executive director of Hope: Preventing Euthanasia and Assisted Suicide – said that various aspects of the case could be scrutinized, but in particular questioned Dr. Syme’s expertise in the psychology of palliative care: “People can appear to be quite rational when perhaps they are not,” he said.

EPC NATIONAL CONFERENCE OCTOBER 4, 2014, IN OTTAWA

The EPC national conference will be on **Saturday, October 4, 2014** at the **Best Western Plus Gatineau - Ottawa Hotel**.

The conference location overlooks the Rideau River and is only minutes from the National Art Gallery and downtown Ottawa.

More information will be available next month.

Book October 4, 2014 on your calendar today!

FRENCH MEDICAL STUDENTS SAY NO TO ASSISTED SUICIDE

It’s a point-blank rejection that comes from a group of young medical students from the collective Soigner dans la dignité (cure with dignity).

They believe that [assisted death is a shortcut](#) that avoids confronting two problems. The first concerns the fact that in medical school, study of end-of-life is very short and incomplete. The students believe that you can’t ask doctors, who are almost inexperienced in the field, to bring an individual’s existence to an end, without giving it due importance. The second problem is purely scientific. The medical students say there is an alternative to euthanasia, which is more effective and in line with the teachings of Hippocrates: the use of palliative care.

EUTHANASIA PREVENTION COALITION EUROPE

EPC – Europe continues to thrive after it officially began operation in November, 2013. EPC – Europe has been able to participate and help to create an opposition to euthanasia in Belgium. By communicating with other leaders in Belgium, political opposition to euthanasia has begun.

EPC – Europe recently started an online campaign that outlines the current practise and abuse of the Belgian euthanasia law and demands that the Belgium government place a moratorium on euthanasia.

FIRST NATIONAL CONFERENCE (USA) ON EUTHANASIA AND ASSISTED SUICIDE A SUCCESS!

Many of the participants expressed a wish for a national group that opposes assisted suicide throughout the United States to be established. A further meeting has been confirmed and a steering committee will likely form soon.

Currently there are groups against assisted suicide in several states. Many states have quickly established a coalition when an initiative to legalize assisted suicide has been launched. A national group would provide the support to effectively establish state groups and to coordinate opposition to assisted suicide bills everywhere in America.