

CANADIAN LETTER WRITING: PROTECTING CONSCIENCE RIGHTS FOR MEDICAL PROFESSIONALS

The [College of Physicians and Surgeons of Ontario](#) has decided that physicians who refuse to participate in euthanasia or assisted suicide must refer their patients to a physician who will. They have decided that physicians do not have conscience rights.

Other provincial Colleges of Physicians and Surgeons are also debating forcing physicians to participate in assisted death by requiring them to refer patients for euthanasia or assisted suicide.

A recent [article by two bioethicists](#) argues that medical professionals do not have conscience rights.

Some physicians are saying that they will move to a jurisdiction that upholds conscience rights or retire from medicine if they are forced to refer patients to death.

The [Coalition for HealthCARE and Conscience](#) responded by launching a court case to protect conscience rights for medical professionals in Canada. We need to support our physicians.

Doctors in the Netherlands and in [Oregon](#), where assisted death is legal, are not being forced to refer their patients for assisted death.

We need you to write a letter about your concerns, fears, or personal reaction to the attack on conscience rights for medical professionals.

- Are you concerned that you might be encouraged to die by assisted death when you are at a low time of your life?
- Are you concerned that a friend or family member may die by assisted death, when they are at a low time of their life, even though they would normally not consider death by lethal dose?
- Based on your health condition, do you fear subtle or overt pressure to assisted death?
- Do you feel safer if your physician is not complicit with assisted death?
- Do you believe that physicians' conscience rights should be protected?

Other important points to consider:

- Conscience rights for healthcare workers protect patients when they are living with depression and experiencing challenging health conditions.
- Conscience rights provide health professionals with the legal and moral ability to provide caring options rather than killing their patient.

The letter needs to be simple and straight forward.

SAMPLE LETTER:

(do not copy)

To whom it may concern,

I am an elderly Canadian who is concerned that with the legalization of assisted dying I may someday be subtly pressured to die a premature death.

My physician told me that he/she will not participate in euthanasia and assisted suicide. This comforts me.

Please protect my right to have a physician who shares my values.

You must sign the letter with your address, phone number and e-mail address.

Send your letter to:

Euthanasia Prevention Coalition

Box 25033, London Ontario N6C 6A8

We will share your letter with the legal team who are working to protect conscience rights for medical professionals in Canada.

CHILD EUTHANASIA: THE YEAR THEY DID THE UNTHINKABLE

Paul Russell, Director, [HOPE Australia](#)

Hot on the heels of the news of the first reported case of euthanasia for a minor in Belgium comes the news from Holland that a “centre for euthanasia in children” is expected to open in that country within 12 months. Dutch Health Minister, Edith Schippers earmarked 400,000 euros in May of this year for a study on the matter.

What is it they say about an inquiry? Never start one unless you know the answer beforehand?

The case in Belgium was announced to the world by Wim Distelmans who is head of the Belgian Euthanasia Evaluation Commission. Distelmans seems to be involved in all of the “ground breaking” cases and is certainly something of a rock star in his country.

The initial reports did not mention the age of the minor concerned. Later reports said that the person was 17. Not that far from reaching his or her majority, one might say. But, prior to the law change in 2014, this euthanasia case would have been entirely verboten.

But even at that time, the initial wedge was beginning to widen further with at least one Dutch pediatric oncologist admitting that the pending changes would simply legalize what was “already happening informally.”

There is a little more to the history of the question of child euthanasia that is sobering and worth considering.

Canadian Belgium-born professor, [Trudo Lemmens](#), notes that consideration was given in Belgium to the inclusion of euthanasia for children in the initial legislation in 2002. He says that, “children were explicitly excluded from the ambit of the original law because, ‘it was deemed so controversial that including it may have threatened approval of the Euthanasia Bill.’” He noted that even the amendment to allow euthanasia for children that passed in 2014 was considered so controversial that it was amended at the last minute to require parental approval so that its passage into law could be secured.

Euthanasia for dementia cases was mooted along with the 2014 child euthanasia discussion but also dropped, presumably because the debate in that area had not been sufficiently explored or, like in 2002, its inclusion may have jeopardized child euthanasia becoming law.



And there’s more. The Dutch have been engaging in a public debate about extending euthanasia to people who think they have “completed life.” Frustratingly, the debate has not been so much about whether or not this category of person is acceptable for the lethal dose, but rather about where the line should be drawn. Should it be at 80, 75 or 70 years of age?

And so, any child in Belgium can request euthanasia; there is no age restriction, only parental consent is

required. One wonders, as many dissenting pediatricians and oncologists in Belgium did, what that consent looks like and whether a small child can really understand the gravity of such a decision.

It remains to be seen what formula the Dutch will adopt. They already have a tiered approach with children over the age of 12 able to die by lethal injection with parental consent and children over the age of 16 with parental notification.

Neonates are also covered under the Groningen Protocol which allows for newborns with a disability to be euthanized. To my knowledge, this protocol has never been formally approved by the Dutch lawmakers. In recent years, the number of children being killed this way has fallen significantly—mostly due (one suspects) to the advent of universal prenatal screening.

I wrote at the time of the Belgian child euthanasia debate about what I saw as the insurmountable difficulties inherent in a conversation with a child about euthanasia. If the Dutch media report is correct and the new approach will be accompanied by the creation of a “centre for euthanasia in children,” this adds significant difficulty, in my view, to any child’s ability to process the idea of being euthanized and to express his or her reservations.

Are we talking about what we would call a “walk up” clinic where a sick child can be brought by his or her parents for a consultation? Are we talking about a facility with beds that a child may be moved to ahead of the “procedure”? Who knows. Either way, informed consent without coercion—implicit or explicit—cannot be guaranteed and, I believe, is not actually possible at all.

But consent has not been a primary concern in recent years in either country. It really is all about the elimination of suffering by eliminating the sufferer.

DON'T EUTHANIZE ME

By Christine Nagel

For years, I warned my children to steer clear of tattoo parlors, and now at 81 years old, I have had to resort to one myself. Bill C-14 makes it legal for us to play God and to make decisions over life and death ourselves. Assisted suicide is promoted as the most dignified way to treat an aging population—humanely, painlessly and without the need for suffering. Financially, it will become the salvation to our overburdened health care systems.

Our Government and Supreme Court do not of course mention anything about money, but they do warn us that within a few years, seniors will outnumber the rest of the population and will need an army of caregivers to cope with them. That will be costly. Inevitably, euthanasia will become a more “socially acceptable” way to solve this problem than, for example, Hitler’s “Final Solution.”

...So to understand this message clearly, read my shoulder!

If you don't like tattoos, EPC will mail you a free wallet-sized “DO NOT KILL ME” card.

Please contact us for more information.



DO NOT KILL ME

I Oppose Euthanasia
and Assisted Suicide

EUTHANASIA: THE RISK IS TOO GREAT AND THE CONSEQUENCES ARE FINAL

The New Zealand Medical Association (NZMA), representing 5500 medical professionals, [opposes changing the law to allow euthanasia](#).

Stacey Kirk with [Stuff New Zealand](#) reported that Dr. Stephen Child, chair of the NZMA, said:

The scope for error was too large when weighed against the outcome. This is an irreversible decision in which the consequences are final.

Dr. Child stated that doctors are not always right in forming a patient's prognosis. According to [Newshub](#), Dr. Child said:

10 to 15 percent of diagnoses are incorrect, and 3 percent of diagnoses of cancer are incorrect. We're not always right in diagnosis, and we're not always right in prognosis. In principle and in practice, the Association does not support a change in the legislation.

Dr. Child told Stacey Kirk of [Stuff New Zealand](#):

We also believe in the right of the administration of ... pain relief and



other medications, for the purpose of relieving pain and suffering, even if the secondary consequence of that treatment may hasten death,

Decisions however are often influenced by circumstance, by fear of what the future might hold, by concern for loved ones and by societal expectations, which can cause direct and indirect coercion in decision-making.

[Radio New Zealand](#) reported Not Dead Yet Aotearoa's statement to the health committee:

People with disabilities suffer from negative attitudes, and voluntary euthanasia would add to that.

The New Zealand Parliament's Health Select Committee is hearing oral submissions based on more than 1800 responses from New Zealanders and organizations on the issue of euthanasia, out of a record of 21435 submissions.

THE ISMA OPPOSES ASSISTED SUICIDE

The [Indiana State Medical Association](#) formally opposed assisted suicide after a debate at their annual convention. According to [ABC 21Alive](#) in Indiana:

The Indiana State Medical Association says the topic was debated at the annual convention. The Association says this was by far the most debated resolution discussed. So much so the meeting went well over the scheduled time due to the many physicians that wanted to speak out against the practice. ...proponents of the practice said it would decrease healthcare costs at the end of life. They also said it would help patients who commit suicide to die in a more peaceful manner.

Opponents of the practice said medical professionals should focus on providing care and comfort, not be a source of lethal drugs. They also suggested the practice might lead insurance companies to lean towards lethal drugs over treatment due to cost.

Sadly, many physicians consider a cost/expense analysis when making life and death decisions.

ATTEND THE EPC 2016 EUTHANASIA SYMPOSIUM

On Saturday October 29, 2016, EPC is hosting the 2016 Euthanasia Symposium at the [Best Western PLUS Waterfront Hotel](#), 277 Riverside Drive West in Windsor, Ontario (easy access to the Detroit airport). Book your hotel room by calling the Best Western at: 519-973-5555.

The Symposium begins at 9 am and ends at 5 pm, followed by a dinner at 6 pm honoring Jean Echlin.

Symposium registration is \$50. The cost to attend dinner is \$50. To attend both the Symposium and the dinner it is \$90.

You can register by calling EPC at 1-877-439-3348 or e-mail us: info@epcc.ca.

The honorary dinner is at the [Giovanni Caboto Club](#), 2175 Parent Ave. in Windsor (Da Vinci room).

Jean is a past director of the Hospice of Windsor, a winner of the Dorothy Ley Award of Excellence in Hospice Palliative Care and the founding VP of EPC.

Speakers at the 2016 Symposium include:

Catherine Glenn Foster, a lawyer and EPC USA Director, Nancy Elliott, Chair, EPC USA, Kevin Dunn of DunnMedia, Diane Coleman, President, Not Dead Yet, Amy Hasbrouck, founder of the disability rights group *Toujours Vivant*—Not Dead Yet, Dr. Kathy Pfaff, University of Windsor Faculty of Nursing, Aubert Martin, Director, *Vivre dans la Dignité* and Alex Schadenberg, Executive Director, EPC.

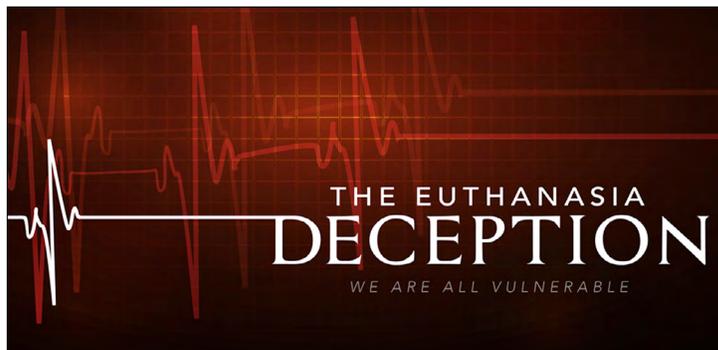


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THE EUTHANASIA DECEPTION DOCUMENTARY

EPC has already sold more than 500 copies of *The Euthanasia Deception* documentary.

Purchase the DVD by calling 1-877-439-3348 or e-mail info@epcc.ca. The cost is \$30 for one DVD, \$100 for 4 and \$200 for 10.

The 52-minute documentary features powerful testimonies from Belgium and Canada, exposing the three main deceptions used by the euthanasia lobby:

1. Euthanasia and assisted suicide are falsely promoted as a form of compassion or mercy.
2. Euthanasia and assisted suicide are falsely promoted as a form of autonomy.
3. The myth that safeguards can protect people.

The film features Professor Tom Mortier, a Belgian man whose depressed mother died by euthanasia, Hendrik Reitsma, whose granddad died an assisted death without request in the Netherlands, Dr. Catherine Dopchie, a Belgian palliative care physician, Dr. Benoit Beuselinck, a Belgian oncologist and palliative care physician, Carine Brochier, coordinator of the European Institute of Bioethics, Professor Etienne Montero, Dean of the Faculty of Law at the University of Namur in Belgium, Kristina Hodgetts, a nurse who speaks about her experience with assisted death in Canada, Lionel Rosemont, a Belgian man whose daughter lives with significant disabilities, Amy Hasbrouck, a lawyer and disability rights leader in Québec, Mark Pickup, a disability rights activist in Alberta, Steve Passmore, a disability rights activist in Ontario, and Alex Schadenberg, EPC International Chair.

EPC and [DunnMedia](#) have launched an interactive website with resource materials: CaringNotKilling.com.

We are all vulnerable at different times in our lives. This documentary is a dire warning for Canada and the rest of the world. If you have not done so already, order it today.