

CARP IS NOW A PRO-EUTHANASIA ADVOCACY GROUP

The Canadian Association of Retired Persons (CARP) under the leadership of Moses Znaimer, the former owner of CITY TV, has officially become an advocacy group promoting unfettered euthanasia.

According to an article by Gloria Galloway in the *Globe and Mail*, Susan Eng, the long-time Executive Vice President of CARP was fired by Moses Znaimer based on her neutral position on euthanasia and assisted suicide and replaced by Wanda Morris, the former CEO of Dying With Dignity. According to the article:

The woman who has been the public face of Canada's leading seniors organization for the past eight years says she has been dismissed by media mogul Moses Znaimer, who is also the organization's president, because she insisted on taking a neutral approach to the emotionally charged issue of assisted dying.

Susan Eng was told on Tuesday [January 26] that she was no longer needed as the executive vice-president of advocacy at CARP Canada. She then learned on Wednesday that she was being replaced by Wanda Morris, the head of Dying with Dignity Canada, which advocates for access to phys-

ician-assisted dying and against unnecessary barriers when safeguards are being imposed to protect the vulnerable.



... "The only reason he fired me was so that they can put out an official position for CARP saying that they want to insist on assisted dying on demand," said Ms. Eng, a Toronto lawyer and former chair of the city's police services board.

Znaimer has been promoting a radical pro-euthanasia position for some time. Znaimer has written one-sided propaganda articles urging "euthanasia on demand." Znaimer also wrote an article misconstruing the Bentley case in BC, a case that concerned the issue of whether normal feeding is medical treatment.

Many seniors are members of CARP to obtain the travel, insurance and other benefits through a CARP membership. Many seniors will not renew their CARP membership or they will seek an alternative organization to attain similar benefits.

Canadian seniors need to know that purchasing a membership in CARP is actually supporting a euthanasia advocacy group.

REMEMBERING KEVIN FITZPATRICK

By Alex Schadenberg

Dr Kevin Fitzpatrick (OBE) passed away on Jan 14, 2016.

Kevin was a colleague and friend who I will always miss. I learned a lot from Kevin and I will carry those lessons with me forever.

Kevin accepted many leadership roles and he was an example of what can be done when people work together. Kevin was the director of EPC - International, the director of Hope Ireland and the past director of EPC - Europe. Kevin was also a leader with Not Dead Yet - UK acting as their spokesperson.



Kevin's professional background gave his approach to the debate on how to care for and support people with terminal and incurable illnesses and disabilities a particularly well-rounded quality. From disability (Disability Wales, Disability Rights Commission, Inclusion21, Not Dead Yet UK) to adoption (the Welsh Government's Adoption Expert Advisory Group, St David's Children's Society), not to mention five years with the Welsh Ambulance Trust, Kevin's outlook was firmly rooted in seeking answers to the question: "How can we as a society work to support and uphold the value of every person around us?" Kevin had a particular focus on the most vulnerable and marginalised.

Kevin was a communicator. Kevin wrote many articles; he did many debates; he was interviewed on countless occasions and he provided excellent speeches.

Kevin was a collaborator. Kevin's success came by activating many people who had different perspectives. Kevin

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BELGIAN 2015 EUTHANASIA REPORT: DEATHS CONTINUE TO RISE

The 2015 Belgian euthanasia data indicates that the number of euthanasia deaths continue to increase. According to the Belgian media, in 2015, there were 2021 reported deaths by euthanasia, up from 1924 reported euthanasia deaths in 2014.

But Wim Distelmans, the chairman of the euthanasia commission, reminded the media that they cannot say for certain the actual number of euthanasia deaths. Distelmans stated:

“Remember, there could be some euthanasia cases carried out but which are not declared so we cannot say for certain what the number is,”

Distelmans remarks are confirmed by research published in the *New England Journal of Medicine* (NEJM) on March 19, 2015 concerning the euthanasia practice in Belgium which indicated that:

4.6% of all deaths in 2013 in the Flanders region were euthanasia.

.05% of all deaths in 2013 in the Flanders region were assisted suicide.

1.7% of all deaths in 2013 in the Flanders region were hastened without explicit request.

First: The data uncovered significant under-reporting of euthanasia in the Flanders region of Belgium. The official 2013 euthanasia data found that 2.4% of the deaths in the



Flanders region were euthanasia, while the study examining all deaths found that 4.6% of the deaths in the Flanders region were euthanasia. Therefore, nearly half of the euthanasia deaths in the Flanders region of Belgium were not reported.

In January 2014, Dr Marc Cosyns, was quoted by *De Standaard* news saying that he never reports his euthanasia deaths, even though it is a requirement of the Belgian euthanasia law.

Second: The data uncovered a significant cultural problem with Belgian physicians hastening deaths without request. *The Associated Press* article, reporting on the NEJM study, interviewed Belgian ethicist Freddy Mortier as stating:

Mortier was not happy, however, that the ‘hastening of death without explicit request from patients,’ which can happen when a patient slumbers into unconsciousness or has lost the capacity for rational judgment, stood at 1.7 percent of cases in 2013. In the Netherlands, that figure was 0.2 percent.

There were 61,621 deaths in Flanders in 2013. The study reported that 1.7% of all deaths were hastened without explicit request, therefore it is likely that more than 1000 people died by a doctor intentionally causing their death without explicit request in 2013.

In 2014, Belgium extended euthanasia to children. Distelmans stated that there were no reports of child euthanasia in 2015.

EUTHANASIA CONTAGION - IT EXISTS!

The writer asked to remain anonymous for the privacy of the family.

My grand-mother is 95 years old. She lives in a nursing home in Belgium, and we, her family, live on another continent. Last year, she became critically ill and told us she wanted to ask for euthanasia. Her doctor was against the idea, and then her health improved. We then used technology to better stay in touch with her. After that, she stopped talking about requesting euthanasia.

This year, on her birthday a few weeks ago, when we gave her best wishes, she said that the best wish would be that

this was her last birthday. She was quite depressed after spending Christmas and New Year’s Day on her own. But we kept in touch with her, with several video calls each week. Her spirits lifted, she was happy, enthused and appeared relaxed on recent calls with her.

Today, she informs us that her only real friend at the residence, a “young woman of 75,” had requested euthanasia and her request had been approved on the basis of Parkinson’s. She is to be killed tomorrow.

My grand-mother is now extremely upset and distressed.

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She spoke about losing her only friend. She spoke of feeling alone and isolated. She spoke of the fact that maybe it was time for her to look at euthanasia again.

How many other residents in that home are feeling similarly? How many requests for euthanasia will happen in that nursing home in the next few weeks?

I have no hard data about “contagion effect,” but I see the very real impact her friend’s upcoming euthanasia has on my grand-mother.

There is no support in place for the residents. No one to speak to them, or to reassure them, other than the odd group presentation about why euthanasia is a good idea.

Meanwhile, in Canada, there is a Committee looking at how to implement “aid in dying.” And so far, we aren’t seeing anything about addressing the impact the “assisted death” of a nursing home resident would have on others, or the impact on the family left behind. We can’t let this go unaddressed.

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.**



SUPPORT FOR ASSISTED SUICIDE MAY BE A POISON PILL AT THE POLLS

A recent study by Dr Jacqueline Harvey and published by the Charlotte Lozier Institute shows that support for assisted suicide may have negative consequences for politicians who support assisted suicide.

Opposition to assisted suicide has historically been bi-partisan with more than 175 bills in 34 states and the District of Columbia since 1991 being rejected or quietly ignored by lawmakers, since there was little to indicate if constituents would reward them with votes - or if it would risk re-election by championing an issue that divides Americans virtually in half. Fortunately science may finally have some answers on how voters respond to assisted suicide at the polls.

New research out of Tarleton State University, presented at the 2016 Southern Political Science Association Conference, examines all 180 of the 2014 Vermont political races, as well as 2015 repeal efforts to determine if there were risks or rewards when vying for election associated specifically with a candidate’s position on assisted suicide. Entitled “Assisted Suicide at the Polls: Risks & Rewards Associated with Voting to Legalize Assisted Suicide vs. Maintaining the Status Quo,” the study found that a candidate’s position on assisted suicide may present potential risk for those in favour, and potential reward for those opposed.

Supporting assisted suicide reduced the likelihood of re-election for lawmakers in Vermont, the first state to pass an assisted suicide bill, Act 39 in 2013 and the only state yet to hold elections. Opposing assisted suicide presented no such risk, but may have aided challengers who unseated six pro-assisted suicide politicians - including the primary

sponsor of the bill. An endorsement from the state-level pro-assisted suicide political action committee, Patient Choices Vermont provided no reward for politicians.

Risks of losing an election were limited exclusively to those who supported assisted suicide and campaigned on this position with a total of six seats lost to anti-assisted suicide successors. Candidates opposing assisted suicide had no risk, and none were unseated by the opposition. Most notably, one of the casualties of the 2014 elections was the bill’s primary sponsor, Linda Waite-Simpson. Rather than rewarded for her efforts, she was replaced by a newcomer who opposed assisted suicide.

Furthermore, if candidates opposing assisted suicide also campaigned (like those who were pro-assisted suicide), candidates opposed to assisted suicide showed a potential reward factor of nine seats, while pro-assisted suicide candidates showed no reward factor, but the pro-assisted suicide risk factor increased to seven seats. This was statistically significant ($p=.00087$) with a strong relationship ($v=1$).

Overall, support for assisted suicide is not a winning campaign issue in Vermont. Considering the casualties, assisted suicide may even be political suicide.



Dr Jacqueline Harvey

PREVENTING EUTHANASIA AND ASSISTED SUICIDE

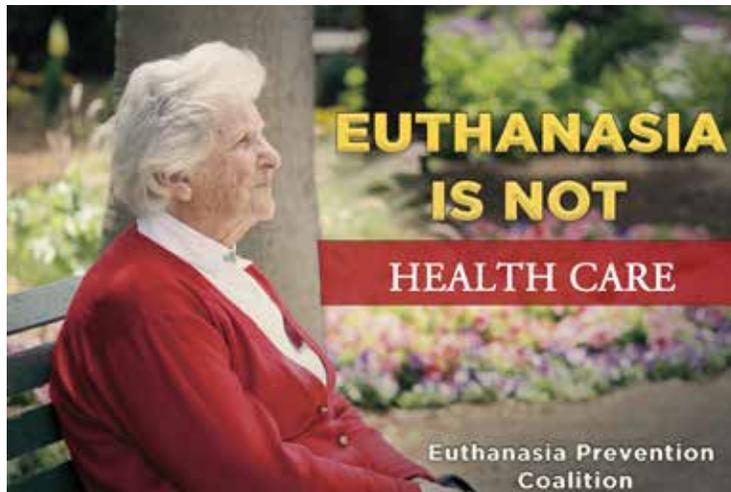
The Special Joint Committee on Physician-Assisted Dying (PDAM) heard witnesses in Ottawa to develop legislation on assisted dying. The PDAM committee heard Dying with Dignity three times, but chose not to hear from the Euthanasia Prevention Coalition (EPC), even though EPC has published expert research since 1999.

In its written submission, EPC urged Canada's parliament to prevent the abuses of euthanasia that occur in jurisdictions where assisted death is legal. Abuse of assisted death laws result in dead people.

In all jurisdictions, where assisted death is legal, the laws lack effective oversight. Each of these laws give physicians the right to decide, whether a person should die by assisted death, and each of these laws require the physician, who assists the death, to file a report, after the person has died. This system enables physicians to self-police and self-report and this system enables significant abuse of the law.

For instance, a study published in the NEJM (March 19, 2015) found that 1.7% of all deaths in the Flanders region of Belgium in 2013 were hastened without request. This means that more than 1000 deaths were intentionally hastened without request. The same study determined that nearly half of the assisted deaths were not reported.

These violations are based on the fact that physicians are given the power to self-police and they self-report after the death of the person. Based on this system, it should not surprise us that assisted death reports do not state that the



assisted death was without request and many reports are never submitted.

Belgium, the Netherlands and Québec **permit euthanasia for psychiatric reasons.** There are many controversial cases of euthanasia for psychiatric reasons. For instance:

Last June, Emily, a 24-year-old otherwise healthy Belgian woman, was approved for euthanasia for psychiatric reasons due to chronic

suicidal ideation. How can the lethal injection of an otherwise healthy woman be a "treatment" for someone who is suicidal?

Last year, an otherwise healthy 63-year old autistic man died by euthanasia in the Netherlands after becoming deeply depressed when he was retiring from his life-long work.

Euthanasia is not a form of health care. Defining assisted death as health care means that lethal injections are a form of medical treatment. Not only is this an Orwellian concept, but it also causes the extension of euthanasia. Every Canadian has a right to health care.

Further to that, defining euthanasia as a form of health care may result in physicians being coerced to participate in the act. Physicians should never be forced to participate or refer a patient to their death.

Euthanasia and assisted suicide should never be legalized, but if it is to be imposed upon Canadians, then we must prevent the abuse of the laws.

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knew that there were many reasons to oppose euthanasia and assisted suicide. He was most comfortable speaking from his personal experience with disability, but he was also incredibly effective at reaching out to multiple points of view.

Kevin was a leader. Kevin knew the direction that we needed to go and he shared his vision with those he worked with. He had a way of listening to perspectives and carefully correcting false ideas. Sev-

eral leaders shared with me how Kevin would help them and advise them in their advocacy. He was a patient leader, even when he didn't agree.

Kevin was a family man and a friend. Kevin put the needs of his family, especially his wife Fabienne, before himself. He was proud of his children, Terry, Gerry and Sue. He was sick for a long time, but he shared with me his concern for his family and placed them ahead of himself.

There are so many people who experienced Kevin, as a gifted friend and colleague in their lives. I will always be thankful for the opportunity of having him in my life.