

Evidence indicates that euthanasia and assisted suicide laws are abused

A recent article by Stuart Chambers that was published on January 5 in the *Ottawa Citizen* claims that:

It was a bitter pill to swallow for secular prohibitionists when large-scale abuses against vulnerable populations failed to materialize in those jurisdictions.

Chambers argues that there is only anecdotal abuse of euthanasia and assisted suicide and only religious arguments oppose euthanasia and assisted suicide, ignoring the disability rights movement and the position of *Not Dead Yet*.

Chambers ignores the data from the study that was published in the *NEJM* on March 19, 2015 on the experience with euthanasia in the Flanders region of Belgium.



The study examined 3751 deaths in the first six months of 2013 in the Flanders region of Belgium and concluded that 1.7% of all deaths were hastened without request representing more than 1000 deaths yearly. The study also determined that euthanasia represented 4.6% of all deaths even though the official Belgian statistics indicate that euthanasia represented 2.4% of all deaths, meaning that almost half of all assisted deaths went unreported, which is a requirement of the Belgian law.

Chambers ignored the Belgian euthanasia data but he also ignored the data concerning Washington State's assisted suicide law.

The 2014 Washington State's assisted suicide report states that 176 lethal prescriptions were received, 126 people died by assisted suicide, 17 deaths were from other causes, 6 people remained alive and there were 27 deaths from unknown causes. The data states that the ingestion status of the 27 deaths from unknown causes is simply unknown and the lethal prescription is unaccounted. What kind of oversight is that?

For the purpose of brevity, this article only examines a few key points. It should be a bitter pill to swallow for Chambers that my response did not require anecdotal evidence.

Supreme Court of Canada hears request for a six month extension

The Euthanasia Prevention Coalition (EPC) submitted its legal brief and requested a 10 minute intervention at the Supreme Court in the federal government's request for a six month extension to legislate on euthanasia and assisted suicide. EPC was not granted the intervention but our legal brief was received.

On January 11, the Supreme Court heard arguments from the federal government, two provincial governments and the BC Civil Liberties Association.

The Federal government asked for a six month extension to legislate on the issues, but supported Québec's request to be exempt from the extension.

EPC argued that the federal government's position was inconsistent and counter to the Supreme Court decision which suggested that a robust law could protect people from possible abuse. Without a national framework applied equally across Canada, there will be as many as 12 distinct frameworks leading to confusion and likely greater abuse.



EPC continues to hope that the Supreme Court will grant a six month extension to the federal government but not exempt Québec from its decision.

Québec Physicians' group will not refer patients for euthanasia

Dr Yves Robert,

The statement that you made as Secretary of the Collège des médecins du Québec is absolutely false.

[“Referring the patient’s request to a health care professional who would follow through with it would then seem the ultimate compromise, respecting patient’s and physician’s rights.”][1] Dr. Yves Robert, Le Collège, November 10, 2015

First, let’s recall the excerpt, from the Superior Court ruling (par. 97):

“The lawyer of the Attorney General of Canada also expressed her concern about article 31 of an Act respecting end-of-life care, obliging physicians who do not want to grant a request for physician-assisted dying, to participate, despite their objection, in the process of finding a willing physician. She sees in this fact itself an indication that even a physician, conscientious objector, would inevitably become involved in a process leading to the commission of a criminal act under the current state of the law”.

This summarizes without ambiguity the thoughts of the Attorney General of Canada and the Quebec Superior Court concerning your “ultimate compromise” on the subject of conscientious objection, also shared by the Collège des médecins du Québec.

This form of collaboration in killing a patient, with all due respect, is not the ultimate compromise. It is an obligation to collaborate — which can be experienced by a physician as complicity in an act he considers to be harmful to his patient, irrelevant whether the act is criminal or not (the crime evoked here only compounds the insult of the obligation).

As for me, I want to continue to offer care to my patient; not sever the relationship. I simply refuse to cause his death. What will you do against my medical judgment?

If you suspend me, you are the one severing the care relationship by depriving a patient of his physician, whereas I am willing to continue caring for him. I do not consider sending my patient to be killed as providing care because... to be killed is not a treatment, neither for me, nor for the overwhelming majority of physicians and medical associations all over the world. This then is a question of medical obligation, because I apply the international norm, while the Collège has decided unilaterally to disagree.

The issue here is much more a question of scientific objection than an objection of conscience because the pur-

pose is to apply the international norms and standards the Collège decided to disagree with.

Given that most physicians will never agree to stop preventing suicide among their patients, we cannot compel them to stop

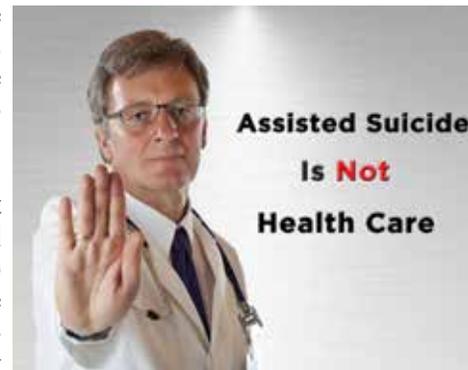
this prevention because their medical judgement and expertise—that they have applied for years—tells them not to do it. Simply put, preventing suicide remains good medicine.

Likewise, a hospital director cannot force me to perform surgery on my patient if my medical opinion tells me the surgery would be harmful. It does not mean that I sever the professional relationship with my patient, only that I exercise my professional judgement and my competence, which means to say that I am not a simple technician who will only serve to be “someone else’s hands.”

In the same way, no patient can force me to perform surgery that I consider bad or harmful, and it is understood that the minimum degree of professional consistency would prevent me from referring him to someone who would perform it in my place. I would simply tell him that it is not recommended, and he would be free to go elsewhere. If however, I were to transfer him to a colleague or health care professional knowing that the procedure I consider harmful will be conducted, it would be as though I performed it through the hands of another.

The Collège needs to recognize this logical response from physicians (palliative and other) who do not want to collaborate in paving the way toward the medically assisted death of their patients. These physicians, who are neither fanatical nor arrogant, see this intention of the state (and of the Collège) to impose on them a forced collaboration as an abuse of authority. The use of the term “ultimate compromise,” in this context, sounds a lot like “this is my final offer.” That would sooner be called an ultimatum—and the Attorney General of Canada did well to note the real intention behind the words.

In conclusion, if the Collège hopes to avoid unjust and unnecessary confrontation with qualified and attentive physicians of integrity, it should find a way not to compel them to assist in the death of their patients against their medical judgement and their professional conscience.



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Even if the new exception measures (not to read “rule”) that will soon be established in the Canadian Criminal Code allows for euthanasia or assisted suicide under certain conditions, you must remember that forcing physicians to refer—moreover to threaten them—is a sure-fire way to cause unnecessary and damaging battles for all, to cause division and spoil the collegial environment in our hospitals.

If, one day, euthanasia or assisted suicide are decriminalized, a true compromise—one that would respect everyone’s autonomy — would be something like this: let patients carry out their own wishes by putting a voluntary system in place, forcing no participants to act against their will—neither their doctors nor anyone else involved.

Marc Beauchamp, MD, FRCSC, orthopedic surgeon, Montreal

Dutch doctors can refuse to participate in euthanasia

The Dutch Medical Federation (KNMG) has affirmed the conscience rights of doctors to refuse to participate in euthanasia. *The DutchNews.NL* reported:



Dutch doctors must retain the right to refuse to help their patients to die, the doctors’ federation KNMG has told the NRC. While most doctors back euthanasia, or assisted dying, they should never be compelled to cooperate, Rutger Jan van der Gaag is quoted as saying. Euthanasia should not be something that can be forced on doctors, he said.

‘The doctor is currently an important safety catch who makes sure that reasonable alternatives [to euthanasia] are not ignored and that the drugs are not misused,’ Van der Gaag told the NRC.

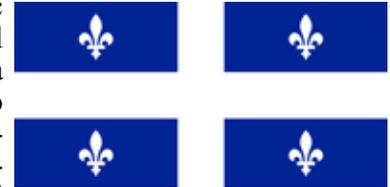
Québec doctors have been told that they must refer their patient to die by euthanasia, even if they oppose euthanasia. The Physicians Alliance against Euthanasia are fighting this decree.

Doctors in Ontario and Saskatchewan have also been told that they will have to refer their patients to death. Medical groups in Canada need to recognize that the Netherlands is not forcing doctors to kill.

Protect conscience rights in Canada at: www.moralconvictions.ca

Québec Court of Appeal approves euthanasia law

In November, the Québec Superior Court heard a legal challenge to the euthanasia law that was scheduled to come into effect on December 10, 2015. The legal challenge was brought forward by the Physicians for Social Justice and Lisa D’Amico, a woman with a disability. EPC intervened in this case.



On December 1, Superior Court Justice Michel Pinsonnault made the legally correct decision by preventing the Québec euthanasia law from coming into effect, until at least February 6, 2016; because the federal law continues to prohibit euthanasia or lethal injection.

Pinsonnault ruled that as long as the Criminal Code provisions are on the books — and it is expected Ottawa will request an extension to the Feb. 6 deadline — a Quebec physician administering euthanasia under the provincial law would be committing a crime. He ordered the suspension of the articles of the Quebec law concerning euthanasia until the Criminal Code is changed.

On December 22, the Québec Court of Appeal overturned the Pinsonnault decision in a convoluted decision that essentially granted Québec jurisdiction on these issues. The Court of Appeal relied on the fact that the federal government changed its position and was not supporting Québec having an exemption to the Criminal Code on these issues, at least until the federal government has legislated.

EPC intervened at all levels in this case. EPC continues to argue that euthanasia is not healthcare and the euthanasia law is outside of the jurisdiction of Québec.

The *Life-Protecting Power of Attorney for Personal Care* has been updated to ensure that it will protect you when you cannot make decisions for yourself.



This is a legal document that enables you to appoint someone that you trust to be your Power of Attorney for Personal Care. This document also makes clear statements concerning the medical treatment options that you need, when you are unable to make decisions for yourself. The document clearly states that you want to receive food and water, unless you are actually nearing death, and that you oppose euthanasia and assisted suicide.

This month EPC is selling the *Life-Protecting Power of Attorney* at a **special price for \$10.**

Assisted Suicide conviction upheld of former Minnesota nurse

William Melchert-Dinkel, the former Minnesota nurse, had his conviction for assisting the suicide of Mark Dryborough (32) of Coventry England upheld by the Minnesota Court of Appeals.

Melchert-Dinkel, who encouraged and counselled people to commit suicide on internet chat sites, was sentenced in September 2014 to 178 days in jail in the deaths of Dryborough and Nadia Kajouji (18) of Brampton, Ontario, Canada. The Minnesota Court of Appeals upheld his conviction for assisting the suicide of Dryborough but overturned his conviction in the death of Kajouji. The *Associated Press* reported:



Mark Dryborough

of Faribault, of assisting the 2005 suicide of Mark Dryborough, 32, of Coventry, England.

It said there wasn't enough evidence to convict the ex-nurse of the lesser offense of attempting to assist the 2008 suicide of Nadia Kajouji, 18, of Brampton, Ontario.



Nadia Kajouji

Authorities have said that Melchert-Dinkel was obsessed with suicide and hanging, and that he sought out potential victims online, posing as a female nurse and feigning compassion.

The appeals court said Melchert-Dinkel gave Dryborough detailed instructions on how to hang himself. But it said he didn't give specific instructions to Kajouji when he recommended that she hang herself. She jumped from a bridge into a frozen river in Ottawa, where she was going to college.

The *Associated Press* reported that Terry Watkins, Melchert-Dinkel's lawyer, plans to appeal the conviction to the Minnesota State Supreme Court.

The Minnesota Court of Appeals ruled that there was **sufficient evidence to convict** William Melchert-Dinkel, 53,

Assisted suicide bill dies in New Jersey

The bill to legalize assisted suicide in New Jersey (S 382) died in the Senate without going to a vote. The New Jersey Alliance reported that opposition to the assisted suicide bill solidified after New Jersey senators spoke to members of the disability community and other concerned citizens.

Kate Blisard of Not Dead Yet stated: "People are surprised to learn that all major national disability groups that have taken a position on the issue oppose the legalization of assisted suicide because the dangers of misdiagnosis, coercion and abuse put us at great risk."

Democratic Senator Peter Barnes said: "It became clear that this bill would have a detrimental impact on vulnerable populations and expose them to abuse, coercion and possible denial of health care because it costs more than suicide drugs."

It is expected that the assisted suicide lobby will concentrate its efforts in New York, New Jersey (again) and Colorado in 2016. We are also concerned about Maryland, Minnesota and the District of Columbia.

Euthanasia declaration fails at European parliament

A declaration at the European Parliament that supported euthanasia failed to garner support.

The **declaration on the dignity at the end of life** was signed by 95 MEP's in three months. The declaration that was sponsored by Elena Valenciano from Spain required the support of 751 MEP's.

The declaration called on the European Commission and the Council to identify best practices across the European Union with regard to the provision of end-of-life health services and to facilitate the exchange of those practices between EU countries, which appears innocuous except that the declaration also supported euthanasia and it equated the right to life with a right to die.

