

## EUTHANASIA ADVOCATE CHANGES HER MIND AFTER WATCHING *THE EUTHANASIA DECEPTION*

By Alex Schadenberg

I met Shane Johnston at a training session that EPC organized in Washington DC. Shane came to the event because he wanted to share with us his gratitude concerning his grandmother, who had been a member of the Hemlock Society, a group that is now known as Compassion & Choices. He told us that his grandmother changed her mind after watching *The Euthanasia Deception* documentary.

We produced a [video interview](#) of Shane Johnston speaking about his grandmother's change in perspective. Shane stated in the interview:

*My grandmother has a deep fear of death. She has a deep fear of going through the type of pain that she saw her mother go through and I think it was these things that motivated her to become a sponsor of a group of people in this country whose sole purpose is to perpetuate euthanasia in our country. It's called the Hemlock Society (now known as Compassion & Choices).*

*So we're sitting there watching this program called The Euthanasia Deception. By watching this program, from the start of the program to the end she flipped 180 degrees about her view about euthanasia.*



Shane and his grandmother.

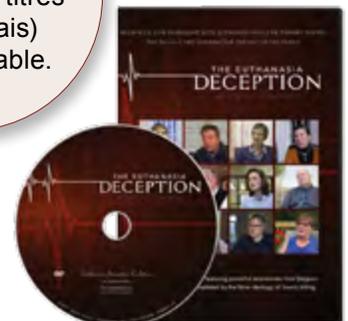
*My grandmother is the most important person in my life. She has been from a very young age, She filled in a parental role...and for me to know that she is not going to seek out to end her life is a tremendous comfort for me.*

### THE EUTHANASIA DECEPTION

A 54-minute documentary featuring powerful testimonies from Belgium, Canada and beyond, exposing the deceptions used by the euthanasia lobby.

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## OREGON 2016 ASSISTED SUICIDE REPORT

The 2016 Oregon annual assisted suicide report is similar to prior years. The report implies that the deaths were voluntary (self-administered), but the information in the report does not address that subject.

According to the 2016 Oregon assisted suicide report.

- There were 133 reported assisted suicide deaths.
- There were 204 lethal prescriptions obtained.
- There were 8 deaths from “other illnesses” which included illnesses such as diabetes, hepatitis and alcoholic liver disease.

### **There may be more assisted suicide deaths.**

According to the 2016 Oregon report, the ingestion status was unknown in 10 of the deaths, up from 5 in 2015.

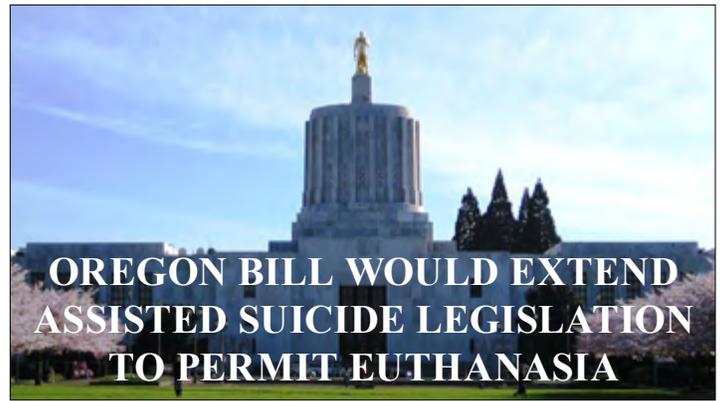
The report states that numbers are excluded when the ingestion status is unknown since they do not know whether or not the person died by assisted suicide. It is possible that some or all of the 10 unknown deaths were assisted suicides. These deaths could represent unreported assisted suicide deaths.

### **Oregon’s assisted suicide law lacks effective oversight.**

The Oregon law enables two doctors to approve death by assisted suicide. There is no further oversight once the prescribing physician writes the lethal prescription. The prescribing physician was present at the assisted death in only 13 of 133 reported deaths in 2015, creating the opportunity for an heir, or someone else who will benefit from the patient’s death, to administer the lethal dose. “Even if he struggled, who would know?”

After the person dies by assisted suicide, the physician who prescribed the lethal dose is required to submit a report. The information in the annual reports are based on the data self-reported by the doctors who prescribe the lethal dose. The physician is rarely at the death but they are required to self-report. This means the system enables abuses of the law to be covered-up. Doctors will not self-report abuse of the law.

Legalizing assisted suicide gives physicians the power over life and death. It is the physician who decides, it is the physician who prescribes the lethal dose, and it is the physician who is required to self-report the act to the Oregon Health Authority.



The Oregon Senate is currently debating [Bill 893](#) that would expand assisted suicide to incompetent people who stated in an advanced directive, while competent, a wish to die by lethal drugs. The bill also expands the assisted suicide law to euthanasia.

Senate Bill 893 states:

*Section 3. An expressly identified agent may collect medications dispensed under ORS 127.815 (1)(L)(B)(ii) and administer the medications to the patient in the manner prescribed by the attending physician if:*

- (1) The patient lawfully executed an advance directive in the manner provided by ORS 127.505 to 127.660;*
- (2) The patient’s advance directive designates the expressly identified agent as the person who is authorized to perform the actions described in this section;*
- (3) The patient’s advance directive includes an instruction that, if the patient ceases to be capable after medication has been prescribed pursuant to ORS 127.800 to 127.897, the expressly identified agent is authorized to collect and to administer to the patient the prescribed medication;*
- (4) The medication was prescribed pursuant to ORS 127.800 to 127.897; and*
- (5) The patient ceases to be capable.*

The bill enables the doctor to administer the “medications” to the patient. To administer a lethal dose requires the legalization of euthanasia.

The Oregon Senate is also debating [Bill 494](#), a bill that appears to simply replace the current advanced directives legislation, but in fact it is designed to encourage the withholding or withdrawal of nutrition and hydration (food and water) from people who are incompetent but not dying.

Compassion & Choices appears to be expanding Oregon’s assisted suicide program to incompetent people and to euthanasia (lethal injection) through the back door.

# ASSISTED SUICIDE CAN BE A SLOW AND PAINFUL DEATH

In October 2012, Ezekiel Emanuel wrote an article titled, *Four Myths About Doctor-Assisted Suicide* that was published in *The New York Times*. In the article, Emanuel explains why assisted suicide is not necessarily a, “Good Death.” Emanuel wrote:

*The last misconception about assisted suicide is that it is a quick, painless and guaranteed way to die. But nothing in medicine—not even simple blood draws—is without complications. It turns out that many things can go wrong during an assisted suicide. Patients vomit up the pills they take. They don’t take enough pills. They wake up instead of dying. Patients in the Dutch study vomited up their medications in 7 percent of cases; in 15 percent of cases, patients either did not die or took a very long time to die—hours, even days; in 18 percent, doctors had to intervene to administer a lethal medication themselves, converting a physician-assisted suicide into euthanasia.*

Recently, *Kaiser Health News* published an article promoting a new assisted suicide drug cocktail. The article explains a few of the horrific details associated with current assisted suicide drugs.

*The first Second drug alternative turned out to be too harsh, burning patients’ mouths and throats, causing some to scream in pain. The second drug mix, used 67 times, has led to deaths that stretched out hours in some patients—and up to 31 hours in one case.*

In other words, in the past few years some assisted suicide deaths have been horrific. Dr. Carol Parrot, an assisted suicide doctor in Washington State explains:

*Concerns about the overly long deaths surfaced last summer. Nearly all of the problems occurred in patients already taking high doses of opiates.*



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*“We run into patients who are so tolerant or dependent on narcotics that even the astronomically high doses of oral narcotics in our prescription do not stop them from breathing,” she said.*

*If patients have diseases that slow or alter normal organ function, it can affect the speed and amount of drugs absorbed in the small intestine, metabolized in the liver and sent to the rest of the body. Very large patients, too, may require larger doses.*

*Deaths aren’t required to be supervised, and no doctor was present with the unidentified patient who took 31 hours to die, so doctors would only be speculating about the reason, Parrot said.*

The article concluded by informing the reader that:

*KHN’s coverage of end-of-life and serious illness issues is supported by the [Gordon and Betty Moore Foundation](#).*

We need society to be committed to caring for, not killing people.

**SAVE THE DATE:**

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EUTHANASIA SYMPOSIUM**

**Saturday October 28, 2017**

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## CANADIAN DOCTORS ARE ASKING TO HAVE THEIR NAME REMOVED FROM “EUTHANASIA LIST”

An article by Sharon Kirkey published in the *National Post* explains that, as of February 17, there were 137 Ontario doctors who were on the list of those who will euthanize their patients, but 24 asked to be removed and another 30 asked to be temporarily off the list.

Euthanasia was officially legalized on June 17, 2016 in Canada. Over 8 months, it is clear that Canadian doctors are struggling with euthanasia.

Jeff Blackmer, the Canadian Medical Association’s Vice President of Medical Professionalism stated:

*For some doctors, the act is simply too distressing.*

*“...we’re seeing doctors who go through one experience and it’s just overwhelming, it’s too difficult,*

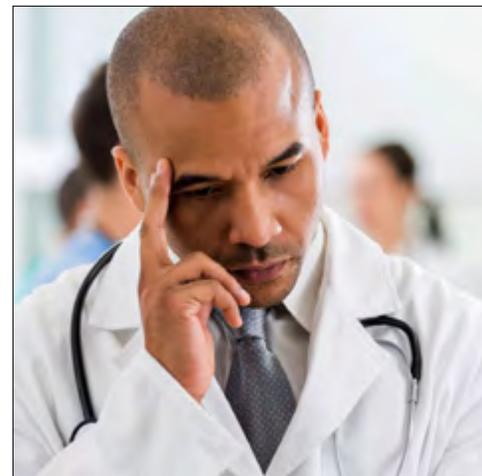
*and those are the ones who say, ‘take my name off the list. I can’t do any more.’”*

Meanwhile, the College of Physicians and Surgeons of Ontario (CPSO) has stated physicians who oppose euthanasia are required to “effectively refer” patients to a doctor who will kill their patient.

Doctors who are unwilling to kill their patients are also unwilling to refer their patient to the executioner.

The Coalition for HealthCare and Conscience is challenging the CPSO to protect conscience rights for all medical professionals.

We believe that it is natural that doctors are uncomfortable with killing their patients. Killing another



human being is counter-intuitive to our human nature.

It is incumbent upon our culture to reject killing and commit ourselves to caring for people. Death with dignity is not attained by a lethal injection; it is attained by dying comfortably within a community of caring and supportive people.

## MURDER OF WOMAN WITH DEMENTIA LEADS TO DEMAND FOR MORE EUTHANASIA

The alleged murder in Montréal of a woman with dementia has led to renewed pressure by the euthanasia lobby to extend “MAID” to incompetent people.

Michel Cadotte allegedly killed his wife, Jocelyne Lizotte, because they had been refused death by euthanasia. Cadotte has been charged with second degree murder.

In response to this death, the euthanasia lobby is pressuring the government to extend euthanasia to people who are incompetent, such as those with Alzheimer’s or dementia, if they previously state a wish to die by euthanasia.

If euthanasia (death by lethal injection) is extended to incompetent people, how would it be possible to determine whether or not someone has changed their mind?

Recently, a woman in the Netherlands who stated, while competent, that she wanted euthanasia, died by euthanasia without consent. According to the article in the *Daily Mail*:

*The doctor secretly placed a soporific in her coffee to calm her, and then had started to give her a lethal injection.*

*Yet while injecting the woman she woke up, and fought the doctor. The paperwork showed that the only way the doctor could complete the injection was by getting family members to help restrain her.*

*It (the paperwork) also revealed that the patient said several times ‘I don’t want to die’ in the days before she was put to death, and that the doctor had not spoken to her about what was planned because she did not want to cause unnecessary extra distress. She also did not tell her about what was in her coffee as it was also likely to cause further disruptions to the planned euthanasia process.*

The Alzheimer Society of Canada disagrees with extending euthanasia to incompetent people. According to the *CBC News report*, the Alzheimer Society of Canada stated that they do not support euthanasia for incompetent people. According to the statement:

*...people can live with dementia for longer than ten years, and in that time, they may change their mind on doctor-assisted death.*

*The statement says it’s difficult or impossible for caregivers “to know what the person with dementia comes to value over time, especially if those values are at odds with previously expressed desires.”*

*Instead of calling for a broadening of the laws, the organization is calling for better palliative care in Canada.*

Legalizing euthanasia gives the power to kill to physicians. No one should have the legal power to kill.