Incredible news! The Marris assisted suicide Bill in Britain was defeated by an overwhelming vote of 330 to 118.

This victory is due to the incredible work of the disability rights group, Not Dead Yet UK, and the co-ordinating efforts of the Care Not Killing Alliance.

Not Dead Yet maintained a presence in the media by writing articles and through social media/YouTube videos to clearly state why people with disabilities oppose assisted suicide.

They also organized successful rallies on several occasions, to ensure that Members of the British parliament understood that people with disabilities oppose assisted suicide.

The Not Dead Yet campaign slogan - Assist us to Live Not Die - resonated with the public as well as with the actress, Liz Carr, who effectively countered the message from the “British elite” that assisted suicide is a progressive issue.

BBC News reported:

Fiona Bruce, the MP for Congleton, said the Bill was so completely lacking safeguards for the vulnerable that “if this weren’t so serious it would be laughable.”

Her impassioned speech concluded: “We are here to protect the most vulnerable in our society, not to legislate to kill them. This Bill is not merely flawed, it is legally and ethically totally unacceptable.”

Congratulations to everyone who worked to overwhelmingly defeat the Marris assisted suicide Bill. You are responsible for protecting people from assisted suicide.

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EPC National Symposium

The 2015 Euthanasia Symposium is at the Best Western - Ville Marie Hotel and Suites in Montréal, QC on Saturday, October 31 from 9 am - 5 pm. Book your room by calling: 1-800-361-7791.

We have organized the Euthanasia Symposium in collaboration with the Physicians Alliance Against Euthanasia and Living with Dignity Québec.

Registration is $50. Simultaneous translation is available.

Speakers include:

Dr Balfour Mount, the Father of Palliative Care in Canada, Dr Margaret Cottle, Palliative Care Physician and VP of EPC, Dr Patrick Vinay, Former Dean, Faculty of Medicine, University of Montréal, Dr Catherine Ferrier, Geriatrician and President, Physicians Alliance Against Euthanasia, Amy Hasbrouck, Director, Toujours Vivant - Not Dead Yet Canada, Dr Will Johnston, Family Physician and Chair of EPC - BC, Nic Steenhout, Former Director, Living with Dignity Québec, Jen Romnes, shares her story about caring for her mother, Albertos Polizogopoulos as a speaker on conscience rights, and Alex Schadenberg.

The 2015 Euthanasia Symposium will be an excellent, upbeat and educational experience. Interested individuals, leaders and academics will all gain pertinent information.

To register contact Euthanasia Prevention Coalition at 1-877-439-3348 or info@epcc.ca

Announcement:

Margaret Somerville has been added as a speaker at the Euthanasia Symposium 2015. This is an amazing addition to our already incredible line-up of speakers. Somerville will be releasing her new book: Bird on an Ethics Wire on November 1.
Canadian psychiatrists are concerned that they will be required to kill their patients.

Psychiatrists who have worked all of their lives to prevent the suicide of psychiatric patients, who are depressed and suicidal, are now concerned that the Supreme Court of Canada’s assisted suicide decision may put them into a place where they are expected to kill their patients.

I have written in the past about the imprecise and dangerous language in the Supreme Court of Canada’s assisted suicide decision. An article, written by Sharon Kirkey, and published in the National Post, outlines the concerns of Canadian psychiatrists in relation to that decision.

According to the National Post article, Dr Padriac Carr, who is the president of the Canadian Psychiatric Association and professor of psychiatry at the University of Alberta, said that:

“I have been approached by many psychiatrists who have serious concerns about physician assisted death being applied to mental illnesses.”

Dr. Carr outlines his concerns with the imprecise language in the Supreme Court decision:

“Legal definitions are extremely important here,” he said. “‘Remediable’ could be defined as treatable, or curable in psychiatry,” he said, and “complete cures are quite rare.” Most treatments are directed at relieving symptoms.

“If ‘remediable’ implies a cure, then almost all psychiatric illnesses could be considered ‘irremediable,’” he said.

If, on the other hand, “remediable” is defined as treatable, most psychiatric illnesses wouldn’t meet the standard, “because there are almost always treatment options we can try,” Carr said.

“‘Intolerable’ and ‘enduring’ suffering are also problematic,” he said. “Symptoms of psychiatric illness can wax and wane over time,” Carr said. “For weeks or months, a patient could be suicidal, and yet that situation could change.”

Whether or not psychiatric conditions will be approved for death by euthanasia or assisted suicide in Canada, Dr. Carr made it clear that:

“Some psychiatrists want no role whatsoever in assisted suicide or euthanasia.”

At the same time, many physicians want a psychiatric assessment done when a person asks for euthanasia or assisted suicide. Dr Romayne Gallagher, a leading palliative care physician explained:

“After working in end-of-life care a long time, you realize that people have ups and downs in their mood, in their feelings, in how they see their future,” said Dr. Romayne Gallagher ...

Gallagher explained:

“We often miss things like depression and delirium and even coercion,” she said.

“If someone comes to emergency and says, ‘I want to kill myself,’ they’re seen by the psychiatrist, and the psychiatrist will always get collateral information from their families in trying to understand what’s going on,” Gallagher added.

“I think we need to use some of the same approaches with requests for doctor-hastened deaths,” she said.

The Supreme Court of Canada’s assisted suicide ruling was irresponsible and dangerous. The Federal government must invoke the notwithstanding clause and then bring forth a law with clear and unambiguous language that is designed to protect Canadians from euthanasia and assisted suicide and also protect the conscience rights of physicians.
A recent decision by the Québec government to authorize fraudulent death certificates to hide the true cause of death in cases of euthanasia represents a serious threat to transparency and accountability in the application of the Québec euthanasia regime.

“The notion that doctors should be permitted to falsify death certificates so as to hide the true cause of death in cases of euthanasia is a troubling affront to medical ethics, transparency and accountability,” says Toronto health and constitutional lawyer, Hugh Scher, who represented the Euthanasia Prevention Coalition (EPC) before the Supreme Court of Canada.

“Those who have promoted euthanasia in Quebec and across Canada have done so on the basis that it will bring into the open present circumstances of troubling practices of palliative sedation by providing for a public and transparent euthanasia regime,” Scher states.

“The Quebec government now suggests that transparency and accountability are best achieved by perpetrating a fraud upon the public by misstating the true cause of death in cases of euthanasia, by representing the cause of death as the underlying illness of the person,” states Scher.

“Such conduct casts a dark cloud over the recently enacted Québec euthanasia regime and requires immediate and direct intervention to provide for a means of judicial oversight to ensure that the criteria of the Act are complied with and that voluntariness, consent and the absence of duress are respected in each and every case,” says Alex Schadenberg, EPC Executive Director.

“‘The suggestion that oversight by a non-public commission permits and promotes transparency and accountability in cases of misconduct is severely misguided as we have learned from other jurisdictions,” states Schadenberg.

“If Canada is to engage in this dangerous social experiment, the least we can expect is full public accountability, transparency and compliance with the basic requirements of the law,” Scher states.

“The Québec government’s call for the falsification of death certificates as the legitimate expression of that transparency and accountability is a recipe for disaster,” says Scher.

“If the present proposals are permitted to stand, it will be virtually impossible to enforce existing standards and legislative requirements and to discipline and punish those doctors that transgress those basic practices,” Scher states.

“Such an approach would mirror the experience of jurisdictions such as Belgium and the Netherlands where euthanasia deaths committed without consent or request have gone unchecked,” states Schadenberg.

According to an article written by Sharon Kirkey and published by the National Post, the Québec government will distribute euthanasia kits with step-by-step instructions for killing patients. The Québec government is following a similar protocol to the Netherlands’ euthanasia law.

After several years of language games, it is clear that the Québec government has given physicians the right, in law, to kill their patients by lethal injection.

The article states:

Modelled on a formula used in the Netherlands, the Québec protocol calls for a three-phase approach to assisted death via lethal injection.

First, a benzodiazepine, a of sedative, would be injected to help control anxiety and “help calm the patient,” Robert said.

Next, a barbiturate drug would be injected to induce a coma. The third step would be a neuromuscular block, a derivative of curare that acts on the respiratory muscles to cause “cardiorespiratory arrest.”

Euthanasia is about life and death. Errors or abuse of the law results in death.

Under the Québec euthanasia law, doctors will be sent euthanasia kits where the only oversight is a report that is sent in after the death of the person by the doctor who did the lethal injection. Since the doctor who lethally injects a person is also the one who reports the death, the oversight is easily abused making it impossible to prove that the “safeguards” in the law are being followed.

Clearly the system will allow abuse.

The Québec euthanasia law gives doctors the right to lethally inject their patients for physical or psychological reasons.
CALIFORNIA ASSEMBLY AND SENATE SUPPORT ASSISTED SUICIDE

Earlier this year, the California assisted suicide bill failed after the Assembly Health Committee refused to pass the bill.

This month, California Governor Brown instituted a two week emergency session to debate and approve bills concerning health care financing and other finance measures.

The assisted suicide lobby took advantage of the emergency session to introduce a new assisted suicide bill that due to the shortened session, the bill did not require extensive oversight from elected representatives before going to a vote.

On September 9, the assisted suicide bill passed (43 to 34) in the Assembly and on September 11, the day that the British parliament overwhelmingly defeated their assisted suicide bill, the California Senate passed the bill by a vote of 23 to 14.

The Euthanasia Prevention Coalition has been urging California Governor Jerry Brown to veto the assisted suicide bill.

NEW MEXICO SUPREME COURT TO HEAR ASSISTED SUICIDE CASE

On August 11, the New Mexico Court of Appeals handed a defeat to the right-to-die movement by reversing an activist lower-court ruling that legalized assisted suicide. In overturning the lower court decision, the Court of Appeals upheld the assisted suicide law in New Mexico.

The assisted suicide lobby appealed the Court of Appeals decision quickly the next week.

The New Mexico Supreme Court has scheduled to hear the assisted suicide case on October 26.

The original case was based on a word game. The case argued that “aid in dying”, which is also known as assisted suicide, is not prohibited by the New Mexico assisted suicide law because “aid in dying” is not assisted suicide.

The case argued, that if “aid in dying” is assisted suicide, then the New Mexico assisted suicide law is unconstitutional because it undermines the right to privacy and autonomy. A similar case was dismissed by the Connecticut court in 2010.

“MY YOUNG ADULT PATIENT BECAME ACTIVELY SUICIDAL AFTER WATCHING A BRITTANY MAYNARD VIDEO”

I am a doctor whose young adult patient became actively suicidal after watching a Brittany Maynard video.

In the first week of December 2014, a mother brought in her twenty year old son for an emergency appointment. She had told me that he had been acting oddly and talking about death.

During the appointment, I asked the young man if he had a plan. He said “yes” that he had watched Ms. Maynard’s video, that he was very impressed and identified with her and that he thought it was a good idea for him to die like her. He also told me that after watching the video he had been surfing the internet looking for ways to obtain suicide drugs.

He was actively suicidal and agreed to go to the hospital, where he stayed for five weeks until it was determined that he was sufficiently safe from self-harm to go home.

Legal assisted suicide sends the wrong message to young people.

Will Johnston, MD, Family Physician.

Will Johnston is the chair of the Euthanasia Prevention Coalition of British Columbia.

Dr. Will Johnston