Euthanasia Prevention Coalition Newsletter

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Australian Senator Changes His Mind & Votes Against Euthanasia Bill

In mid-August, the Australian Senate defeated a euthanasia bill (36 to 34) that would have permitted the Territories to legalize euthanasia.

According to an article by Greg Brown in *The Australian*, Senator Burston reversed his long-held support for the bill after meeting with former Northern Territory chief minister Marshall Perron and former Australian Medical Association president Brian Owler.

Senator Burston claims that Perron admitted there were problems with the Northern Territories (NT) euthanasia legislation. *The Australian* reported:

> Senator Burston, of the United Australia Party, said Mr. Perron told him there were problems with the NT's laws passed in 1995—later overruled by the federal government—and revealed two of the people that used the procedure came from interstate.
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> Mr. Perron denied that he told Senator Burston there were problems with the legislation, accusing the NSW senator of using him as an excuse for backflipping at the 11th hour.
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> "He admitted they made mistakes in that legislation. I said, 'Well what's to say they won't make mistakes again?'" Senator Burston said.
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> "He said, 'No, no, no they won't make mistakes again.' So that put enough doubt in my mind that perhaps they weren't coming up with appropriate legislation with the appropriate safeguards; it just made me feel uncomfortable.
>
> It was enough to convince me that perhaps it might not be appropriate at this stage."

The Australian Senate defeated the euthanasia bill after several senators changed their vote.

Join us at the 2018 National Euthanasia Symposium

License to Care not Licence to Kill

Saturday October 27

With Keynote Speaker Hon Nick Goiran,
Liberal MP, Western Australia

Best Western PLUS **Winnipeg** Airport Hotel

Registration (includes lunch) $50 / Live Simulcast $30

Mail in the included form with your payment, call 1-877-439-3348 or register online: www.epcc.ca.

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Belgium Euthanizes 3 Children Aged 9, 11 & 17

When Belgium extended euthanasia to children in February, 2014 by eliminating the age limit, we hoped that no child would die in this manner. The first official child euthanasia in Belgium was reported in September, 2016.

The Belgian euthanasia data shows that in 2016 there were 2,028 reported euthanasia deaths and 2,309 in 2017, a 14% increase. There were 954 reported Belgian euthanasia deaths in 2010 representing a 242% increase in 7 years.

The data indicates that in 2016/17 there were 3 children who died by euthanasia, 77 people with mental or behavior conditions and 710 people with sight loss, incontinence or conditions related to disability or age.

A recent news report has provided more information about the child euthanasia deaths in Belgium. Charles Lane reported in *The Washington Post* that the 17-year-old was living with Duchenne muscular dystrophy, the 9- year-old had a brain tumour and the 11-year-old had cystic fibrosis (CF). Lane reported:

> We do know the 11-year-old euthanized last year had cystic fibrosis. This congenital respiratory disease is incurable and fatal, but modern treatments enable many patients to enjoy high quality of life well into their 30s or even beyond. Median life expectancy for new CF cases in the United States is now 43 years, according to the Cystic Fibrosis Foundation.
>
> Luc Proot (a member of the euthanasia commission) assured me that everything was in order, not only with the 11-year-old's case but also with the other two: a 17-year-old with Duchenne muscular dystrophy and a 9-year-old with a brain tumor.

2014 protest in Belgium

Lane then questioned the application of the Belgian euthanasia law:

> Such questions seem especially pertinent for Belgium, given the problems it has experienced since legislators allowed euthanasia for patients with cognitive and psychiatric illnesses, such as dementia, depression or schizophrenia, even if they have no terminal physical ailment.
>
> Last year, a member of the euthanasia commission resigned in protest because it refused to recommend prosecution when a woman with dementia who had not requested euthanasia was nevertheless put to death at her family's request.

Recently, the film *Fatal Flaws: Legalizing Assisted Death* was screened in Guernsey (UK) while their legislature was debating assisted suicide. One of the bill's sponsors was at the screening. The next day, he stood up in the legislature and said he changed his mind after watching *Fatal Flaws*. Guernsey then defeated the assisted suicide bill by 24 to 14.

Western Australian Liberal MP Publishes Minority Report Opposing Euthanasia

The Western Australia End of Life Choices Committee released its report on August 22 recommending the legalization of Canadian-style euthanasia (MAiD).

They decided that doctors should be permitted to lethally inject or provide lethal drugs to a person who is, "experiencing grievous and irremediable suffering related to an advanced and progressive terminal, chronic or neuro-degenerative condition that cannot be alleviated in a manner acceptable to the person."

Hon. Nick Goiran (Liberal MP), who was a member of the committee, published a 248 page minority report titled ***License to Care not Licence to Kill*** opposing the legalization of euthanasia or assisted suicide. The media quoted Goiran as stating:

> "Indeed, I am convinced that assisted suicide is a recipe for elder abuse," he said.
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> "The safety of the people of Western Australia ought to be our highest law."
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> "I also have serious concerns for the impact upon our desperate efforts on suicide prevention in Western Australia. Our ongoing suicide rate of around one person per day is tragic, and we simply cannot afford the dangerous mixed message that comes with assisted suicide."

Goiran has agreed to speak at our Symposium this year.

We will send you a copy of his report (upon request) with a donation of $100.

Assisted Suicide & the False Concept of Autonomy

On August 22, *The Economist* published an article by Kevin Yuill, author of the book *Assisted Suicide: The Liberal, Humanist Case Against Legalization*.

In the article, Yuill focuses on the false concept of autonomy with respect to assisted suicide.

> The most serious case made by advocates for assisted suicide is autonomy. Yet what stands out for this most recent toleration of at least some suicides is the lack of autonomy; to be legitimate, it seems, suicide must be sanctioned by that new priesthood, medical authority.
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> In the Netherlands, euthanasia (where the doctor accomplishes the act) has risen rapidly since it was legalised in 2002. Last year, 6,306 cases of euthanasia were reported to the Regionale Toetsingscommissies Euthanasie, compared with 2,910 in 2010. With assisted suicides, where the patient must do it themselves, the rise is much slower: 250 reported in 2017, compared to 242 in 2014 and 182 in 2010.
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> As Henk Blanken, who suffers from Parkinson's disease recently complained in the Guardian, "… when push comes to shove, the patient is not the one who decides on their euthanasia. It is the doctor who decides, and no one else." Death has become one more of life's events that we no longer seem to be able to do ourselves.
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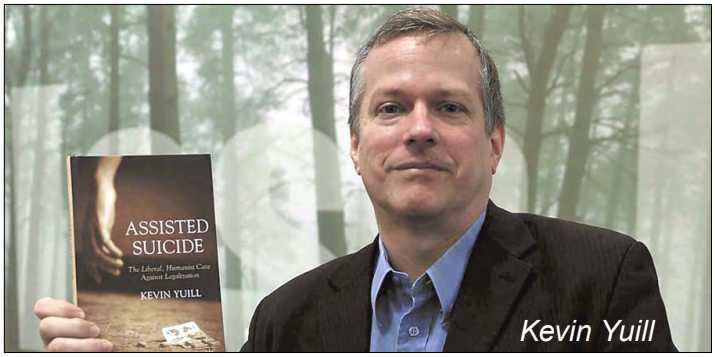
> We are not simply our bodies. Assisted suicide defines our lives in overly physical terms...With assisted suicide, we ask that doctors, experts only in our somatic existence, play God. When someone else is involved in our death, it is not just our wishes that are involved.

Yuill then explains the pressure exerted to extend assisted dying laws, once assisted suicide is legal.

> Often nations with legalised euthanasia and/or assisted suicide have quickly extended the criteria beyond the original remit of deaths inflicted by terminal illness. In Canada, where medical assistance in dying (MAiD) was legalised in 2016, what was a moral compass surely twists in the wind. One of at least 1,300 who were granted it in the first year was a 77-year-old woman suffering from non-terminal osteoarthritis. After physicians refused, a judge ruled that she must be granted her request as she was "almost 80" with "no quality of life". Ontario has abolished freedom of conscience by requiring doctors to participate in killing patients, whatever their beliefs. The current restrictions in the law are being challenged on many fronts by those who argue that their suffering matches that of



> those who are granted MAiD. Who can disagree? Having already allowed euthanasia for, among other things, tinnitus and vision loss, the Dutch House of Representatives held a plenary session on the widely supported citizen's initiative, "Completed life", that demands the right for all Dutch people over 70 who feel tired of life to have assisted deaths.
>
> In Belgium and the Netherlands, over the issue of "psychiatric" euthanasia, there finally appears to be some recognition that a mistake has been made somewhere along the line. In Belgium in 2014-15, 124 people were euthanized because of a "mental and behavioural disorder".
>
> A wise government will, like the British parliament in 2015, refuse to make assisted dying legal.

Suicide is not Distinct from Assisted Suicide for Psychiatric Reasons

Recent research by Dr. Scott Kim et al examines the position of the American Association of Suicidology (AAS) who claims there is a difference between suicide and assisted suicide.

The AAS accepted the false position of long-time euthanasia activist Margaret Battin who wrote that suicide and assisted suicide are different acts done for different reasons. Battin is known for producing ideological studies that are not based on fact. The euthanasia lobby knows that assisted suicide becomes socially accepted when it is differentiated from suicide.

Dr. Kim is a professor of psychiatry at the University of Michigan and a member of the Department of Bioethics at the National Institute of Health. His study published in the Journal of the American Medical Association Psychiatry (JAMA Psychiatry) analyzes the AAS position based on cases of euthanasia for psychiatric reasons in the Netherlands.

*...see **Suicide** on page 4*

3 Tips to Safeguard a Friend in a Nursing Home

By Nancy Valko, RN

I have had many relatives and friends who lived in nursing homes and, especially as a nurse, I am always saddened by how few of the other residents had any visitors, even family members. I have even heard relatives say they would just prefer to remember their relative "the way they were".

This is not only tragic for the family member's or friend's psychological well-being but also potentially for their safety. Nursing home residents without visitors are at greater risk of neglect or even abuse. With sometimes inadequate staffing and/or high nurse and aide turnover, it is important that people in a nursing home have someone who knows them to look out for them.

Here are 3 tips to help safeguard a friend or relative:

1. Get to know the staff and tell them about your friend or relative, especially likes or dislikes. Visit at different times or days in order to know the staff and when it is most convenient to talk with them.
2. Notice "red flags" like poor personal hygiene, unexplained injuries, weight loss, emotional changes, environmental hazards etc. and know who to contact if you see a problem.
3. Especially if you are health care power of attorney for your relative or friend, ask about care conferences so that you can attend them. Such conferences usually cover how the resident is doing in terms of activity, possible pain, eating, mobility, etc. It is also crucial to know what medications have been ordered and given, especially the "PRN" (as needed) ones. For example, you may notice a change such as sleepiness or fatigue that can be helped with a medication change.

By 2020, it is projected that the global population of humans who are 65+ will surpass those under 5 for the first time in human history. At the same time, families have fewer children, older adults are more likely to have never married or to be divorced, and adult children often live far from their parents. This makes it harder for many older people who prefer to live independently in their own homes indefinitely without help.

According to the CDC (Centers for Disease Control and Prevention), 1.4 million people are nursing home residents in the US and, as I have written, those residents really benefit from visitors as do all of us who volunteer to help the elderly!

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*...**Suicide** from page 3*

Kim suggests that the US states that have legalized assisted suicide claim to exclude it for psychiatric reasons, but he says:

> …it would have been quite understandable if the AAS had limited its statement to PAD (Physician Assisted Death) for terminal illness especially since the organization is based in the US (where Psychiatric PAD is not legal) and dedicated to preventing suicides (which occur mostly among persons with mental illness). Yet the AAS statement's support for PAD explicitly includes PAD of all types including PAD for non-terminally persons with psychiatric disorders.

Kim then challenges the position of the AAS based on their own description of suicide:

> However juxtaposing the AAS statement's descriptions of "suicide in the ordinary, traditional sense" with the existing evidence on psychiatric PAD reveals that the features of persons who die by suicide that are said to distinguish them from persons who seek PAD for terminal illness are, in fact, featured by those who receive psychiatric PAD.

He then examines the comments from the AAS based on the reasons people ask for PAD.

> ...research shows that these common features of suicide are not only present in psychiatric PAD but are cited as justifications for PAD.
>
> ...In the debate about psychiatric PAD important considerations are raised by both sides. One of the most concerning is how the practice of psychiatric PAD will affect the longstanding societal commitment to the prevention of suicide. It should give us pause when a leading suicide prevention organization minimizes this problem while ignoring the evidence that psychiatric PAD is difficult to distinguish from suicide. Regardless of one's position on the policy debate, all sides should at least be committed to a more evidence based dialogue.