Euthanasia Prevention Coalition Newsletter

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Canada legalized euthanasia and assisted suicide (known as MAiD) on June 17, 2016. Canada's euthanasia law required persons to be at least 18 years old and have a condition where "natural death is reasonably foreseeable," whatever that means, before doctors can go ahead with euthanasia.

Soon after the legalization of (MAiD), the Canadian government announced that the Council of Canadian Academies would examine extending euthanasia to children, people who are incompetent but have made an advanced request, and people with mental illness.

Last October, the Canadian Paediatric Society published a study examining euthanasia for teens, children, and newborns.

Now the Biennial Provincial Symposium on Paediatric Palliative Care (at Sick Kids Hospital in Toronto on April 25) will feature a break-out session titled: "Developing a policy on Medical Assistance in Dying (MAiD) for Paediatric Patients." Wine and cheese to follow.

I fear that either the Council of Canadian Academies has already decided to extend euthanasia to paediatric patients or the Canadian Paediatric Society has decided that euthanasia will be extended to children and newborns and is using this Symposium to develop a policy for when the killing begins.

Why are they so interested in euthanasia for children? Children can't choose and their autonomy is questionable. Well, children with disabilities are often seen as "better off dead." If you don't believe me, go to the *Not Dead Yet* website.

No, this is not about a "slippery slope" but rather an incredibly fast incremental extension. Remember, the law is not concerned with choice and autonomy but rather the rules that the doctor should follow before killing. Whether it is the incompetent, competent, or children, lethal injection is what it is and the decision is made by the doctor.

As I have stated before, choice and autonomy are only slogans for selling the act.

good news! Utah House Passes Bill Criminalizing Assisted Suicide

The Utah House passed HB 86, a bill that criminalizes assisted suicide by placing it within the Utah manslaughter statute. Utah was one of several states that did not have an assisted suicide law.

HB 86 was introduced in response to the horrific death of a teenage girl:

> It is what one Utah lawmaker calls a "sick case"—a teenager is accused of encouraging a friend to kill herself, buying her the materials to do so then using a cellphone to film the 16-year-old girl's suicide.
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> After the girl's death in May 2017, prosecutors charged 18-year-old Tyerell Przybycien with first-degree felony murder.

HB 86 clearly defines the act of assisted suicide. The substituted version of the bill was passed by the House on a 51-18 vote even though Rep. Rebecca Chavez-Houck (D) who has introduced a bill to legalize assisted suicide in Utah, attempted to derail it.

Moral Disengagement–Mechanisms Propelling the Euthanasia Movement

Fabian Stahle, a Swedish researcher who recently uncovered the hidden problems with the Oregon assisted suicide model, now explains how the euthanasia lobby is changing the concept of killing through the mechanism known as "moral disengagement."

The Journal of Medical Ethics in Mental Health published Stahle's research article: *Moral Disengagement–Mechanisms Propelling the Euthanasia/PAS Movement* (January 30, 2018).

Fabian Stahle

Based on Albert Bandura's theory of moral disengagement and social cognitive theory, Stahle explains how a social justification for acts that are otherwise considered inhumane become accepted over time.

The abstract of the article is as follows:

> The international movement that promotes the legalisation of euthanasia/assisted suicide is propelled by highly potent psychological mechanisms to overcome the resistance to its agenda. It is all about cognitive restructuring to justify inhumane actions. These are always in use when normal, well-socialised persons are coerced into accepting and participating in the killing of fellow human beings. Various scientific studies, pioneered by Albert Bandura, have shown that participators are able to endure their deeds by activating these powerful mechanisms of moral disengagement.
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> However, those who make use of such mechanisms pay a high price. These mechanisms have a personality-changing power that dehumanizes the perpetrators. For the society that has allowed itself to be manipulated by such mechanisms for the purpose of systematizing "death on demand", there are also serious consequences. These consequences can be described in terms of dehumanization and brutalization of that society as a whole.

Fabian Stahle explains:

> Osofsky et al.: "Operating at the behavior locus are three separate disengagement mechanisms that convert the construal of injurious conduct into righteous conduct. In moral justification, worthy ends are used to vindicate injurious means…Second, by the use of sanitizing euphemistic language, injurious conduct is rendered benign…Exonerative comparison with even more flagrant inhumanities is a third mechanism for cloaking injurious behavior in an aura of benevolence.
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> The second set of disengagement mechanisms operates at the agency locus by obscuring or minimizing the perpetrator's agentic role in an injurious activity. Under displacement of responsibility, people view their actions as stemming from the dictates of authorities rather than being personally responsible for them.
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> The weakening moral control at the outcome locus is achieved by minimizing or disregarding the harmful consequences of one's action. As long as the injurious outcomes are ignored, minimized, or disbelieved there is little reason for moral self-regulation to be activated.
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> The final set of disengagement mechanisms operates at the locus of the recipients or objects of detrimental acts through dehumanization and attribution of blame. Self-censure for injurious conduct can be disengaged or blunted by divesting people of human qualities, or by attributing demonic and bestial qualities to them...Blaming the recipients of injurious treatment for bringing suffering on themselves also serves self-exonerating purposes."

Stahle also comments on the social effect of medicalizing euthanasia and assisted suicide.

> For the euthanasia movement, this medicalization is a crucial disengaging maneuver in moving forward. But just this maneuver is especially harmful, by reason of the fact that it is aimed at the care-giving sector of our communities, which makes it a devastating stab wound in the very heart of a humane society.

The use of language is just as important for **opposing** assisted suicide. When our opposition leads to a medicalization (i.e. the practice becomes defined and treated as a medical condition), then we are helping the euthanasia lobby.

Stahle ends his article by writing:

> Albert Bandura's theory of moral disengagement has been applied for a long time in in-depth analyses of various harmful activities. Nevertheless, the

theory has not received much attention in the study of the euthanasia movement's activities. This theory has great significance in explaining the euthanasia/PAS phenomenon, and might have the potential to publicly de-mask the euthanasia movement.

...A more thorough study should also be undertaken concerning the dehumanizing effect on the functionaries in the practice of euthanasia/PAS.

The results of the studies then need to be popularized so that they become digestible for mass media, politicians, authorities, and the general public.

But first and foremost, the medical profession should be informed about the implications of Bandura's theory on the entire euthanasia/PAS movement and of the harmful effect their participation will have on their personal and professional integrity.

The Euthanasia Prevention Coalition recognizes the importance of moral disengagement theory.

We will respond to the respect, equality and integrity of the human person through this lens.

Langley Hospice Society Says NO to Euthanasia

langleyhospice.com

Providing compassionate care and support since 1983

By Wesley Smith

Assisted suicide/euthanasia is completely contrary to the hospice vision espoused by the late great medical humanitarian Cecily Saunders, who created the modern hospice movement. She stood steadfastly against assisted-suicide legalization. Indeed, suicide prevention is one of hospice's most fundamental services, I would say close in importance to pain control. As Saunders told me when I had the great honor of interviewing her in London, assisted suicide denies the intrinsic dignity of hospice patients.

Alas, in recent years some U.S. hospice organizations have been weak-kneed in defending the hospice philosophy against assisted-suicide predation. Too often, movement leaders—not wanting to be controversial—have gone "neutral" on legalization. That is an abdication of duty and an abandonment of hospice patients and their families. Some hospices even participate in assisting suicides where it is legal.

This is also happening in Canada where lethal-injection euthanasia was recently legalized. Religious hospices have pushed back and received some exemptions from having to participate. Now Langley Hospice—hooray!—a secular hospice in British Columbia is saying no to euthanasia based on the philosophical precepts of the hospice movement itself.

Langley had previously required a patient seeking euthanasia to transfer out before being killed. It is apparently part of Fraser Health, which buckled and changed the policy to permit euthanasia on premises. The board of directors of Langley have pushed back. From the Langley Hospice Board of Directors statement (my emphasis):

The Langley Hospice Society will continue to uphold our constitution, bylaws and mandate to provide palliative care for dying people and their families in a supportive environment, which means that we plan to continue upholding our founding mission and philosophy of care that we value life and accept death as a normal process and that we "neither hasten nor postpone death."

The Langley Hospice Society recognizes the right for all Canadians to have access to information about end-of-life options, including MAiD. However, we do not recognize that this right is a superior right to the recognized philosophy of hospice and palliative care. We do not believe that MAiD should be implemented in hospices…

We are concerned about the adverse consequences, emotional and otherwise that the Fraser Health December 2017 directive has had; first and foremost to the patients, clients and families we serve and also, to our Langley Community, Donors, Potential Donors, Hospice Volunteers and Staff…

We believe that as a non-faith based hospice, Fraser Health should provide Langley Hospice with the same "exemption option" it has provided to faith-based hospices as the Fraser Health mandate is in direct opposition to our mission and philosophy to "neither hasten nor postpone death." Not granting an exemption to do so is discriminatory.

Precisely. Hospice is not "hemlock." Whether the hospice is religious or secular, no hospice should participate in the killings or suicides of its patients. And certainly, they should never be forced to so do.

Let's hope their courage stiffens the spines of our own domestic quavering hospice administrators.

Hawaii Assisted Suicide Bill Passes without Reading (the Bill)

Representative Bob McDermott

I have bad news. On February 28, the Judiciary Committee voted 7-1 and the Health and Human Services Committee voted 4-1 in support of assisted suicide bill HB 2739.

Nathan Eagle, reporting for the *Honolulu Civil Beat,* stated that Rep. Bob McDermott voted no to the bill and was upset that he was expected to vote on it even though he was not given a copy of the amended bill. Eagle reported:

> McDermott said he was not even provided a copy of the amendments prior to the vote.
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> "I don't know what we're voting on," he said as Nishimoto called for the vote.
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> Nishimoto said that given the time constraints, working on changes to the bill up until 15 minutes before the hearing started, he did not have an opportunity to give McDermott a copy.
>
> "Pass it then read it," a member of the public shouted out sarcastically.

They claim the bill has greater "safeguards":

> Hawaii would be the first state to require counseling, Mizuno said. He added that the tele-health provision would help make it easier for residents in Hawaii to comply with the counseling requirement, recognizing that some live in rural areas far from doctors.
>
> The committees also lengthened the time the patient must wait between making two verbal requests for medically assisted death. Instead of 14 days, the amended version now calls for 20 days. One signed written request, witnessed by two people (one unrelated to the patient), is also required.

In 2017, the Hawaii Health Committee defeated assisted suicide bill SB 1129 (7-0), after they read it through.

2017 Oregon Assisted Suicide Report: The Number of Deaths Increase Again

The 2017 Oregon annual assisted suicide report implies that the deaths were voluntary (self-administered), but the information in the report does not address this subject.

According to the 2017 Oregon assisted suicide report:

- There were 143 reported assisted suicide deaths, up from 138 in 2016.
- 129 of 130 people who reportedly ingested lethal drugs in 2017, died from it, one person survived and died of natural causes.
- For 14 of the deaths, the drugs were prescribed in previous years.
- There were 218 lethal prescriptions obtained, up from 204 in 2016.

But there may be more assisted suicide deaths.

According to the report, the ingestion status was unknown for 23 deaths. This means the authorities do not know if the person died by assisted suicide. It is possible that some or all of these 23 deaths were assisted suicide i.e. they were unreported.

In December, Fabian Stahle, a Swede, communicated by email with a representative of the Oregon Health Authority, confirming that the definition of terminal illness includes people who may become terminally ill if they refuse effective medical treatment.

The responses from the Oregon Health Authority also confirmed that there is no effective oversight of the Oregon assisted suicide law.

These annual Oregon DWD (Death with Dignity) reports are based on data from the physicians who approved the assisted suicide death and the data is not independently verified. Therefore, we don't know if the information from these reports is accurate or if abuse of the law has occurred.

FATAL FLAWS

Now taking pre-orders:

DVD—$40

Companion Pamphlet—$40 for 100

The Euthanasia Prevention Coalition exists to protect people by building a well-informed, broadly-based network of groups and individuals for an effective social resistance to euthanasia and assisted suicide.