

FATAL FLAWS Premiere Screening & Round-Table Discussion: May 8th, 2018 in Ottawa

TIME: 7:00 PM

LOCATION: Ottawa Little Theatre, 400 King Edward Ave, Ottawa, ON K1N 7M7

ADMISSION: \$10 payable via www.eventbrite.ca

7:00 PM Documentary Screening – “Fatal Flaws: Legalizing Assisted Death”

“Are laws allowing euthanasia and assisted suicide leading society down a dangerous path?”

Over the past two years, filmmaker Kevin Dunn has traveled throughout Europe and America asking some of the most fundamental philosophical questions of our time: “Should we be giving doctors, or anyone, the legal right to end the life of another human?” and, “How do these laws affect society over time?”

The film features powerful testimonies from patients, doctors, lawmakers and advocates from both sides of the debate.

9:00 PM Round-Table Discussion – LIVE RECORDING

Following the screening, join us for the live recording of a round-table discussion on the dangers of legalizing euthanasia and assisted suicide, also known as “medical aid in dying”. The session will be recorded for broadcast and educational purposes and moderated by Mr. Dunn.

This event is sponsored by the Euthanasia Prevention Coalition and DunnMedia.

Visit www.fatalflawsfilm.com for advance previews.

*Organize a screening
in your community!*

Purchase the DVD & companion pamphlet,
&/or book a speaker for your event:
call 1-877-439-3348 or email info@epcc.ca.



People Who Qualify For Assisted Suicide Are Not Necessarily Dying

The following testimony was submitted by Nancy Elliott, Chair, EPC-USA, to the Rhode Island Committee.

Please reject H7297. Proponents say that this is about autonomy and choice. Nothing could be further from the truth. There are no safeguards that ensure the choice is not someone else's. As a matter of fact, all the "so called" safeguards can be gone around. Proponents claim there is no "slippery slope" yet we see the expansion of death policies. Oregon, where assisted suicide is legal, just passed legislation that will allow for the starvation and dehydration of incompetent people. Canada has expanded their legislation to include prisoners.

The three groups that are targeted for assisted suicide are the sick, the elderly and the disabled. While there are many other problems, I want to focus in on these groups.

One of the biggest problems is people who qualify for assisted suicide are not necessarily dying. Think of a 21-year-old otherwise healthy insulin dependent diabetic. He qualifies if he rejects his insulin. This would be the same for many other people with chronic conditions taking prescription medications. What about all the curable cancers? They qualify. How about the 5% of medical misdiagnosis? With assisted suicide on the table these mistakes can be deadly.

I was at a hearing on assisted suicide in Massachusetts when a gentleman named John Norton gave evidence, that as a young man he was diagnosed with ALS. He stated that had assisted suicide been legal he would have used it. A few years in, the disease's progression just stopped. Now in his late 70's he said he has had a great life with children and one grandchild. With assisted suicide on the table he would have lost all of that.

Steering is a big deal with all three of these groups. At that same Massachusetts hearing, a doctor stated that assisted suicide laws were something he supported. He ended by saying he felt it was the responsibility of a good doctor "to guide people to make the right choice". I do not think he intended to say that, but is there any doubt that this pro-suicide doctor would try to persuade his patients to do what he thinks is "right"?

To suggest to someone that they should kill themselves is an abuse. My husband was terminally ill and I went to the doctor appointments with him. If medical personnel suggested assisted suicide to him, he would have been



devastated. It would be like saying to him, "You are worthless and should die." That is abuse! The proponents say that would never happen, but that happened to Kathryn Judson in Oregon. She had gone to a doctor's appointment with her seriously ill husband and exhaustedly sunk into a chair where she overheard the doctor pitching assisted suicide to her husband with the clincher, "Think of your wife." They left and never went

back. He lived another five years.

Seniors are at risk and can easily fall victim to coercion as the process is open to that. In most states, heirs can be there for the request. Anyone can pick up the lethal dose. Once in the house all oversight is gone, there is no witness required at the death. Even if they struggled who would know and the death certificate is falsified to reflect a natural death. Even if someone suspected foul play all the information is sealed and unavailable to the public and the death certificate says no crime here. Taking advantage of seniors is an epidemic. Look at the case of Thomas Middleton. He made Tami Sawyer his trustee and moved into her home. Within a month he was dead by Oregon's assisted suicide law. Two days after his death, Ms. Sawyer listed his house, sold it and deposited the money into three companies she owned with her husband. We will never know if or how much coercion or foul play took place in this case.

Finally, those with a disability are at risk. Most people that "qualify" for assisted suicide at that point in their life have a disability. Many with long term disabilities have been labeled terminally ill all of their lives. Without meds, treatments, and assistance they would not survive. This is about disability. If you have a disability you are encouraged to commit suicide, on the other hand, if you are young and healthy, you are given suicide counseling. This is discrimination. Why should they trust that they will not be coerced into assisted suicide, when they are already discouraged to seek treatment? When you think about it this is a law that is written just for them. It is a "special" carve out, for the sick, elderly and disabled.

In closing, I just want to add that assisted suicide has been rejected in over 100 legislative, ballot initiative and judicial attempts in the USA, including my state New Hampshire. The more it is studied the more uncomfortable people become with it.

Mary Kills People is a Dangerous & Irresponsible Show That Should be Terminated

By Nancy Elliott, Chair, EPC-USA

A recent article written by Lindsay Kornick, “Euthanasia Drama Claims Death Can ‘Be a Party’” gets it right. It seems that the series *Mary Kills People* is at it again. As she and her accomplice go around killing people, they try to candy coat it for their victims. The latest one is a sick man that, instead of encouraging him to fight, she tells him death is a party. First, everyone knows that you do not encourage a suicidal person. Second, as a doctor she should know that a person fighting a disease needs encouragement and not a kick to the pavement. Also, Mary acknowledges that the treatment is working. This is one of the main reasons why legalizing

assisted suicide and euthanasia is so detrimental to health care. Once doctors start killing their patients as a treatment for disease they will no longer work to cure people. In Oregon, where assisted suicide is legal, they do not treat cancer if there



is less than a 5 year life expectancy. This is an average, so some people could live 10 years or more. This time is valuable to the individual yet Mary and those who subscribe to her thinking are OK with pushing people under the bus.

Let’s go back to the flippant comment used to push her death agenda, death can “be a party”. This is not an original thought. Pro-death groups have been having death parties for some time. I heard of one in Oregon, where friends and family of the soon to be departed gathered to urge him on. The alcohol flowed making it hard for the victim to back

...see *Mary Kills* on page 4

Euthanasia Lobby Plans to Open Euthanasia Clinic in Toronto

The euthanasia lobby plans to open a clinic in Toronto and have asked the Ontario Ministry of Health to provide the funding.

In a [Globe and Mail](#) article by Kelly Grant, Shanaaz Gokool, Chief Executive Officer of the advocacy group Dying with Dignity Canada, and a member of MAIDHouse’s start-up board of directors states:

“I think it will really meet the needs of people who—for whatever reason—don’t want to die at home, but want a safe space where their friends and family can gather with them when they’re having an assisted death.”

Grant reports that the executive director, Thomas Foreman, expects MAIDHouse to help relieve overcrowding in Toronto hospitals:

...he hopes the province can be persuaded to finance the project because of the money and space

it might save the Greater Toronto Area’s chronically overcrowded hospitals.

“Providing MAID in hospital is very expensive, very inefficient and not entirely patient—and family-friendly,”

Another purpose MAIDHouse could serve would be to welcome patients who have been asked to leave hospitals or nursing homes that forbid assisted deaths, usually for religious reasons.

According to *The Globe and Mail*, between June 2016 and January 2018, the Office of the Chief Coroner of Ontario said there were 1,146 assisted deaths completed in Ontario with 52% taking place in hospital. (Of the total, 224 were in Toronto.)

Ms. Taylor, who co-chaired the provincial-territorial advisory group on physician-assisted dying, was among the organizers who met with provincial officials to discuss the

plan for MAIDHouse.

“We pitched this to the province as a pilot project that could start in Toronto, but then perhaps be adopted in other regions,”

“If they say no to any funding, we’re going to have to get out there and fundraise ourselves...”

Ms. Taylor supported euthanasia for everyone, including children, in the [advisory group report](#), but her involvement with MAIDHouse confirms her connections with the euthanasia lobby.

The [Dignitas assisted suicide clinic](#) in Switzerland has created much controversy over the years. Nearly all the controversial euthanasia deaths in the [Netherlands](#) and [Belgium](#) are done at the euthanasia clinics.

The Ministry already pays for euthanasia; it should not be providing extra funding to help the euthanasia lobby open a clinic.

Joint Euthanasia of Canadian Couple

By Wesley Smith

Canada is fast becoming the Niagara Falls of euthanasia, rushing to join the “infamous three”—the Netherlands, Switzerland, and Belgium—by now permitting the joint euthanasia of elderly couples.

A *Globe and Mail* reporter interviewed the couple before they were put down, and the family was well aware of their plans. There were apparently no efforts at suicide prevention.

The first time the couple asked to be killed, their doctor—a pro-euthanasia advocate—approved both deaths. But the second-opinion MD refused to certify because the husband did not have a diagnosed condition. So, the couple carried on for another year.

The next time they asked for joint euthanasia, the first doctor made sure that the required second opinion was made by a different doctor. From *The Globe and Mail*:

The doctor who first assessed Mr. Brickenden for his eligibility in January, 2017—the same doctor who would ultimately inject the lethal medications on the evening of his death—said that kind of stoicism and the fact that Mr. Brickenden still looked good at the time of his appointment may have played a role in his being turned down for an assisted death the first time.

More than a year later, after Mr. Brickenden’s fainting and heart

problems surfaced, a different, second doctor assessed Mr. Brickenden and found him eligible.

I’ll bet the second doctor is known as pro-euthanasia too. Death-doctor shopping. If one MD won’t give you death, just find a different one who will. This happens in the U.S. too.

There was a time when the joint suicides of elderly people—technically, these were homicides—were deemed to be tragic, and families wracked their hearts wondering what could have been done to save them. No longer. This joint killing was celebrated and romanticized with a going away party held by the family and supported by the local Anglican Dean:

The evening of their deaths was more intimate, Pamela, Angela and Saxe told me two days later. “It couldn’t have been a better way to go. Totally peaceful,” Angela said. “It allowed them to bow out gracefully together, as they lived.”

Present were Pamela, Saxe and Angela, their spouses, the two doctors and Andrew Asbil, the Dean of Toronto’s St. James Cathedral, who later told me he had “without hesitation” supported the couple’s wish for their funeral to be held at the Anglican church.

This is how the culture of death is normalized.

I have no reason to doubt this family loved their folks and think they were doing right by them. That’s part of the problem with euthanasia!

But anyone who doesn’t think that elderly euthanasia could be coerced or arise out of fears of abandonment doesn’t understand human nature or our elder-abuse crisis.

...*Mary Kills from page 3*

down. Another woman allegedly danced all night at her death party and then, encouraged by those around her, took the poison. Let’s not forget the California woman who had a full weekend death party ending with someone helping her drink the poison. These are stories used to glamorize suicide. But is it really glamorous to commit suicide? **No, it is not.**

The targets for assisted suicide and euthanasia are the sick, elderly and people with disabilities. It is a discriminatory policy that has a special carve out to kill people that society deems less important. Just like the man that was winning with chemotherapy, they are not necessarily dying. In Oregon, a young otherwise healthy diabetic qualifies for assisted suicide if he refuses insulin. How many other people taking meds become terminal if they cease their medication? What about all the treatable cancers and other diseases? People could be throwing away years, even decades. [Jeanette Hall of Oregon](#) was diagnosed with cancer and given 6 months to a year to live. She wanted to use the act to end her life. Instead, her doctor talked her into treatment and she was cured. Now, 17 years later, she is happy to be alive!

Doctors who kill their patients instead of treating, encouraging and showing them true compassion, are lazy, incompetent murderers who deserve jail time. I would not want to go to such a doctor as I would not think my life is safe in their hands.

What about Hollywood and their usual garbage glamorizing doctors that kill their patients? They are no better than the Nazi’s in Germany who produced films to soften the public to accept euthanasia. We all know how well that turned out.