

JUNE 1 RALLY ON PARLIAMENT HILL: EUTHANASIA AND ASSISTED SUICIDE ARE NOT THE ANSWER

Euthanasia And Assisted Suicide Are Not The Answer

Join the Euthanasia Prevention Coalition, the Living with Dignity Network and the Physicians Alliance Against Euthanasia for a demonstration on Parliament Hill on Wednesday June 1, 2016 (noon to 1:30 pm).

The **Supreme Court of Canada** imposed a **June 6 deadline** upon parliament to pass a bill to regulate euthanasia and assisted suicide in Canada. Parliament could follow the Supreme Court decision and still protect Canadians from euthanasia and assisted suicide.

Bill C-14 is a dangerous bill that does not protect vulnerable Canadians. **Bill C-14 provides a perfect cover for murder.**



QUÉBEC: 50 EUTHANASIA DEATHS IN 5 MONTHS NO NEW COMMITMENT TO PALLIATIVE CARE

By Amy Hasbrouck - the founder of **Toujours Vivant - Not Dead Yet**, a lawyer and EPC-Vice President.



Amy Hasbrouck

Five months after Québec's euthanasia law went into effect, about fifty people have been euthanized according to Health Minister Gaetan Barrette, according to an article by *Radio Canada* that appeared in the *Huffington Post* website.

Health Minister Barrette said the rate is normal. "Many people were waiting for the implementation of the law," said Gaétan Barrette. "I do not think we are headed to unbridled growth," he said.

that more emphasis has been placed on the roll-out of the euthanasia program than toward providing palliative care.

"We do not feel the same mobilization to increase access to palliative care," says Christiane Martel, president of the Quebec Society for Palliative Care. "The majority of people still want just comfort care at end of life."

Martel recalls that access to quality palliative care was the primary objective of the Act concerning the end of life care adopted in June of 2014.

"In palliative care, we do not see much improvement in resources. But we see a lot of resource mobilization for medical help to die."

Dr. Martel is concerned that meagre hospice care in some regions will affect the number of requests for euthanasia. "I think we must ensure that no one requests medical help to die because we did not have the proper care," she said.

Martel's colleague, Marjorie Tremblay, believes that there is a serious problem.

Some doctors who work in palliative care are concerned

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DUTCH EUTHANASIA DEATHS CONTINUED TO RISE IN 2015

The Netherlands 2015 Euthanasia report indicates that euthanasia deaths continue to increase. According to the 2015 report, there were 5561 reported euthanasia deaths in 2015 up from 5306 reported euthanasia deaths in 2014.

Since 2006, there has been a 289% increase in euthanasia deaths in the Netherlands.

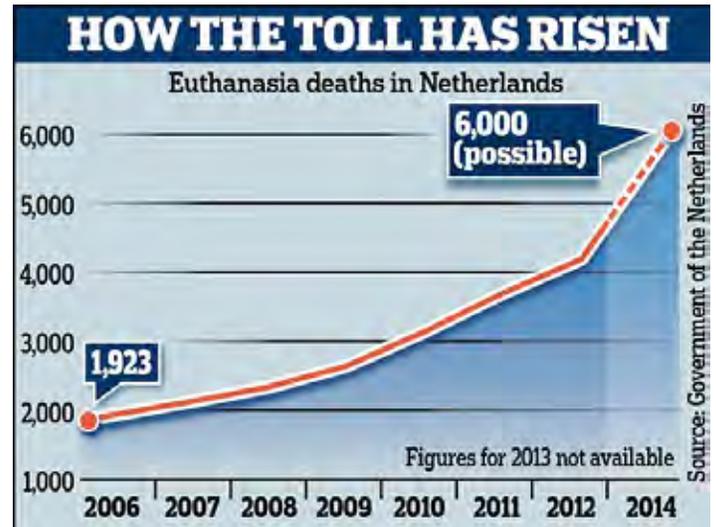
There is also an increase in the number of euthanasia deaths for people with dementia and for psychiatric reasons. There were 109 people who died by euthanasia based on dementia in 2015, up from 81 in 2014 representing a 34% increase. There were 56 people who died by euthanasia based on psychiatric reasons in 2015, up from 41 in 2014 representing a 36% increase.

Similar to the 2014 report, there were only 4 cases referred by a Regional Euthanasia Control and Evaluation Commission for investigation.

In January 2016, the Netherlands decided to extend euthanasia to people with severe dementia. The Netherlands euthanasia lobby is now lobbying the government to approve euthanasia for people who are healthy but “tired of living.”

A study that was published Feb 10, 2016 in the *Journal of Psychiatry* concerning euthanasia for psychiatric reasons in the Netherlands uncovered significant concerns. According to researcher Scott Kim:

In one EAS case, a woman who died by euthanasia was in



her 70s without health problems and had decided, with her husband, that they would not live without each other. After her husband died, she lived a life described as a “living hell” that was “meaningless.”

A consultant reported that this woman “did not feel depressed at all. She ate, drank and slept well. She followed the news and undertook activities.”

Every five years the Netherlands conducts a major study on euthanasia. The 2015 study is expected to be released in early 2017. The 2010 study was published in the *Lancet* (July 2012) indicating that 23% of all assisted deaths in the Netherlands were unreported.

NATIVE LEADERS OPPOSE EUTHANASIA AND ASSISTED SUICIDE



Francois Paulette

The chair of Yellowknife’s Stanton Territorial Health Authority Elders’ Advisory Council, Francois Paulette told *CBC News* that:

Indigenous people are bound by spiritual law, not man-made law.

Last week Jorge Barrera from *APTN News* reported that Robert-Falcon Ouellette, the Liberal MP from Winnipeg Centre, said that he will vote against Bill C-14, the bill that will legalize euthanasia and assisted suicide.

According to the *APTN News* report:

Ouellette said the federal government should work around the deadline and delay legalizing assisted death for at least

five to 10 years until it’s absolutely clear what sort of impact it would have in all corners of Canadian society.

“I think we need to take more time, especially in light of Attawapiskat,”

“I think there are communities that have this issue and if you allow, all of a sudden, this to occur...it might be very difficult,”

“I am afraid if we open this little door right now we won’t be able to fight that suicide spirit.”

Paulette spoke to the issue at a Dene leadership recently in Yellowknife.

Canada’s Native communities must organize to oppose assisted dying before Bill C-14 becomes law.

...**Quebec** from page 1

“What I see in my field every day are patients who don’t have palliative care in their area. I find it appalling!”

She believes that patients whose pain is relieved overwhelmingly reject medical help to die.

She believes Québec should develop an information campaign on palliative care. “Have you seen palliative care promoted since the implementation of the law? I have not even heard the term ‘palliative care’!”

Tremblay also deplores the confusion among some people between physician assisted dying and palliative care; they simply want to avoid suffering in the dying process. “Some people are afraid they will be given the lethal injection if they come into palliative care,” she said.

Health Minister Barrette believes their findings are exaggerated. “I do not think people say, “If I don’t get a palliative care bed, I will ask for medical help to die!” I am convinced that it does not happen,” insists Barrette.

He says that with few exceptions, the number of palliative care beds in institutions is sufficient. Improvements need to be made, for example, in the Shawinigan area and in eastern Montreal.

However, the minister admitted that home-based palliative care services must be improved. Currently, about 11% of Quebecers end their days at home. Quebec wants this number to increase to 22% within 5 years.

EPC needs you to contact Canadian senators and members of Parliament with concerns about Bill C-14. The Senate has the ability to amend or defeat Bill C-14.

JEAN ECHLIN TO THE MINISTER OF JUSTICE

As a nurse consultant for 36 years in palliative care & gerontology, I believe that hospice palliative care for every Canadian must be the priority.

How dare we ask our doctors and nurses to put patients to death when a safer option exists. Healthcare providers must never assume the role of killers or refer to another who will provide the “death management.” Trust and legal issues will make more problems for our sick and elderly.

Abuse of the elderly and “copycat” suicides will increase. If economics are driving this movement and if we are honest cost-savings will be an outcome, we are a society bereft of moral and ethical values.

Just study the statistics from Belgium and you will understand the fatal results of this death promotion. A study published in the *New England Journal of Medicine* found that in 2013, more than 1000 deaths were hastened without explicit request and more than 2800 died by euthanasia in Belgium. Does that promote a feeling of safety and security when we require acute or chronic care? Certainly many will fear institutional admission when the future reveals the magnitude of the coming “death tsunami.”

I fear that “the True North strong and free” is no longer a democracy if those who help us get cures and stay well are also denied their conscience rights. Please think how you would feel if the government stripped you of your rights and freedoms under our Canadian Charter? Would you quietly acquiesce or demand fair treatment under your Charter Rights? Please consider these thoughts.

Jean Echlin RN, MScN President - Euthanasia Prevention Coalition

CONTACT A SENATOR OR A MEMBER OF PARLIAMENT



EPC needs you to contact Canadian Senators and Members of Parliament with concerns about Bill C-14. The Senate has the ability to amend or defeat Bill C-14.

Hugh Scher and Amy Hasbrouck represented (EPC) before the House of Commons Committee on Justice and Human Rights, and

Hugh Scher and Alex Schadenberg presented to the Senate Legal and Constitutional Affairs committee.

Contact the Members of the Senate by googling: Current Canadian Senators

Write letters to the Members of Parliament and Senators and mail (postage free) when sending to these addresses:

(Name) Member of Parliament
House of Commons
Ottawa Ontario K1A 0A6

Senator (Name)
Senate of Canada
Ottawa Ontario K1A 0A4

The Euthanasia Prevention Coalition is organizing a rally on Parliament Hill on Wednesday, June 1 from 12 noon to 1:30 pm under the theme: Euthanasia And Assisted Suicide Are Not The Answer.

NEW YORK COURT VICTORY NO RIGHT TO ASSISTED SUICIDE

This article was published by Not Dead Yet (NDY) on May 3, 2016.

A clear and welcome ruling came down Tuesday, May 3rd, from the NY Appellate Division in an assisted suicide case in which NDY filed a friend-of-the-court brief joined by ten other national and state disability organizations. The Court found no constitutional right to assisted suicide. Below is an excerpt from the 36-page decision:

[P]laintiffs rely on two papers that purport to offer empirical evidence that Oregon's Death with Dignity Act, now in effect for over 20 years, has not invited the fears articulated by people opposed to aid-in-dying, such as an adverse impact on vulnerable populations, and the difficulty in distinguishing whether a wish to end one's life is driven by a desire to control one's death, clinical depression, or something else. However, even were a finder of fact to determine that aid-in-dying is "workable," the issue before us transcends mere practical concerns. As the Supreme Court stated in *Glucksberg*, a state's interest in preserving human life "is symbolic and aspirational as well as practical" (521 US at 729), favorably quoting the New York State Task Force, which observed:

'While suicide is no longer prohibited or penalized, the ban against assisted suicide and euthanasia shores up the notion of limits in human relationships. It reflects the gravity with which we view the decision to take one's own life or the life of another, and our reluctance to encourage or promote these decisions.' 131-132 (id.).

... We find that, even giving plaintiffs the benefit of every

reasonable inference, they have not presented sufficient allegations to suggest that the Penal Law has an implicit carve-out for aid-in-dying, or that, notwithstanding the precedents on the matter, the constitutionality of aid-in-dying is ripe for judicial reconsideration.

*The issue before us unquestionably presents a host of legitimate concerns on both sides of the debate. As discussed above, plaintiffs present some compelling reasons for making aid-in-dying a legitimate option for those suffering from terminal illness. At the same time, the New York State Task Force on Life and the Law in 1994 "unanimously recommend[ed] that New York laws prohibiting assisted suicide and euthanasia should not be changed" (see Task Force, *When Death Is Sought: Assisted Suicide and Euthanasia in the Medical Context* [May 1994]). The Task Force based its view on the risks that could be presented to the elderly, poor, socially disadvantaged, and those without access to good medical care; and the role of treatable symptoms such as pain and depression in creating a desire for lethal medications. It also noted that most doctors lack a sufficiently close relationship to their patients to appropriately evaluate a request for help in ending life, and expressed the concern that it could open the door to euthanasia of those incapable of giving consent. We are not persuaded from the record before us that, even though society's viewpoints on a host of social issues have changed over the last 20 years, aid-in-dying is an issue where a legitimate consensus has formed.*

VICTORY: NEW HAMPSHIRE ASSISTED SUICIDE STUDY BILL DEFEATED

Nancy Elliott, Chair of EPC-USA, reported that the New Hampshire (NH) assisted suicide/euthanasia study bill SB426 was clearly defeated by a bi-partisan vote 174 - 123. Elliott warned NH citizens that SB426 was a Trojan horse designed to lead to the legalization of assisted suicide and possibly euthanasia in NH. Elliott, a former three-term NH representative, stated in a recent article:

We have studied this topic extensively in NH. This bill [in its original form, without the proposed House amendment] talks about end of life choices, but singles out "Aid in Dying" – a euphemism for assisted suicide and euthanasia. It is apparent that the "choice" that this bill wants to promote is suicide. By rolling this into a commission stacked with pro-euthanasia people, this idea can be foisted on the citizens of NH. It gives a platform for pro-assisted suicide/euthanasia advocates to have a platform to push this with.

While in the NH State House, [I saw] that these commissions used their power to bring in huge hybrid bills and push things on the state that are not necessarily vetted well by legislators, only [by] commissions stacked with what they call stakeholders, generally supporters of extensive changes to our laws.

Elliott recently explained why assisted suicide is so danger-

ous: Assisted suicide/euthanasia is abusive in its very nature. To suggest that someone kill themselves is abuse, and that is exactly what we do when we put these laws in place. [Assisted suicide] laws are ripe for elder abuse. Generally, your heir can sign you up [for advance directives] and speak for you. There is no witness required at the death, so if the lethal dose was given against the patient's will, no one would know. And then the death certificate is falsified to say the person died of natural causes, leaving any prosecution for wrongdoing impossible. It is also aimed at people with disabilities. While young healthy people are counseled against suicide, people with disabilities are encouraged to commit suicide. Think about it: just having a doctor or nurse suggest that you might want to consider suicide is abusive.

Another huge problem is that doctor predictions [about life expectancy with terminal illness] can be wrong. Many people live years and decades after they were told there was no hope... In Oregon, where assisted suicide is legal, state-run Medicaid Insurance has denied coverage for medical treatment while offering to pay for a lethal dose of drugs. This should send a chill up all our spines. Oregon also seems to be showing signs of suicide contagion; rates have risen since legalization. Assisted suicide/euthanasia are dangerous public policy and should be rejected.