

Recently we received a call from a woman whose sister died in very questionable circumstances.

The emotions are overwhelming; especially since she feels that something happened contrary to the values of her sister.

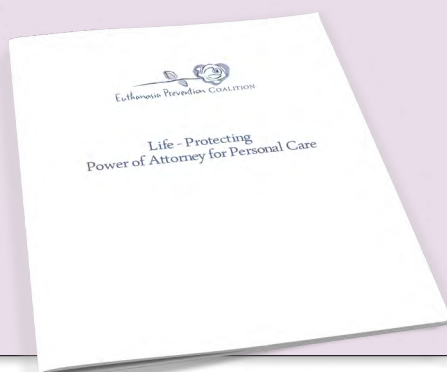
Medical care decisions are usually made for people in vulnerable conditions by family members. In this case, it appears that her sister's husband made the decision to refuse the basic care that led to her sister's death.

When euthanasia or assisted suicide is legal you have to be concerned about how statements are interpreted. When someone says in desperation, "I don't want to live like this", will it be interpreted as a request for MAiD or a call for help?

You need to protect yourself by doing the following:

- 1) Order the *Life-Protecting Power of Attorney for Personal Care* from us for \$10 and
- 2) Only appoint someone as your Power of Attorney for Personal Care if they share your beliefs and values.

The life saved may be your own.



Fatal Flaws Will Change the Way the Culture Views Assisted Death

Many of our supporters purchased *The Euthanasia Deception* and organized screenings throughout North America and all over the world. It was designed as an advocacy film to oppose euthanasia and assisted suicide through personal stories. **It caused advocates of assisted death to change their minds.**

It was a great success.

Fatal Flaws features personal stories from both those who oppose assisted death and interviews with leaders of the death lobbies in the Netherlands and the United States. Many of the stories have never been told before. The most shocking one concerns **Margreet** whose mother was euthanized in the Netherlands without consent. **Candice Lewis** was pressured by doctors in Newfoundland, Canada, to die by assisted death; Helen saved her mother from dying by euthanasia in the Netherlands; Not Dead Yet leader, Bill Peace, tells how he was pressured to "give up on living"; Nancy Elliott, Chair of EPC-USA,

tells the story of her husband and why she opposes assisted suicide.

EPC is creating a companion pamphlet to re-enforce the film's message. It is an excellent resource for promoting the film or for distribution at a screening.

All prices for the DVD and pamphlets include taxes and shipping.

The DVD is \$40 for 1, \$100 for 3 or \$300 for 10. Pamphlets are \$40 for 100, \$100 for 300 or \$300 for 1000. Special pricing: \$75 for 1 DVD + 100 pamphlets.

Further bulk discounts are available upon request.

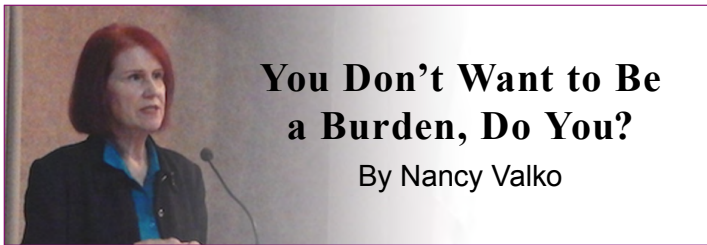
With any *Fatal Flaws* purchase, get *The Euthanasia Deception* for \$20.

You can order on our website, by email, over the phone, or by mailing in your cheque.

We are asking groups and individuals to organize a screening of *Fatal Flaws*. Contact us today to ask if Alex Schadenberg or Kevin Dunn can attend your screening event.

*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.



You Don't Want to Be a Burden, Do You?

By Nancy Valko

Nancy is a retired nurse who writes about issues related to life and death.

An April 13, 2018 *USA Today* op-ed by Hattie Bryant titled “[Make an end-of-life plan or lose your money and choices in your dying days](#)” begins with the statement, “End-of-life care can bankrupt your family and rob you of choices. End the denial about dying. Make a plan in case you end up seriously ill and frail.”

Ms. Bryant is very upfront about using the economic argument about aging and the enormous toll it can take financially and personally on the family as well as medical costs. She states that “in 2011, Medicare spent \$554 billion and 28%, or about \$170 billion, on patients’ last six months of life. After \$170 billion is spent, those patients are still dead.”

Her solution is a new kind of economic advance directive she developed, “that deals with how you want your funds spent when you are seriously ill or frail.”

Should We Have a “Duty To Die”?

Back in 1984, Governor Richard Lamm of Colorado found himself in the middle of a firestorm of outrage when, as *The New York Times* reported, “[Governor Lamm Asserts Elderly, If Very Ill, Have a ‘Duty to Die’](#)”.

Here is an excerpt from the article:

Elderly people who are terminally ill have a “duty to die and get out of the way” instead of trying to prolong their lives by artificial means, Gov. Richard D. Lamm of Colorado said Tuesday.

People who die without having life artificially extended are similar to “leaves falling off a tree and forming humus for the other plants to grow up,” the Governor told a meeting of the Colorado Health Lawyers Association at St. Joseph’s Hospital.

“You’ve got a duty to die and get out of the way,” said the 48-year-old Governor. “Let the other society, our kids, build a reasonable life.”

This philosophy was echoed in 2014 by one of the architects of Obamacare, Dr. Ezekiel J. Emanuel, when he wrote, “[Why I Hope to Die at 75: An argument that society and families—and you—will be better off if nature](#)

[takes its course swiftly and promptly](#)” for *The Atlantic* magazine.

At age 57 at the time, Dr. Emanuel states that while death is a loss, there “is a simple truth that many of us seem to resist: living too long is also a loss” that “renders many of us, if not disabled, then faltering and declining, a state that may not be worse than death but is nonetheless deprived. It robs us of our creativity and ability to contribute to work, society, the world. It transforms how people experience us, relate to us, and, most important, remember us. We are no longer remembered as vibrant and engaged but as feeble, ineffectual, even pathetic.”

He states that he will stop trying to prolong his own life by age 75.

Conclusion

Helping to care for many terminally ill or seriously disabled relatives, friends and patients of all ages for many decades both professionally and personally, I have a different perspective.

We are all born dependent on others for care and many of us need at least some help from others at the end of our lives. This can be hard at times—as even parents of newborns will attest—but the rewards are great both for the helper and the person being helped.

I remember when my mother with Alzheimer’s and terminal thyroid cancer was dying in 1988. It wasn’t the most convenient time for us, to say the least. I was suddenly a single parent with three young children and financially struggling. My mother no longer recognized me but, as I told a friend, the most important issue was that I recognized her. As a family, we did what was medically reasonable for my mother to help her without either prolonging or hastening her dying.

[Taking care of my mother was a wonderful, if occasionally difficult, experience](#) and I am grateful that we were able to keep her at home almost to the very end.

The final result was that my mother was kept safe, comfortable and loved. Her funeral was truly a celebration of her life and my children learned an important lesson about the circle of life and taking care of each other. We still talk fondly about their time helping with grandma, even after 30 years.

When I made out my [own advance directive](#), I made sure that it was as protective as possible against a hastened death. I don’t fear death. I do fear the bio-ethicists and others who use economics and fear to push especially older people into prematurely signing away their rights to even basic care and what this does to our society.

[Order the *Life-Protecting Power of Attorney for Personal Care* from the EPC for \\$10.](#)

Study: Euthanasia of People with Intellectual Disabilities in the Netherlands

An important study was published in the *BMC Medical Ethics* (March 5) examining euthanasia of people with an intellectual disability and/or autism spectrum disorder in the Netherlands.

The study's purpose was to determine how physicians and the Dutch regional euthanasia review committees operationalise the euthanasia and assisted suicide ("EAS") due care criteria for patients who have an intellectual disability and/or autism spectrum disorder and if there were particular difficulties when the EAS due care criteria are applied to these patient groups.

According to the 2017 annual euthanasia report, there were 6585 reported euthanasia deaths in the Netherlands in 2017 and of those, 252 were people who died by euthanasia for psychiatric reasons or for dementia.

The study acknowledges the growth in euthanasia for psychiatric reasons in the Netherlands.

There were 2 reported cases in 2010, 42 people in 2013, 60 people in 2016, and 83 people in 2017 who died by EAS for mental suffering in the Netherlands. Arguments have focused on the difficulty of assessing the patient's subjective perception and the challenges in assessing the patient's capacity of judgement, which may be impaired by psychiatric conditions such as severe depression.

The study examined 416 Netherlands euthanasia case summaries uncovering 9 cases of a person with an intellectual disability or autism spectrum. These cases are examined in the study.

The 9 euthanasia deaths included 6 women and 3 men of varying ages. Of the 9 deaths, 6 people had intellectual disabilities, 2 were identified as Asperger's syndrome and one was identified as autism spectrum disorder.

Three cases referred to family involvement; the other cases didn't include family information. One case stated that the person lived in a psychogeriatric unit while another case indicated that the person lived alone. The other cases didn't refer to living conditions. Six cases referred to a previous admission to a psychiatric in-patient setting and there were several references to loneliness and social isolation.

The initial request was usually made to the GP. In 6 cases the GP refused, in 3 of the refusals, the GP did not support euthanasia and the other 3 cases the physician thought the case was too complex or that the person did not qualify for euthanasia. In all of the 6 refusals, the person went to the "End of Life Clinic" (euthanasia clinic) for approval.



Capacity assessments were referred to in 8 cases, where 5 of the cases stated that the person had decision making capacity. In 3 cases the physicians disagreed or wanted a second opinion concerning capacity.

The study concludes that safeguards and capacity assessment in cases of people with intellectual disabilities or autism do not effectively protect this group of people:

...Following the examination of the Dutch case reports, we conclude that the safeguards, in the form of legal due care criteria, are not easily applied to people with intellectual disabilities or autism spectrum disorder, and that the usual standards could in fact have the unintended effect of leaving vulnerable patients at risk.

...From the literature and our examination of nine case reports published on the RTE website, we conclude that assessment of capacity can be extremely difficult for people with intellectual disabilities, however mild. It requires a high level of expertise and an intimate knowledge of the patient. There are specialist intellectual disability physicians in the Netherlands, but there was evidence of involvement of such a specialist in only one of the cases (2016–03).

...The Dutch cases raise the possibility that the bar for assessment of intractable suffering is set lower for people with an intellectual disability or autism spectrum disorder than for the general population, by considering their long term disability as a medical rather than a social condition.

...see Study: Euthanasia on page 4

Our Own Alfie Evans Case

Compassionate Community Care (CCC) has been helping a family in Ontario who had a similar situation to the Alfie Evans story.

A four month old child nearly died from Sudden Infant Death Syndrome (SIDS), but her mother found her soon after she had stopped breathing. The child was revived, brought to the hospital and placed into the PICU (Paediatric Intensive Care Unit). The family was told that their daughter was not breathing on her own and she would soon die.

But this was not true. The mother contacted CCC after learning that the doctors and nurses had withheld the fact that her daughter was breathing on her own. The doctors pressured the family to decide when the ventilator would be withdrawn. They said they would ensure that the child did not suffer and would be able to die in their loving arms. But, as I stated, the child was breathing on her own.

CCC helped the family demand treatment, provided legal help and advice, encouraging them to continue advocating for their child.

The child will likely go home in May.

Yes, she has brain impairment from a lack of oxygen for a short period of time and may never live a “normal” life (whatever that means) but the medical staff had no right to treat this family and their child in this manner.

Compassionate Community Care is a new charity. Donations can be made online or mailed to: 383 Horton St. E., London ON N6B 1L6.

www.compassionatecommunitycare.org

...Study: Euthanasia from page 3

The study suggests that the problems with euthanasia that were uncovered in deaths of people with intellectual disabilities may also apply to the general population:

Widening the implications even further, we speculate that many of the challenges highlighted in this paper could also be relevant to patients in the general population, and that they are simply more pronounced or extreme for vulnerable patient groups. It is quite possible that people with intellectual disabilities are like the canary in the coal mine, among the first to come up against issues that turn out to be issues for everyone...It may well be that the ability to use rationality and logic when weighing up the EAS option, and thus decision-making capacity in accordance with standard capacity tests, is impaired in most people affected by the emotional turmoil of terminal illness or suffering caused by chronic conditions.

The final comments from this study clearly uncover the reality that people who are considering death by lethal injection are, at that moment, part of a vulnerable patient group. The idea that euthanasia concerns free choice and autonomy represents a false ideology since in reality people only consider death by lethal injection when they are at the lowest point in their life. Euthanasia is not about freedom, choice or autonomy. It is an abandonment of people in their time of need.



Compassionate
Community Care

Advice, help and support regarding
euthanasia & assisted suicide prevention
and all end-of-life treatment issues.

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