Euthanasia Prevention Coalition

The Newsletter

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Canada's euthanasia bill provides the perfect cover for acts of murder

By Alex Schadenberg, Executive Director

Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) was tabled April 14th in the House of Commons.

In reality, the bill provides legal immunity to anyone, who kills another, while the bill fails to provide effective oversight of the law or conscience rights for healthcare professionals.

There are significant problems with the design of Bill C-14.

1. **The bill does not provide effective oversight of the law.** The bill requires approval for euthanasia or assisted suicide be done by two independent physicians or nurse practitioners, without requiring before the death oversight from an independent third-party. The bill permits the doctor or nurse practitioners that approve the act to also do the act and then also report the act.

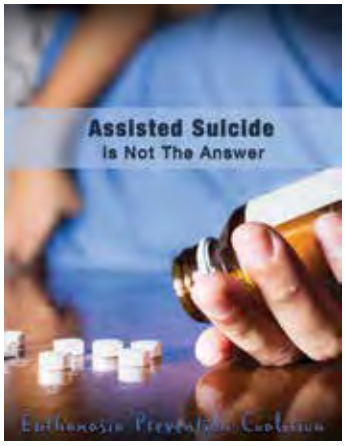
There is no effective oversight when the same person approves the injection, does the injection and then reports the injection.

2. **The bill provides legal immunity to "any person" who directly participates in the act**. Section 241(3) *provides legal immunity to any person who does anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying.* Section 241(5) *provides legal immunity to anyone who does anything, at another person's explicit request, for the purpose of aiding that other person to self-administer a substance that has been prescribed for that other person as part of the provision of medical assistance in dying.* These sections of the bill are very dangerous because they provide legal immunity to any person.

It is simply untenable that legal immunity is provided to anyone. **This bill provides the perfect cover for acts of murder.**

3. **The bill does not provide conscience protection for medical or nurse practitioners.** Medical professionals who consider killing patients as the antithesis to care are not given conscience protection. Section 241.31 requires medical and nurse practitioners to be involved in the act by requiring them to send requests for euthanasia or assisted suicide to a "designated recipient" or the Minister of Health.

4. **The bill falsely limits euthanasia and assisted suicide to people who are terminally ill.** The bill defines terminal as: *their natural death has become* ***reasonably foreseeable****, taking into account all of their medical circumstances,* ***without a prognosis necessarily having been made*** *as to the specific length of time that they have remaining.*



What does it mean that *natural death has become reasonably foreseeable*? How will that be determined if a prognosis is not necessary? This section of the bill provides an illusion of compromise and lacks any meaning.

5. **The "safeguards" are an illusion.** The bill requires a medical or nurse practitioner to: ***be of the opinion*** *that the person meets all of the criteria*. To "be of the opinion" is a very low standard.

The bill requires a medical or nurse practitioner to: ***be satisfied*** *that the request was signed and dated by the person—or by another person under subsection (4).*

To "be satisfied" is a very l ow standard. Also, section 4 enables another person to sign the request. It states anyone

*...See **Bill** on page 3*

Rallies Against Bill C-14

EPC is urging you to organize a rally at your MP's local office on **Wednesday, April 27, from 12 to 1 pm.**

Contact the Euthanasia Prevention Coalition for posters and to inform us of your rally at: **info@epcc.ca**.

Join EPC for a peaceful rally opposing euthanasia on Parliament Hill on **Wednesday, June 1 from 12 to 1:30 pm**.

The theme of the rallies are: **Caring Not Killing: Euthanasia and Assisted Suicide are not the answer**.

Ins/ght Assisted Suicide Laws and Bills are "Riddled with Falsehoods"

By John Kelly Not Dead Yet New England Regional Coordinator

The first falsehood is the phrase "end-of-life." In current practice, the "end-of-life" is the six-month period following a physician's terminal diagnosis. Yet of the millions of misdiagnoses every year, many are terminal misdiagnoses. We know this because of the thousands of people who "graduate" from hospice each year.

There are so many examples of people outliving terminal prognoses, from Ted Kennedy living a year longer than predicted to John Norton of Florence, Mass., who testified before the state legislature that when he was diagnosed with ALS, he would have definitely used assisted suicide were it available. Luckily for John, his family, and everyone who has come to know him, assisted suicide wasn't state policy, his disease process stopped, and – 60 years later! – he's urging people to reject assisted suicide.

The second falsehood is illusion of "choices." When people cannot get accurate knowledge about their condition, we cannot speak of "choices." We also cannot speak of "choices" –

- When one out of every 10 people over the age of 60 in New Hampshire is estimated to be abused every year, almost always by adult children and caregivers.
- When someone in line to inherit your estate can help sign you up, pick up the prescription, and then take action against you with no questions asked.
- When depressed people with a serious illness who mistakenly think that people will be better off without them get told that "feeling like a burden" is a rational reason to kill yourself.
- When there is no funded homecare, so families worried about the inheritance feel pressure to "choose" assisted suicide.

I was once able-bodied and had an accident, and since then I've received many "better dead than disabled" messages, right to my face and through popular culture. My own father wished that I died in the accident.

The third falsehood is the phrase "aid in dying," one of Compassion & Choices' favorite euphemisms for assisted suicide ("Death with Dignity" is the other). It's not clear exactly what "aid" means.

"Dying" reflects the fiercely maintained belief of proponents that when people are "reasonably expected" to die within six months, they are in the process of actively dying. The problem is that this is so often and so clearly untrue.

John Kelly

The fourth falsehood, according to proponents, there has never been a case of abuse out in Oregon – that's right, the first state-run program ever without a case of abuse. The only reason that no abuse is discovered is because the reports are designed that way. The only abuses we know of are ones that somehow make it to the media.

For example, Wendy Melcher died after being given massive doses of barbiturate suppositories by two nurses, one of whom was having an affair with Wendy's partner. The nurses claimed that Melcher had requested assisted suicide, but there was no doctor's prescription, Wendy did not self-administer, and the nurses never reported her death to the Oregon Department of Health as an assisted suicide.

Yet instead of referring the nurses to authorities for criminal charges, the state nursing board secretly suspended one nurse's license for 30 days and placed the other on two years "probation." It took a reporter's phone call years later to inform Melcher's devastated family that she had been killed. It seems that the very existence of the assisted suicide law turned evidence of a serious crime into an excusable mistake. The *Portland Tribune* editorialized,

"If nurses — or anyone else — are able to go outside the law, then all the protections built into the Death With Dignity Act are for naught."

The fifth falsehood is that "aid in dying" is not assisted suicide. Encouraging assisted suicide for some will encourage suicide for all. **Suicide contagion is real.** According to the Centers for Disease Control, Oregon's already high suicide rate has increased much more than the national average; from 1999 until 2010, the rate of increase for people age 35-64 was 49% in Oregon versus 28% nationally. …

The sixth falsehood is that assisted suicide is all about pain and suffering. But the five leading reasons reported by prescribing doctors solely deal with psychosocial distress about disability. First is distress about dependence on other people ("losing autonomy" 92%), second is distress over lost abilities ("less able to engage in activities making life enjoyable" 89%), followed by feelings of shame and perceived loss of social status ("loss of dignity" 79%), distress about needing help with incontinence ("losing control of

*...See **Kelly** on page 3*

...**Kelly** *from page 2*

bodily functions" 50%), and believing that suicide would leave loved ones better off ("burden on family, friends/caregivers" 40%).

Another falsehood is that "choice" belongs only to the individual. Oregonian Kathryn Judson wrote of bringing her seriously ill husband to the doctor.

I collapsed in a half-exhausted heap in a chair once I got him into the doctor's office, relieved that we were going to get badly needed help (or so I thought). To my surprise and horror, during the exam I overheard the doctor giving my husband a sales pitch for assisted suicide. "Think of what it will spare your wife, we need to think of her," he said, as a clincher.

The lives of non-"terminal" disabled people share many traits with people requesting assisted suicide, but we reject as bizarre and dangerous the notion that personal dignity is somehow lost through reliance on others. That's why for 40 years the disability rights movement has insisted on funded programs to provide necessary personal care attendant (PCA) services for all disabled people, including people disabled by their serious illness.

Assisted suicide laws set up a two-tier system, under which some people get suicide prevention services while others get suicide assistance. The difference between the two groups would be based on value judgments about so-called "quality of life." Many of us already get told, straight to our face and through medical hostility, that we might be better off dead. Legalized assisted suicide makes that prejudice official policy.

That's why every leading national disability rights group that has taken a position on assisted suicide has come out against it.

...**Bill** *from page 1*

can sign the request so long as they are: *at least 18 years of age and who understands the nature of the request.*

Bill C-14 is a Trojan horse by falsely claiming to provide clear and effective guidelines.

This bill does not provide effective oversight of the law. It does not provide conscience protection for medical professionals who oppose killing patients. It is not a harm reduction model, nor does it provide safe spaces for people who are particularly opposed to being killed by lethal injection. **This bill provides the perfect cover for acts of murder** by enabling "anyone" to directly participate in the act.

The details in this bill are incredibly dangerous for Canadians in their time of need.

EPC – USA Leaders Meeting May 23-24

Catherine Glenn Foster, lawyer, formerly with ADF and intervener in multiple US court cases. **Nancy Elliott**, EPC–USA chair and former three term representative from New Hampshire. **Peter Wolfgang**, Family Institute of Connecticut leader and key organizer to defeat assisted suicide bills. **Stephen Mendolsohn** with disability rights group Second Thoughts Connecticut has worked in coalition to defeat assisted suicide bills. **Alex Schadenberg** is the International Chair of Euthanasia Prevention Coalition.

May 23, there will be a leadership training session.

Address: 440 1st St NW, Washington, DC 20001
Time: May 23, 9:30 am – 4 pm (optional evening session)
Cost: $50 (subsidies are available)
Registration: info@epcc.ca

CARP may have skewed the results of their assisted dying poll

As a Canadian Association of Retired Persons (CARP) member, I received the link (by email) to the "assisted dying" poll on March 3. Even though CARP claimed that it was a "member poll," the poll was open to anyone. After answering the poll questions I was shocked by the radically pro-euthanasia results.

Late that evening, I checked the poll results and noticed that there were more than 5000 responses with the results remaining unbelievably one-sided.

In January, Moses Znaimer, the President & CEO of CARP, fired Susan Eng, the CARP executive VP based on her neutral stance on assisted dying and replaced Eng with Wanda Morris, the CEO of Dying With Dignity, a euthanasia lobby group.

The CARP poll: 80% supported publicly funded health care institutions, including hospices and long-term care homes to be forced to participate in assisted dying. The Angus Reid survey: 68% oppose forcing religiously affiliated hospitals and 62% oppose forcing nursing homes to participate.

The CARP poll: 85% thought waiting periods should be flexible. The Angus Reid survey found that 88% support waiting periods.

The CARP poll: 87% supporting forcing doctors to refer patients for an assisted death. The Nanos poll: 75% support doctors having the right to opt-out from participating in assisted death.

Since the CARP online poll was open to anyone (even though it claimed to be a member survey) and the Angus Reid survey and the Nanos poll were scientifically done, it seems likely that the CARP poll was skewed.

Resist falling prey to a system of legalized murder

By Charlie Lewis

Most everyone has heard of the notion that if you put a myriad of monkeys in a room with typewriters, pens, paper and computers eventually one of our simian friends would produce a work akin to Hemingway, St. Augustine or Judith Krantz.

I think what they would end up with would be closer to Bill C-14, the Liberal government's bill on euthanasia and assisted suicide — or as I call it, killing of patients — released April 14th.

As Kelly McParland wrote in the *National Post*, the only beneficiaries will be lawyers who should be able to buy a beautiful cottage or two from the legal fees that will be generated by the confusion generated by this bill.

It raises so many questions. You wonder whether adults wrote it or their young progeny during a "bring your kids to work" day. The bill is so unclear, it leaves open critical questions: Who will be considered terminal? Will a physician have the right to exercise his or her conscience and refuse to refer a patient to someone who would kill him or her? Does it allow for non-medical personnel to administer the poison?

Try to figure this cryptic clue about who is eligible:

"[N]atural death has become reasonably foreseeable (precise proximity to death is not required)."

No one can define what "reasonably foreseeable means" and nor could anyone of average intelligence or greater even begin to unravel the clause that "precise proximity to death is not required."

The one good thing we can say about Bill C-14 is that it has upset activists on both sides of the debate. That would normally be good politics because it demonstrates independent thinking on the part of the government and a refusal to pander. But in this case the government does not deserve credit.

This bill is simply inept. It does not follow the odious recommendations of its own fact-finding committee and nor does it follow the Supreme Court of Canada decision of February 2015 which declared our ban on assisted suicide and euthanasia void.

For example, the court decision allowed for the killing of psychiatric patients and those with non-fatal chronic pain. The government follows none of this.

We who have fought against the killing of patients should be happy, right? We appear to have won some battles, right?

For the most part we are not happy at all.

Most of us have said for years that any bill will be a starting point for greater calamity. A conservative, restrictive bill would grow over time as citizens became more used to it, which was the case in Holland and Belgium. A few years ago, the doctor who was the architect of Quebec's euthanasia law said the province's effort was just a beginning and over time the law would encompass more ailments and younger patients. It was awful to hear but at least honest.

Now we have been left with a mess. A good lawyer, Supreme Court decision in hand, will easily be able to challenge the "restrictions" in the new law and crush them like a bug.

For those of us fighting the killing of patients, our job will be harder. My fear is that even anti-euthanasia audiences will start to think this bill is really not so bad and that the government seemed to have listened to our concerns.

That is delusional.

The bill is the way it is because of incompetence. It leaves a giant legal vacuum in which any "violation" of the bill will easily be contested because the language is so vague.

We are going to have at some point a law that will be much broader than what the government has proposed. It may take a few years but it will happen. In the meantime, many more Canadian will buy into the lie that Bill C-14 is a perfect compromise that is safe and responsible.

By the time the law allows children, psychiatric patients and those who are simply tired of life to end their lives with state approval and assistance, most Canadians will have been lulled into a false sense of safety and simply will not notice as the beast grows.

At least a clear bill would have made it easier to fight. It might have alarmed enough people who would have resisted falling prey to a system of legalized murder.

Charlie Lewis writes a regular column for the Catholic Register and is a former reporter for the National Post.

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