

# Euthanasia Prevention Coalition Newsletter

Number 191: December 2017

## Make the *Fatal Flaws* Film a Reality

By Kevin Dunn, producer of *Fatal Flaws*



Over the past two years, my crew and I have logged over 50,000 kilometers in the air and on the road to ask one of the most fundamental philosophical questions of our time:

***Should we be giving doctors—or anyone—the right and law to end the life of another human—and how do these laws affect society over time?***

As a producer/director with over 30 years' experience, my work has been seen on broadcasters like the Discovery Channel, History UK, ARTE France and Germany, SBS Australia, CTV, CBC and Global TV. Over the years I've produced a number of independent "passion" projects, but none to the size and scope of *Fatal Flaws*. I'm about to tell you why.

Just over a year ago Canada passed laws that allow for an assisted death under certain criteria. Within months these laws were challenged, arguing that they were too restrictive. I had heard about the ever expanding euthanasia laws in Belgium and the Netherlands which now include euthanasia for children, for people with psychiatric problems—and just as disturbing—a report that over 1000 people in Belgium were euthanized without consent in 2013. And it was all on the public record. So why weren't we hearing about these things in the media on this side of the pond? Shouldn't these facts be raising alarm bells?

Some 20 years after these laws were introduced even some of the staunchest supporters of assisted dying are questioning where these laws are taking us. The grandfather of euthanasia in the Netherlands,

Dr. Boudewijn Chabot speaks of a "worrisome culture shift" and that euthanasia is "getting out of hand"—especially as it relates to patients with psychiatric issues.

I asked an author and journalist in the Netherlands if there's anyone telling the other side of the story. He paused and said, "no one." I decided then and there that this film had to be made.

In what was the most surreal seven days of my life, my crew and I traveled to the Netherlands for the annual "Euthanasia Week." Yes there is such a thing. As part of the week-long events, they had a conference for seniors and—believe it or not—a youth conference to discuss euthanasia related issues. Much of the discussion was around a government bill called "The Completed Life" where otherwise healthy people who are "tired of life" could ask for a lethal prescription. To me it all sounded

like a futuristic novel. Except that it's happening now and in real time.

We've heard the tragic stories of people who have asked for assisted death in North America. Heartbreaking cases. Some of these cases have made their way to the top courts of the land to overturn longstanding criminal laws on what used to be classified as homicide. Since 1998, five countries and six US states have laws making an assisted death legal under certain criteria. Victoria, Australia is the most recent jurisdiction to adopt such a law – one that passed by two votes. Almost every country

**FATAL  
FLAWS**  
LEGALIZING ASSISTED DEATH

[...see Make the Fatal on page 4](#)

Merry Christmas from all of us at EPC!

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# A Letter Opposing Assisted Suicide

By Diane Coleman



I am writing on behalf of [Not Dead Yet](#), a national disability rights group in the U.S. that opposes legalization of assisted suicide. We understand that a proposal in Victoria would pertain specifically to neuromuscular disabilities. This letter will focus on misdiagnosis and the uncertainty of terminal predictions by doctors, as well as the significance of breathing support for those of us with these conditions. My own experience illustrates the issues.

At the age of six I was misdiagnosed as having muscular dystrophy and my parents were told that I would die by the age of twelve. A few years later I was re-diagnosed with spinal muscular atrophy, a progressive neuromuscular condition which has a longer lifespan. Since age eleven, I have used a motorized wheelchair. Beginning seventeen years ago I have used breathing support at night. The type of support I need is called a BiPAP. Over the years, the pressures required to sustain my breathing increased.

I am now age sixty-four. Four years ago, the doctors determined that I do not have spinal muscular atrophy, and I am now diagnosed with another neuromuscular label, congenital myopathy. About two and a half years ago, I went into respiratory failure. Since then I have used breathing support most of the day as well as at night. If I did not use this support, I would likely have respiratory failure within a few days at most. Under most definitions, I qualify as “terminal,” even though I have already lived two and a half years this way.

Throughout my adult life, I have worked full time, first as an attorney and then directing non-profit disability related organizations. Over the last two years, I have continued to run Not Dead Yet, which has four staff and

numerous volunteers across the country. I have spoken at conferences, published articles, been interviewed by at least twenty press outlets, submitted testimony in legislatures, and provided the day-to-day management an organization requires.

As a severely disabled person who depends on life-sustaining treatment, I would qualify for assisted suicide at any time if I lived where assisted suicide is legal. If I became despondent, for example if I lost my husband or my job, and decided that I wanted to die, I would not be treated the same as a nondisabled and healthy person who despaired over divorce or job loss. Where assisted suicide is legal, I would be treated completely differently due to my condition.

This is just one example of how slippery the definition of terminal really is. Under assisted suicide policies, many people with disabilities would qualify for assisted suicide and be denied the suicide prevention and other supports that non-disabled people could take for granted if they expressed a desire to die. Assisted suicide laws are inherently discriminatory against old, ill and disabled people.

The dangers of mistakes and abuse are simply too high, not only for people like me, but for everyone.

Diane Coleman, JD, MBA

President/CEO Not Dead Yet

## Assisted Suicide Signature Campaign Fails in South Dakota

Great news: the assisted suicide lobby failed to collect 13781, the number of signatures that were needed to get assisted suicide on the ballot in 2018. This is a great victory for the Citizens Against Assisted Suicide in South Dakota and everyone in that state.

The Citizens Against Assisted Suicide [stated on Facebook](#) that:

The difficulty assisted suicide groups had collecting enough signatures both last election cycle and this one is pretty good evidence the vast majority of South Dakotans don't support suicide... They didn't lose by not trying; they lost because they were trying to sell what people didn't want to buy.

South Dakota citizens will continue to be protected from assisted suicide.

# Belgian Psychiatrists, Psychologists and Academics Demand Debate on Psychiatric Euthanasia

Published by HOPE Australia on November 20

On October 31, 43 Belgian psychiatrists, psychologists, and academics published an open letter demanding national debate on the issue of euthanasia and mental illness. These experts in the field state that the current law is too vague, and is resulting in many uncalled-for deaths.

Wim Distelmans, head of the Belgian euthanasia commission, has said that prominent psychiatrist Lieve Thienpont has approved the requests for assisted suicide from many patients on the basis of psychological suffering, allowing patients to be euthanized illegally. The issue did not get much exposure in Belgium until international sources began reporting it.

Thienpont denied the claims, blaming her patients:

“These patients are very desperate, stressed. They say things that are not always correct.”

The letter from psychiatrists, psychologists and academics came out in response to Thienpont and those who approve euthanasia for psychological suffering, noting that there cannot be a real objective test when it comes to the assessment of what constitutes “unbearable” psychological suffering:

“Euthanasia because of unbearable and futile psychological suffering is very problematic. It is about people who are not terminal and, in principle, could live for many years. Therefore, extreme caution is appropriate both clinically and legally. The essence of the case seems to us that in estimating the hopelessness of one’s suffering, the subjective factor cannot be eliminated...”

The solution, say the advocates, is more stringent and specific regulations to protect at-risk Belgians:

“The law does not indicate the exact criteria for unbearable and psychological suffering. Any complaint about any carelessness in this area will only end in a legal ‘no man’s land.’

More and more, no matter how many criteria there are, it depends simply on how an individual psychiatrist interprets or tests them, aided by the doctor’s own assumptions and the patient’s account of his symptoms.”

The legalisation of assisted suicide in Belgium has put psychiatrists and other physicians in a difficult position

in terms of their relationship with their patients. How can a doctor vow to preserve life while at the same time allow for assisted suicide? How can a medical professional whose role is to treat mental illness also deem it as a reason someone should be given lethal drugs? One experienced psychiatrist described the extraordinary tension the law places on their profession: “Strangely enough, people with less severe and readily treatable mental disorders-such as borderline personality disorders-request euthanasia more often than seriously ill patients. The offer really creates the questions. Euthanasia has become a new symptom. Often it’s a cry for help: ‘Am I still worth living, or are you giving up on me?’ But it is a symptom with particularly dangerous consequences...”

If you refuse to take the euthanasia question seriously, you put the relationship with the patient at risk and lose your trust...

Since the euthanasia law there has been some kind of madness in our work. After the threat of suicide, for which you must be constantly on guard as a psychiatrist, there is now the threat of euthanasia.”

If mental health professionals are confused about how they must discharge their obligations to a patient requesting euthanasia, how can anyone be clear about the law surrounding assisted suicide for psychological suffering?

## Research & Information Flash Drive

Created for the purposes of research, private study, education, criticism, dialogue and news reporting.



The drive is loaded with resources on euthanasia and assisted suicide from worldwide sources:

- Articles
- Studies
- Surveys
- Reports

**\$30 each / \$100 for 4 / \$200 for 10**

## Assisted suicide deaths increase by 30% in Switzerland

The [Swiss statistics office](#) reported that there were 965 reported assisted suicide deaths in 2015 up from 742 in 2014. There were 86 reported in 2000.

The Swiss statistics indicate that 539 women and 426 men died by assisted suicide compared to 279 woman and 792 men who died by suicide (not assisted). There were 67,606 total Swiss deaths in 2015.

According to [Expatica.com news](#) the number of assisted suicide deaths in Swiss nursing homes, by the Exit suicide clinic, increased from 10 in 2007 to 92 in 2015. They reported that the Swiss association for ethics and medicine found this trend alarming and stated:

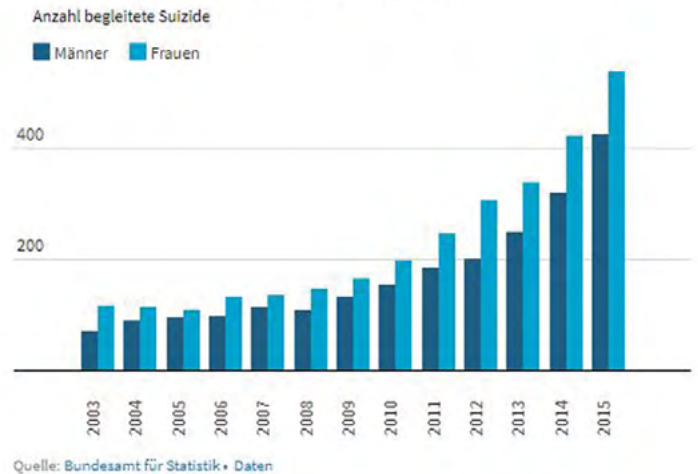
“To end lives in this way gives it [the practice of assisted suicide] an institutional seal of approval.”

In August 2015, [a healthy depressed British woman died by assisted suicide in Switzerland](#).

In April 2013, Pietro D’Amico, a 62 year old magistrate from Calabria, Italy, died by assisted suicide at a suicide clinic in Basel, Switzerland. His autopsy showed that he had a [wrong diagnosis](#).

A 2014 Swiss assisted suicide [study found](#) that 16% of the people who died at Swiss assisted suicide clinics had no underlying illness. In February 2014, [Oriella Cazzanello](#), an 85 year old healthy woman died at a

Sterbehilfe in der Schweiz, 2003-2015



Swiss suicide clinic. The letter she sent her family stated that she was unhappy about how she looked.

In May 2014, the Exit suicide clinic [extended assisted suicide to healthy elderly people](#) who live with physical or psychological pain. This decision has led to an increase in assisted deaths.

The Swiss assisted suicide statistics prove that when assisted suicide is accepted, deaths by assisted suicide will continue to increase and the reasons for assisted suicide expand.

### ...Make the Fatal from page 1

in the world is discussing some form of legalization and America is “at a tipping point.”

I’ve traveled around the globe learning about the rationale behind these laws from people on both sides of the issue. I’m told that it’s about personal choice and autonomy, however if you ask others I interviewed in the film, they tell you that “choice” is an illusion and that these laws are open to abuse. People have come forth with stories of elder abuse, coercion by family members, by doctors and nurses. Some of these stories have led to death by lethal injection or assisted suicide. I’ve interviewed people with a disability whose “quality of life” was deemed unworthy of living by doctors who have a warped sense of compassion. These stories trouble me deeply.

Time for a disclaimer. This film is not out to demonize doctors, advocates or anyone for that matter. In fact, most doctors want nothing to do with assisted death. However a small minority do and the number is growing.

Rather, this film is about the growing adoption of a new cultural philosophy, one that has the potential to wreak havoc on society’s vulnerable. And let’s face it, we are all vulnerable.

The film will endeavour to be fair to both sides. However, I will make no apology for showing the ugly reality of the ramifications of these laws. While some feel these laws are progressive, others bear witness to the irreversible emotional scars on individual lives and families. It’s high time the world heard both sides of the story.

### *Please make this film a reality.*

Between the Euthanasia Prevention Coalition and my own contributions through DunnMedia & Entertainment, we’ve been able to take the film this far. We have a few more shoots in the USA and then it’s on to writing, editing, paying for music and footage rights and of course distribution around the world.

We need just under \$90,000 to complete the film. Please consider making a donation today.