Euthanasia Prevention Coalition Newsletter

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The World Medical Association Restates its Opposition to Euthanasia and Assisted Suicide

The World Medical Association (WMA) and its national member medical associations, including the Australian Medical Association, have strongly reiterated their long-standing opposition to physician assisted suicide and euthanasia on the basis that they constitute the unethical practice of medicine.

The WMA calls on Australia's Victorian upper house to reject the Victorian Voluntary Assisted Dying Bill.

The Association cites its Declaration on Euthanasia which states:

> Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical.

It also refers to its Statement on Physician-Assisted Suicide which declares:

> Physician assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically.

The WMA further quotes its Resolution on Euthanasia, which notes that the practice of euthanasia with physician assistance has been adopted into law in some countries and that,

> The World Medical Association reaffirms its strong belief that euthanasia is in conflict with basic ethical principles of medical practice, and strongly encourages all national medical associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions.

Finally, the WMA has expressed its concern that should the Victorian Bill be passed into law, it will create a situation of direct conflict with physicians' ethical obligations to patients and will harm the "ethical tone" of the profession. It warns that vulnerable people will be placed at risk of abuse and a precedent will be set that physician assisted suicide and euthanasia are ethically acceptable.

BC Court Opens Door to Hearing New Evidence on Euthanasia in Canada

Only days after Canada legalized euthanasia and assisted suicide under the term "MAiD," the BC Civil Liberties Association launched the first court case to expand Canada's euthanasia law.

The Julia Lamb case concerns the fact that Canada's MAiD legislation attempted to limit euthanasia to people with terminal conditions. The legislation states that a person qualifies for lethal injection when they have a "grievous and irremediable medical condition" and that their "natural death must be reasonably foreseeable." (Section 241.2(2)d)

In the Lamb case, the BC Civil Liberties Association is attempting to strike down the requirement that a person's "natural death must be reasonably foreseeable."

Because the Supreme Court of Canada's Carter decision did not indicate that a person who qualifies for euthanasia should be terminally ill, therefore Canada's federal government is expected to prove that the terminal illness definition is a reasonable limit.

By Chief Justice Christopher Hinkson of the British Columbia Supreme Court enabling the government to

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BOX 25033 LONDON **ON** N6C 6A8 BOX 611309 PORT HURON **MI** 48061-1309
Tel. 519-439-3348 Toll-free: 1-877-439-3348 Fax 519-439-7053 info@epcc.ca www.epcc.ca

UK High Court Rejects Assisted Suicide and Part of Canada's Supreme Court Euthanasia Decision

On October 5, the UK High Court rejected assisted suicide in its Conway decision by rejecting the claim that prohibiting assisted suicide and euthanasia was a breach on Mr. Conway's human rights.

In this decision, the High Court also rejected parts of Canada's Supreme Court Carter euthanasia decision. Paragraphs 122 and 123 dealt with issues related to Carter:

> Mr. Gordon also referred to the decision of the Supreme Court of Canada in Carter v Canada [2015] SCC 5, in which the court held that the ban on assisted dying in Canada was invalid under the Canadian Charter of Rights and Freedoms. He relied in particular on [114]-[115], in which the court referred to concerns about decisional capacity and vulnerability and observed that these concerns already arise in all end-of-life medical decision-making, including in relation to refusal by an individual of life support treatment.
>
> We did not find the decision in Carter to be of assistance. It turned critically on provisions of the Canadian Charter (section 1 and section 7) which are in different terms from Article 8 of the ECHR and which engage a different analysis: see in particular [76]-[78]. It also turned critically on findings by the trial judge in the proceedings on evidence before her in relation to the effectiveness of safeguards for vulnerable people which the Supreme Court held could not be challenged on appeal: [108]-[121]. The evidence before us is different and we have made our own findings in the light of it. Our reasoning in relation to the comparison with cases where an individual refuses life support treatment, such as In re B, is set out above. Moreover, the decision in Carter was concerned with the category of people who face unbearable suffering, rather than the category which Mr. Conway identifies of people who face death within six months.

Conway also upheld the long held position that there is a clear difference between killing and letting someone die. Canada's Carter decision rejected this logical position. Conway stated:

> Moreover, in our opinion it is clearly legitimate for parliamentarians to take the view that there is a crucial distinction between cases where medical treatment is withdrawn because it can no longer be justified, with the result that the patient dies, and the present case where Mr. Conway seeks to have steps taken actively to assist him to end his life. It is a distinction which they are entitled to regard as similar to the "crucial distinction" referred to by Lord Goff in Bland at p. 865D between cases where medical treatment is being withdrawn and cases in which steps are taken actively to end a person's life. Parliamentarians are entitled to conclude that the cases on either side of this principled dividing line are and should be treated as legally and morally distinct.

The Care Not Killing Alliance noted that the decision also found that doctors cannot determine with certainty whether or not someone has six months to live.

Conway found:

> "Mr. Strachan says that the criterion that assistance for suicide would only be available to individuals with less than six months to live would not be capable of being applied with any certainty. Medical science does not permit such an assessment to be made with any degree of accuracy. There is force in this point... [as in] Baroness Finlay's assessment that time of death for a particular individual with MND cannot be predicted with any reasonable accuracy. Professor Barnes confirmed that it is not possible to find it out from testing simple biomarkers and that prognostication of time of death would be a very difficult matter of clinical judgment. Professor Stebbing also gave evidence that 'a clinician's prediction is not a very reliable or robust method of predicting survival.'"

The UK court has consistently opposed assisted suicide and upheld the right of parliament to legislate on euthanasia and assisted suicide.

Australian Medical Association Opposes Bill to Legalize Euthanasia and Assisted Suicide

Photo: Dr. Michael Gannon

The President of the Australian Medical Association (AMA) is clear that physicians who kill their patients are contravening the code of ethics.

Michael Gannon, who was the chair of the AMA ethics committee while they debated euthanasia, and is now the AMA President, explained the position of the AMA in an article published in *The Australian* on October 20. Gannon wrote:

> The AMA's statement contains several key points. Most important, it is a positive piece, an advocacy document that calls for better end-of-life care. It calls for better education of the community on advanced care planning and the "doctrine of double effect"—that is, the notion that a death hastened by a treatment to ease suffering does not constitute euthanasia.
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> Importantly, it calls for much greater investment in palliative care.
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> There are similar sentiments in recommendations one to 48 of the Victorian upper house committee inquiry into end-of-life choices. Overall, this is a good report, but it was written by a group of parliamentarians known to favour EPAS. MPs did not visit jurisdictions that had elected not to implement euthanasia. They would have done well to read the detailed and careful deliberations of the House of Lords in Britain.
>
> It is so important that conversations on EPAS do not fail to take into account the impact such laws would have on the rest of the health system and society as a whole.

Gannon continued by emphasizing that doctors should never kill their patients.

> The AMA's statement acknowledges the diversity of opinion in the community. It acknowledges the diversity of opinion within the medical profession.
>
> But at its heart is a clear statement that "doctors should not be involved in interventions that have as their primary intention the ending of a person's life."
>
> I do not doubt the compassion or motives of most people promoting the bill in Victoria. I have heard numerous moving stories of the helplessness people feel when they watch a loved one die.
>
> Compassion is what drives doctors. It is at the heart of our code of ethics. I do not lack compassion for those who have watched a loved one die...
>
> The Victorian parliament has other opportunities to improve the end-of-life care it provides its citizens. That people suffer painful or prolonged deaths should be a clarion call to improve end-of-life care.

He finishes the article by emphasizing that euthanasia and assisted suicide contravene the code of ethics for physicians.

> Euthanasia and physician-assisted suicide are at odds with modern and ancient codes of medical ethics. Every life is precious: the 10-year-old boy in Roebourne with foetal alcohol spectrum disorder and severe autism, the 36-year-old veteran with post-traumatic stress disorder, the 68-year-old woman in Morwell with metastatic cancer and no children to be with her as she dies.
>
> I do not seek to diminish or demean the opinions of those doctors who hold a different view to AMA policy. This debate is vexed. It is difficult.
>
> But the AMA's position statement—which I was elected to prosecute, protect and promote—is the result of thousands of hours of work supported by generations of wisdom and ethics.

Victoria's upper house must reject the euthanasia bill.

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Canadian Paediatricians Consider Extending Euthanasia to Newborns, Minors and Teens

Countries such as Australia that are debating the legalization of euthanasia need to realize that once Canada legalized "assisted death," tremendous pressure now exists to expand the scope of the law.

Kathryn Blaze Baum wrote an article for *The Globe and Mail* concerning a recent report from the Canadian Paediatric Society (CPS) that appears to feed the demand to expand euthanasia in Canada to teens, minors and even newborns. According to *The Globe and Mail* report, the CPS report found that:

> Of the 1,050 pediatricians who participated in the survey, 118 said that over the course of a year, they had MAID-related discussions with a total of 419 parents; most of the minors in question were children under the age of 13. When it came to explicit MAID requests, 45 doctors said they dealt with a total of 91 parents. Nearly half of the requests related to infants less than one month old.
>
> The survey also found that 35 doctors had exploratory conversations with a total of 60 minors, and nine pediatricians reported getting explicit MAID requests from a total of 17 minors. The vast majority of the minors in both scenarios were aged 14 or older.

Dr. Dawn Davies, the survey's principal investigator and a pediatrician specializing in palliative care, described possible cases including euthanasia of newborns with disabilities.

> …brain-damaged babies who cannot breathe on their own or swallow their saliva; children with neurodegenerative diseases that attack their body and brain; and teenagers with advanced cancer who say they would rather end it all than go on this way.

Blaze Baum also interviewed (Alex Schadenberg) for the article:

> The executive director of the Euthanasia Prevention Coalition, which opposes MAID altogether, said minors—as with some elderly people and those with a severe mental illness—are highly dependent on others and particularly vulnerable to outside influences.
>
> "The question remains, are they fully autonomous?" said Alex Schadenberg. "This is a very difficult question, and I would say it's one that should be left closed."Health Canada recently released its report indicating that there were 1982 "MAiD" deaths in the first full year of legal lethal injections in Canada.

Amy Hasbrouck, founder of Toujours Vivant-Not Dead Yet, wrote that the more important information (in the report) is what's missing.The lesson from Canada is: don't legalize euthanasia and/or assisted suicide.

...BC Court from page 1

introduce new evidence to establish their position, the government and intervenors can, in a limited manner, attempt to overcome some of problems with the Carter decision.

CTV News reported that Justice Hinkson stated:

> The federal government's legislation, which came into effect last year, needs to be assessed on "relevant, current evidence,"
>
> Barring the courts from considering the most up-to-date information would prevent a judge from being able to decide what evidence is important and how much weight it should be given.

It is concerning that a June 2017 Ontario Court decision defined "natural death must be reasonably foreseeable" as not needing to be imminent or within a specific time frame or the result of a terminal condition.

The Council of Canadians with Disabilities (CCD) says the conversation around end-of-life practices ignores the point of view of disability rights advocates.

The CCD created the disability rights group Toujours Vivant - Not Dead Yet.

The Euthanasia Prevention Coalition will ask the court for intervention standing in this case.