

Conscience Rights Victory for Vermont Health Professionals After Pro-Suicide Group Drops Appeal

This article was published by Alliance Defending Freedom on May 23, 2017.

Rutland, Vermont—A pro-suicide group has dropped its appeal of a [federal court's decision](#) which affirmed that a Vermont law can't be interpreted to require pro-life health professionals to counsel or refer patients for assisted suicide. As a result, the U.S. Court of Appeals for the 2nd Circuit officially [dismissed](#) the appeal Monday, thus ending the case.

The withdrawal of the appeal by Compassion & Choices leaves in place a [consent agreement](#) between physician groups and the Vermont Attorney General's office, which agreed that the court was correct in deciding that the state's Act 39 does not force conscientious professionals to ensure all "terminal" patients are informed about the availability of doctor-prescribed death. "Vermont health care workers just want to act consistently with their reasonable and time-honored convictions without fear of government punishment," said ADF Senior Counsel Steven H Aden, who argued before the U.S. District Court for the District of Vermont [in November of last year](#) in *Vermont Alliance for Ethical Healthcare v. Hoser*. "Conscientious Vermont healthcare professionals are in agreement with the state that the law doesn't force them to participate in this heinous process, and they are pleased that the nation's foremost advocate of assisted suicide, Compassion & Choices, has abandoned its effort to force them to do so."



Vermont Alliance for Ethical Healthcare

Alliance Defending Freedom attorneys and ADF-allied attorney Michael Tierney represent the Vermont Alliance for Ethical Healthcare and the Christian Medical and Dental Association, groups of medical professionals who wish to abide by their oath to "do no harm."

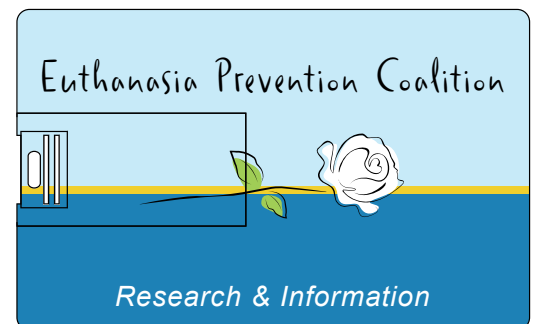
Act 39, Vermont's assisted suicide bill, passed with a very limited protection for attending physicians who don't wish to dispense death-inducing drugs themselves, but state medical licensing authorities construed a separate, existing mandate to counsel and refer for "all options" for palliative care to include a mandate that all patients hear about the "option" of assisted suicide. For that reason, the groups representing pro-life health professionals filed suit.

The court ruled that the groups lacked a legal right to bring the lawsuit because the law actually doesn't force them to act contrary to their conscience—a finding that Compassion & Choices initially opposed. The dismissal of the appeal leaves Vermont healthcare professionals free to "do no harm" without fear of retaliation for their pro-life views.

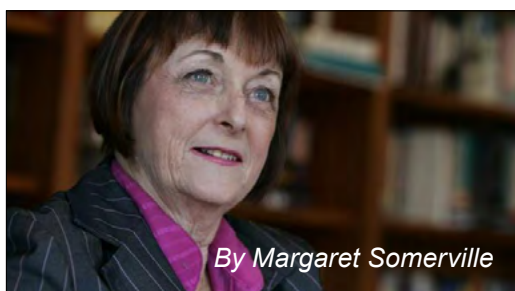
EPC Research and Information Flash Drive

The new EPC USB flash drive is part of our strategy to provide research and information on euthanasia and assisted suicide in a wide variety of accessible formats. We have loaded the drive with current research articles, studies and other documents and resources from worldwide sources. This resource is for anyone who wants the most up-to-date research and information, for themselves or to share with others, in an easy-to-use format and from a reliable source. The drive fits into a standard USB port.

We are now taking orders: 1 flash drive is \$30, 4 are \$100 and 10, \$200. Orders will be shipped at the end of June. Call 1-877-439-3348 or email info@epcc.ca.



Do Suicides Increase Where Euthanasia is Legal?



By Margaret Somerville

The euthanasia debate is on the front-burner in Australia, especially in the states of Victoria and Tasmania. In one of the latest salvos, ethicist Prof. Margaret Somerville claimed that suicide rates rise in jurisdictions where euthanasia and assisted suicide are legal. This prompted a blast from Neil Francis, a former president of the World Federation of Right To Die Societies and a leading campaigner for euthanasia in Australia. This is Professor Somerville's response. The article was published by [MercatorNet](#) on May 22. It has been edited for brevity.

Neil Francis is correct in [criticizing me](#) for a loose statement that “the general suicide rate has increased in every jurisdiction that has legalized assisted suicide.”

Although I believe that my statement will prove to be correct, at this point in time I should have left out the word “every.”

One problem in obtaining the required evidence, is that it's difficult if not impossible to know how often physician-assisted suicide or euthanasia (PAS-E) is being used in countries where those interventions are legal to commit what we should view as “ordinary suicide”—if one can ever regard suicide as “ordinary,” but for want of a better term.

Two features of legalized PAS-E make “suicide by physician” seem likely: The percentage of deaths occurring from PAS-E, for instance, in [The Netherlands](#) and [Belgium](#), is rising by approximately 10% each year and is now around 4% of all deaths. And the conditions for access to PAS-E are expanding in both jurisdictions. If one is not terminally or physically ill, neither of which is a legal requirement in either country, is euthanasia “ordinary suicide”? And what about if a person wants PAS-E because they are just “[tired of life](#)” or feel they have a [completed life](#) as the Netherlands is now contemplating allowing or, as an elderly couple proposed on ABC's Q&A, simply want to avoid

going into a nursing home, should these be classified as “ordinary suicide” cases?

Cases in which using PAS-E as a substitute means of suicide seems very likely have made headlines around the world. They include the [deaf Belgian twins who were going blind](#); the young gender-dysphoric woman with the [botched sex-change operation](#); the [anorexic woman in her 20s](#); the depressed 34 year old Eva, whose death by euthanasia is focused on in real time in the documentary film, *End Credits*, made by Dutch pro-euthanasia advocates; the [convicted rapist and murderer in the Belgium prison](#).

Dutch Professor Dr. Theo Boer, a former member of one of Holland's five Euthanasia Regional Review Committees (2005-2014) has undertaken a study which will be published shortly which, in his words, shows

the assumption that euthanasia will lead to lower suicide rates finds no support in the numbers. The percentage of euthanasia deaths of the total mortality rate tripled from 1.3% in 2002 to 4.08% in 2016. During that same period, the suicide numbers did not go down: From being 1,567 in 2002, they went up to 1,871 in 2015, a rise of 19.4%. The suicide rates reached a relative low of 1,353 in 2007, compared to which the 2015 numbers constitute a

rise of 38.3%. This is even more significant given the fact that from 2007 on euthanasia started becoming available to people with chronic diseases—psychiatric diseases, dementia, and others. In terms of the percentage of the overall mortality of suicide deaths, the numbers went up from 1.01% in 2007 to 1.27% in 2015.

...For the sake of comparison, I have looked at the suicide rates of some countries which are close to the Netherlands in terms of ethnicity, age, religion, and language but which, with the exception of Belgium, lack the option of euthanasia. If the suicide numbers in the Netherlands have gone up, one would expect, at least a similar increase in the suicide numbers would occur in countries without the option of euthanasia. However,...the Netherlands of all countries show the biggest increase in the suicide numbers.

Mr. Francis dismisses researchers [David Jones' and David Paton's report](#) on suicide data in Oregon on which I relied to show a rise in the state's suicide rates on the basis that it was “published in a minor journal,” the Southern Medical Journal. This claim is specious, even if it were a “minor journal.” For the record, it is a peer-reviewed medical journal

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Canadian Medical Killers Form Trade Association

Published by Wesley Smith on his website on May 10, 2017.

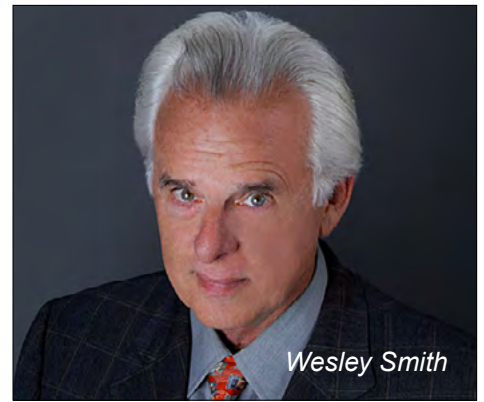
The Hippocratic Oath reads in part, “I will give no deadly medicine to any one if asked, nor suggest any such counsel.”

But Canadian death doctors and nurse practitioners who euthanize the sick, disabled, and mentally ill—soon perhaps, also those with Alzheimer’s—are actively embracing the very lethal act Hippocratic doctors forswore for the protection of vulnerable patients.

How “in” to euthanasia are they? They have formed an association of euthanasia providers—killers, because that is what euthanasia is, killing—called CAMAP, the Canadian Association of MAiD Assessors and Providers. (MAiD stands for “medical assistance in dying.”) [The organization’s purpose:](#)

While we are predominantly an association of physicians and nurse practitioners, anyone interested in supporting this work is most welcome to join our community and become an associate CAMAP member.

This includes nurses, pharmacists, speech & language specialists, administrators, law makers, lawyers, social workers, activists, counsellors and more. Already underway are plans for a National Conference on MAiD in June 2017 in beautiful Victoria, BC, development of an advisory board, plans for a mentorship program and a newsletter



Wesley Smith

with cross-country information and case reviews.

Membership provides you with a reduced rate for registration at our conferences, access to our newsletter, general MAiD news updates, case reviews and an opportunity to join with a passionate and compassionate group of physicians and nurse practitioners doing this vital work.

Let’s be clear: “This work,” is lethally injecting sick people.

Ontario Doctors Will Leave the Province if Forced to Participate in “Assisted Dying”

On May 18, the Ontario legislature rejected [Bill 129](#), the Regulated Health Professions Amendment Act, a bill that was sponsored by Jeff Yurek (MLA) to provide conscience protection for health care workers in Ontario.

[The Toronto Sun](#) reported on a press conference organized by the [Concerned Ontario Doctors](#) and the [Coalition for Healthcare and Conscience](#) that:

Many Ontario doctors and nurses working in palliative care say their objection to playing a role in assisted suicides may force them to leave the medical profession.

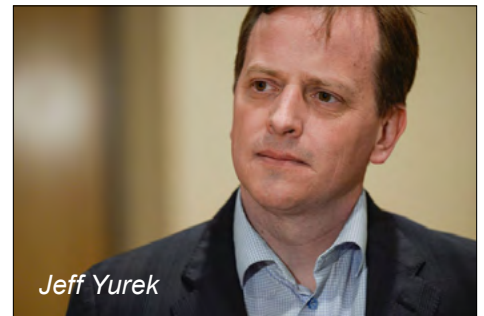
Many physicians “don’t want to make a referral that would result in the death of a patient,”

Dr. Kulvinder Gill said, adding forcing medical workers to participate strips them of their conscience rights under the Canadian Charter of Rights and Freedoms. “Access (to assist dying) must not depend on a physician having a role.”

Dozens of medical professionals attended the press conference. [The Toronto Sun](#) article quoted some of the medical professionals as stating:

Dr. Jane Dobson said she is at a crossroads because she won’t make referrals for assisted dying.

“There are palliative-care providers who will be forced to leave (the profession) because of the conscience,” Dobson said.



Jeff Yurek

Pharmacist James Brown says he believes drugs should be used to treat diseases—not kill someone.

“They’re never intended to take a patient’s life. Knowing a medication is meant to take a life goes against my core values,” Brown said.

Doctors, nurses and other medical professionals must never be forced to be complicit in acts of killing their patients.

...Do from page 2

indexed and abstracted in [Index Medicus](#), [Current Contents](#), [Science Citation Index](#), and [EMBASE](#) which has published over 45,000 articles. I leave it to others to decide its status.

Moreover, if Mr. Francis' claim as to its status were correct and if Jones' and Paton's article were, as Mr. Francis describes it, "a wobbly econometric modelling study," it stands to reason that the journal would be more accessible in terms of publishing rebuttals or questions about the article. To date, to my knowledge, no one has done so, not there, not anywhere.

Mr. Francis', at best, woolly statements about what [Jones' and Paton's study](#) found need clarifying. They write:

[W]e found that legalizing PAS was associated with a 6.3% (95% confidence interval 2.70%–9.9%) increase in total suicides (including assisted suicides). This effect was larger in the individuals older than 65 years (14.5%, CI 6.4%–22.7%). Introduction of PAS was neither associated with a reduction in nonassisted suicide rates nor with an increase in the mean age of nonassisted suicide. (Emphasis added)

Conclusions: Legalizing PAS has been associated with an increased rate of total suicides relative to other states and no decrease in nonassisted suicides.

As Jones and Patton recall, pundits claimed at the time of the public debate in Oregon about legalizing physician-assisted suicide that having access to assisted suicide would reduce "nonassisted" or "ordinary suicide," which it clearly did not. This is something Australian legislators should note.

I will just mention California, which has very recently legalized physician-assisted suicide. There was concern that people who were involuntarily hospitalized because they were mentally ill and "dangerous to themselves (they were suicidal) or others" could not have access to physician-assisted suicide. This has now been "remedied" and a special process established to allow them to apply to have physician assistance in killing themselves.

In short, ethical decision-making is a complex phenomenon and nowhere more so than when we are making decisions about what should and should not be our societal norms and values—what is ethically right and wrong—including with respect to legalizing the intentional infliction of death through physician-assisted suicide or euthanasia.

Margaret Somerville is Professor of Bioethics in the School of Medicine at the University of Notre Dame Australia.



Alex was in Budapest, Hungary for the World Congress of Families XI.

He spoke at the conference on May 26 and worked to strengthen EPC's international network.



Talk to Your Doctor

Last year, Steve Passmore, who is a disability activist in Hamilton, Ontario, and a board member of EPC, wrote a letter to his doctor explaining why he opposes euthanasia. His doctor contacted him saying that he also opposes euthanasia and that he would make sure Steve did not die by it. His doctor also assured him that he would add the letter to Steve's medical file in case another doctor became responsible for his care.

We need you to write a letter and speak to your doctor. Why?

1. The letter may help to protect your life.
2. By speaking to your doctor, we can find out which doctors support euthanasia and which oppose the practice.

In your letter, explain that you oppose euthanasia, and even if you should ask for it, treat the request as a cry for help and not death. Ask your physician to attach your letter to your file and then to call you about it. This is an important way to find out if your doctor will protect you or not and to share the names of good doctors with the Euthanasia Prevention Coalition.