

## QUÉBEC SUPERIOR COURT DECISION PREVENTS DECEMBER 10 LAUNCH OF QUÉBEC EUTHANASIA LAW

On December 1, 2015, the Québec Superior Court made the right decision by preventing the Québec euthanasia law from coming into effect on December 10, 2015.

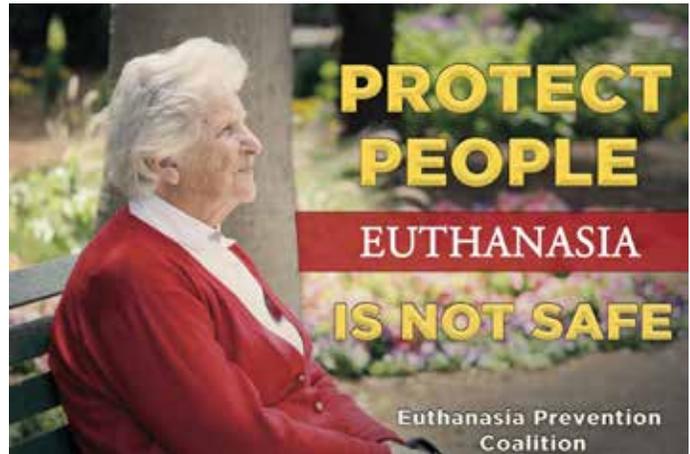
The Euthanasia Prevention Coalition (EPC) *intervened* in the court case by the Coalition of Physicians for Social Justice.

EPC argued that euthanasia does not constitute health care. EPC Executive Director, Alex Schadenberg, stated:

*Euthanasia is done by lethal injection which does not constitute a form of health care.*

EPC is also convinced that Québec does not have jurisdiction to legalize euthanasia. EPC legal counsel, Hugh Scher, stated that the Supreme Court of Canada recognized the role of the federal government to legislate on the issues of euthanasia and assisted suicide.

*The federal government either has sole jurisdiction or shared jurisdiction concerning these issues. The decision was necessary based on the federal right to legislate on these issues.*



Amy Hasbrouck, the Director of Toujours Vivant – Not Dead Yet, said:

*Inconsistency between federal and provincial regulation for death could foster confusion and dangerous errors. We must handle these policies with extreme care.*

## EMILY “LAURA” IS ALIVE



*The Economist* released a video on November 10 concerning Emily “Laura”, a 24 year-old physically healthy woman who was approved for euthanasia due to psychological suffering. The video is titled “24 & ready to die”.

The 21 minute [video interviews Emily](#), her psychiatrist (Lieve Thienpont), her mother and her friends. The video ends with Emily deciding not to go through with the lethal injection.

It appears that *The Economist* was producing a pro-euthanasia video to justify Emily’s death by euthanasia except that Emily changed her mind. The video concludes by trying to sell the viewers on the concept that Emily chooses not to die because she has a choice. In reality, legal euthanasia has enabled death to be seen as a treatment for psychological pain, enabling her to die by lethal injection.

The greater question is: Why was Emily approved for euthanasia? Was she experiencing unremitting suffering?

EPC first learned about Emily on June 19 in an article by Simone Maas that was published in the Belgian *DeMorgen* news concerning psychiatrist, Lieve Thienpont, who works with the Belgian euthanasia clinic, and had approved “Laura” for euthanasia. “Laura” was the name that Thienpont used to describe Emily. The article states that Laura is physically healthy but living with psychological pain.

EPC responded by launching an online campaign asking people to sign: A Letter of Hope to Laura. More than 12,500 people signed the Letter with many people offering genuine concern for Laura.

What we learned from the Letter of Hope to Laura is that many people live with depression or similar psychological pain. Psychological pain is a common human condition. Death is not the answer to psychological pain.

*The Economist* video ends with Emily deciding to live, but Emily remains conflicted. We urge Emily to find a supportive place and to hold onto hope for better days.

## WHAT THE RULING OF THE SUPREME COURT OF CANADA IN THE CARTER CASE HAS MEANT TO ME AND MANY OTHER CANADIANS

Dear Prime Minister:

When I was a child, my family placed me in a “home” for kids like me – I have cerebral palsy. Over the course of my six years’ stay. I felt totally abandoned by my family. One question would often fill my thoughts, “Does anyone really care?” In the wake of the Supreme Court Carter decision, decriminalizing euthanasia and assisted suicide, I feel that same abandonment and again the question circles my mind after all these years – “Does anyone really care?”



*Steven Passmore*

I have been abandoned by several key sectors of society – Among these are: the Canadian Supreme Court, the Canadian Government, Canadian Law, the Canadian Medical Association, the Church and the Canadian Media.

You may ask why a sense of abandonment and this would be my answer. These sectors were the pillars of society on which I knew, as a Canadian living with disabilities, I could depend upon to look after me, uphold my rights to life, support, care and protection.

Now with the Carter decision, I have lost my confidence in these institutions to protect me. I was told recently, “Steven you should not go to the doctor alone – Make sure you have someone to go with you.” So what am I left to do? Who will hold my hand? The sense of abandonment, my sense of grief and disappointment are so palpable, they are like a yoke on my shoulders. Where do I go now? To whom do I speak?

I want to live even though some people may not find my life worth living. I am grateful to all of the key sectors that I mentioned for the life I have. But when the law allows physicians to kill patients and those with consciences are forced to kill or pressured out of medicine. When people who want to kill themselves are exulted in the media to the point where the law is changed and the voice of those of us who wish to live is disregarded and silenced – What am I to think?

Over the last 22 years, I have spoken about three key issues facing people with disabilities: equality, value and acceptance. I have tried to communicate to Canadians that these three things must be protected under Canadian law to keep us all safe. People like me have always known that we were just tolerated, not really accepted, had no value and no

equality in the eyes of many Canadians. Society built us ramps to buildings but not to Canadian hearts.

The Carter decision added to the betrayal and neutrality of key sectors of society and has re-enforced the concept of out of sight, out of mind, and now out of the way!

That is why I feel so deeply abandoned because the Carter decision proves I have no equality, no value or acceptance. If my choice to live can be circumvented, in my best interests of course, where is my autonomy? Choices are made for me every day: where I may live, how much money I receive and now finally, with these changes, when I will die.

They will provide various reasons, such as economics, dependency, pain and suffering or quality of life and then they will decide. Society will decide for me, based on what it thinks, not what I think. After all, Canadian society knows what is best for me – Who would want to live like Steven anyway? I shout but no one wants to hear.

There is great talk about being more inclusive, a kinder and gentler Canada – Is that just rhetoric? – Or does that really include the elderly, disabled and the marginalized? Or has Canada become so cold that we will no longer provide the essentials of human life, the supports needed like health care and financial aid to those who require such assistance? I feel as though I need to apologize for being born with a disability, as though somehow it is my fault.

What we are about to do, allowing physicians to kill patients or helping them to commit suicide, is so dangerous, so horrific and so detrimental to Canadian values.

It is said that how a nation treats its most vulnerable is the measure of that nation. Please speak up for my right to live. Our future as Canadians must include the vulnerable and marginalized. As a man living with disabilities I have no voice, and unless I want to kill myself I am closed out of Canadian media. Please ensure that all Canadians have a future. Protect us from those doctors who will kill us. Protect us from the media which asks you who would want to live like me? Defend us from the law which has been turned upside down and from government which refuses to protect our lives.

Whatever happened to Canada the good? I am on a ledge right now. Will Canada pull me back or push me off?

Forever committed to making a stronger and more inclusive Canada and an advocate for the marginalized.

Yours sincerely, Steven Passmore

## A SCANDAL IN THE EUTHANASIA ARCHIVES



*Ian Dowbiggin*

**By Ian Dowbiggin, a Fellow of the Royal Society of Canada and the author of *A Merciful End: The Euthanasia Movement in Modern America* (2003).**

Imagine for a moment that reporters broke the news that the Vatican had destroyed the bulk of its archival records. Researchers around the world justifiably might accuse the Roman Catholic Church of a deliberate cover-up.

Well, the Vatican has done no such thing. But it appears as if the right-to-die movement has. If so, one might well ask; why did people in the movement do it? Are they trying to hide something about their past?

One thing is clear: if the euthanasia movement's records have indeed been destroyed, a lot of history has vanished, Orwell-like, down a cavernous memory hole. And with it, information the right-to-die movement doesn't want you to know.

I should know, because I saw these records and I know what was in them. I wrote up my findings in my 2003 book on the history of the movement, published by Oxford University Press.

The story of my involvement in these valuable records begins about fifteen years ago when I was given permission to explore the archives of what used to be called Partnerships for Caring, Inc. PFC was a successor organization to the defunct Euthanasia Society of America (ESA). The ESA records, housed in a law firm in Baltimore, consisted of 15 large cardboard boxes holding correspondence, financial records, press releases, published materials and minutes of meetings, much of it uncatalogued.

There were literally thousands of items in these boxes documenting the entire 20th c. history of the U.S. and non-American activists who advocated the legalization of various forms of euthanasia. The ESA archive contained materials relating to the careers of noteworthy social activists such as Derek Humphry, the founder of the Hemlock Society (now called Compassion and Choices), Joseph Fletcher, the founder of "situation ethics," Alan Guttmacher (after whom the population-control Guttmacher Institute in New York City is named), and the birth control pioneer Margaret Sanger who, unbeknownst to all her biographers, was also a vocal proponent of legalized euthanasia.

Not only did these activists urge governments to permit voluntary mercy-killing and physician-assisted suicide, many also supported the involuntary mercy-killing of handicapped people. For example, despite his knowledge of widespread Nazi murder of people with disabilities, in 1943 the ESA's president thought it was a good idea to legalize euthanasia in time for returning veterans who suffered from mental and physical wounds.

As recently as 2000, Derek Humphry proclaimed that because of escalating health care costs the elderly had a "duty to die." There was a good deal else in my book which would cause eye brows to arch in this day and age. The picture that emerged from my account was of a movement which harbored many people like the infamous "Dr. Death," Jack Kevorkian, whose views on end-of-life care included the beliefs that experiments should be performed on dying persons and the mercy-killing of individuals whether or not they requested it was perfectly ethical.

The overlap between the eugenics and euthanasia movements was particularly eye-opening. For much of the twentieth century the same people who urged governments to permit mercy-killing and assisted suicide typically applauded the courts and elected officials when they legalized the forced sterilization of people with disabilities.

My research did not always go smoothly. One right-to-die activist warned me that if I included anything he said to me over the phone he would sue me and my publisher. Clearly, the right-to-die movement did not like the contents of my book. Some in the movement must have regretted that I had gained access to their archives in the first place.

But the story did not end there. About five years after the book's publication, I was contacted by a US graduate student researching the history of euthanasia. She told me that in trying to track down the ESA records she had been informed that the collection had been intentionally destroyed.

Just this year another US graduate student got in touch with me, also trying to locate the ESA archives. She too has been told the records no longer exist, although she is still investigating.

Of course, it might be that the ESA records are sitting somewhere safe and sound. Yet why do groups like Compassion and Choices ignore my own requests for information? Why, when a published scholar in the history of medicine enquires about the whereabouts of this important archive, is there a resounding silence?

Yet, if, as is highly likely, this magnificent archive is gone forever, one is perfectly entitled to call the right-to-die movement to account. What are they afraid of?

As a researcher, I am saddened and angry that such a treasure trove is likely gone forever. The scholarly community rightly protests when a similar destruction of historical records occurs. It's time that its outrage was directed against the people who today tell us mercy-killing and assisted suicide are the latest "freedoms" you and I ought to enjoy.

In light of the disappearance of the ESA archives, can they be trusted?

**This article was published on November 30 in the *Prince Arthur Herald*.**

## STUDY: TEN PERCENT OF ELDERS ARE ABUSED

By Wesley Smith

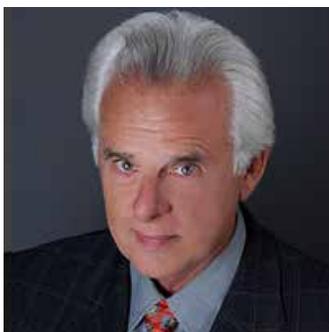
There is a phenomenon in assisted suicide advocacy, I call it Euthanasia World, in which a terrible problem is discussed with nary a mention that it could impact decisions for assisted suicide.

For example, one day citizens of Euthanasia World wring their hands about HMOs cutting costs by reducing levels of care. But then, when they discuss assisted suicide, all doctors are committed professionals dedicated only to what is best for their patients!

This time it is elder abuse. The NEJM warns that 10 percent of older Americans are abused. **From the “Elder Abuse” study:**

Physicians may find the evaluation and treatment of elder abuse unfamiliar and even uncomfortable, since it presents several challenges.

First, victims may conceal their circumstances or be unable to articulate them owing to cognitive impairment.



Wesley Smith

Second, the high burden of chronic illness in older people creates both false negative findings (e.g., fractures misattributed to osteoporosis) and false positive findings (e.g., spontaneous bruising misattributed to physical abuse) in the evaluation. For these and other reasons, screening for elder abuse and neglect has not been recommended by the U.S. Preventive Services Task Force.

Third, cultural and language barriers may hinder the disclosure of abuse.

Fourth, in some cases, a definitive determination that abuse is taking place may take weeks or months, and physicians may be required to intervene before such a determination has been made — a strategy that is not typically used in the management of medical conditions.

Does anyone think such findings have no relevance to assisted suicide?

But the denizens of Euthanasia World will ignore this study, and tell us that doctors can be trusted to discern whether assisted suicide requesters are being pressured or coerced.

Know this: Assisted suicide legalization will lead to the ultimate elder abuse—pressured death, and all under the cover of law.

## FOUNDER OF AMERICAN ASSISTED SUICIDE LOBBY URGES LEGALIZATION OF EUTHANASIA

Derek Humphrey, the “father” of the modern assisted suicide lobby in America and co-founder of the Hemlock Society, now Compassion & Choices, is urging the assisted suicide lobby to extend the criteria for assisted suicide laws and to legalize euthanasia or lethal injection in America.

An article written by historian Ian Dowbiggin and published by the *Prince Arthur Herald* suggests that Compassion & Choices **have hidden or destroyed the euthanasia movement archives.**

In an article published on his website, Humphrey states:

Passing these so-called ‘prescription laws’ is a wonderful start but it is not the complete answer.

The future in the choice in dying movement lies with a deliberate widening of the scope of people for whom we will campaign publicly and whom we will help. (This is already happening in Europe.) Then who?

Humphrey outlines five directions that the assisted suicide lobby in America should go:

1. It is time to consider more seriously offering to help per-

sons with long-term, untreatable, serious mental illness.

2. Persons with what I call ‘terminal old-age’ whose advanced years and accompanying medical problems no longer make their life worth living.

3. We should begin to argue for the current Death With Dignity Acts now passed in the four states to be improved. Humphrey suggests that the laws be extended to include people who are likely to die within 12 months, rather than 6 months, and to legalize euthanasia (lethal injection) for people who cannot swallow.

4. We must think through and tackle the problem of when and how Alzheimer’s patients and persons with long-term degenerative diseases can be helped to die ...

5. Long-term, we should consider opening a clinic to help the sort of people I’ve just been talking about.

Humphrey concludes his article by stating that these are his thoughts only.



Derek Humphrey