



200th Edition

The Euthanasia Prevention Coalition (EPC) is celebrating its 20th year of service to Canada and the world and this is the 200th edition of our newsletter.

EPC has become the international leader in opposing euthanasia and assisted suicide.

We have published books and articles, produced videos, intervened in the courts, organized conferences, presented to groups, and helped others research and oppose euthanasia and assisted suicide world-wide.

Our work is dependent upon your support. Please consider donating \$20, \$200 or \$2000 to enable EPC to continue our work leading the world-wide opposition to euthanasia and assisted suicide.

Euthanasia Symposium: *License to Care not Licence to Kill*

Saturday October 27 in Winnipeg, Manitoba (9 – 4 Central Time)

The 2018 Euthanasia Symposium features excellent speakers. You have the opportunity to attend the event live or to watch remotely from anywhere in the world.

The cost to attend at the Best Western Winnipeg Airport Hotel is \$50 (includes lunch). It is \$30 to watch online (we will email a link).

Keynote speakers are **Alexandra Snyder**, a lawyer who is fighting the California assisted suicide law and **Dr. Paul Saba**, a Québec physician whose topic is *Why I Won't Kill*.

Speakers include: **Kevin Dunn**, Co-Producer of *Fatal Flaws: Legalizing Assisted Death*, **Amy Hasbrouck**, EPC President (Toujours Vivant – Not Dead Yet), **Taylor Hyatt**,

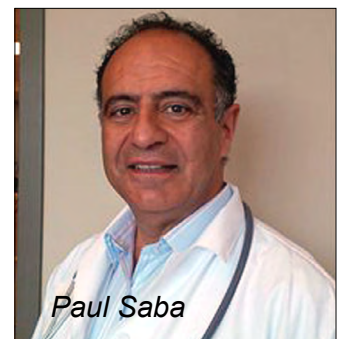
researcher from Not Dead Yet, **James Mahony**, freelance journalist and former lawyer, **Jen Romnes**, painter and author of the books *Entangled 1 & 2*, and **Alex Schadenberg**, EPC Executive Director.

Groups and individuals from anywhere in the world can organize a public screening event. Last year more people watched the Symposium online than attended in person. All you need is high speed internet, a good computer/projector and speakers. We are anticipating that more people will take advantage of this opportunity this year.

For more information:
email info@epcc.ca
call 1-877-439-3348



Alexandra Snyder



Paul Saba

Canadian and Dutch Medical Associations Pressure the WMA to Accept Euthanasia

The Journal of the World Medical Association (WMJ) in its [August 2018 edition](#) reported that the Canadian Medical Association (CMA) and the Royal Dutch Medical Association (KNMG) are pressuring the World Medical Association (WMA) to change its position opposing euthanasia and assisted suicide.

The CMA and KNMG are lobbying the WMA to accept doctors killing patients by lethal injection. From pages 8 and 9 of the WMJ:

Dr. Kloiber explained that this issue would be brought back into an international discussion to be started in Reykjavik at the medical ethics conference before the General Assembly in October.

A brief debate took place about how to reconcile current WMA policy that euthanasia was unethical with the fact that in some countries euthanasia was now legal. The committee was told that there would be ample time to discuss this matter further at the medical ethics conference in Reykjavik.

The Canadian Medical Association gave notice that together with the Royal Dutch Medical Association it would be bringing a draft revised paper for consideration in October, to see if they could accommodate all the divergent views among members.

The current [WMA Declaration on Euthanasia](#) says:

Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical.

The current [WMA Statement on Physician-Assisted Suicide](#) declares:

Physician-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically.

The [WMJ report](#) (pg 13) concerning the Brazil Symposium (Mar 2017) stated:

...the pressure that some patients might face if euthanasia was allowed and the fact that the request for euthanasia might be reduced by improved training of professionals in palliative care. It said societies should be aware of the "slippery slope" risks of legislation allowing euthanasia.

It concluded: "The sick at the end of life need a helping hand not to precipitate their death, nor to prolong their agony with the therapeutic obstinacy,



but to be with them and relieve their suffering with palliative care while their death arrives".

The [WMJ report](#) (pg 13) concerning the Japan Symposium (Sept 2017) stated:

Based on the survey and the group discussions, all of the NMAs opposed euthanasia and physician assisted suicide. With the exception of Australia and New Zealand, there was no significant desire in the civil society of the Asia/Oceania region to discuss the concept of euthanasia and PAS.

The [WMJ report](#) (pg 14) concerning the Rome Symposium (Nov 2017) stated:

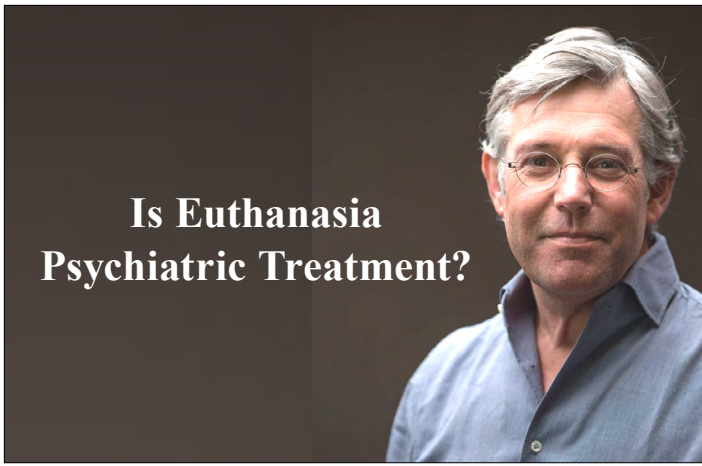
Throughout the meeting, proponents of right-to-die policies emphasised that their intention was to protect physicians in their own countries who are acting within the law, not to change or influence policies in other countries. They based their arguments on the concepts of patient self-determination, dignity and compassion. Those who were opposed to euthanasia and PAS, representing the majority of attendees, rejected these procedures as being diametrically opposed to the ethical principles of medicine and expressed concern that they could lead to misuse or abuse...They also expressed concern that these procedures could cause damage to the complete trust which characterises the patient-physician relationship or lead to social pressure for the elderly or those with chronic illness to end their lives.

The majority of attendees ultimately advocated for the retention of the existing policies of the WMA on euthanasia and PAS.

The [WMJ report](#) (pg 14) concerning the Nigerian Symposium (Feb 2018) stated:

Among the resolutions at the conclusion of the meeting were that NMAs in Africa are unanimously opposed to euthanasia and physician assisted suicide in any form. They supported policies and legislations permitting and strengthening palliative care.

Physicians from Canada and the United States are planning to attend the WMA October conference in Reykjavik (Iceland) to oppose a change in the euthanasia and assisted suicide policies.



Damiaan Denys (pictured above), M.D. Ph.D., President of the Dutch Society of Psychiatrists, wrote a commentary that was published in the September issue of *The American Journal of Psychiatry* titled, “[Is Euthanasia Psychiatric Treatment? The Struggle with Death on Request in the Netherlands](#)”.

Commentaries on psychiatric euthanasia by experts, like Denys, are incredibly important for countries, such as Canada, who are considering extending euthanasia to people with psychiatric conditions.

Denys’ commentary is based on a 42-year-old married woman, who requested euthanasia while receiving psychiatric treatment. The Psychiatric team, that Denys is a member, rejected her death by euthanasia because treatment options existed but the woman died by euthanasia anyway. Denys wrote:

Although we had treated her intensively for 2 years, our advice was disregarded. Eight weeks later we received the obituary of the patient.

His commentary goes further into the dilemma of psychiatric euthanasia.

Apart from controversy about the primary question, whether euthanasia is an option for psychiatric patients, there are medical and ethical dilemmas related to the practical process of decision making and execution. How can we reconcile the daily practice of reducing suicidal ideas and behaviors in patients with respecting a death wish in single cases? How can we distinguish between symptoms and existential needs? How can we decide whether a psychiatrist is sufficiently autonomous to judge euthanasia? Does the fragile therapeutic relationship between psychiatrist and patient not bias judgment? How are differences in opinion between psychiatrist and patient resolved? Although psychiatrists are not legally obliged to approve or execute euthanasia, neither can they interfere once a request is granted by a 3rd party, as shown in the aforementioned case.

Denys states that the number of psychiatrists who oppose euthanasia is growing in the Netherlands:

The powerlessness psychiatrists may feel when facing a euthanasia request may be comprehended as moral distress...Paradoxically, although the number of requests has increased in the Netherlands, psychiatrists have become more reluctant toward euthanasia. In 1995, 53% of psychiatrists found it inconceivable to ever consider euthanasia; in 2015, 63% of psychiatrists rejected euthanasia.

In the Netherlands, 83 people died by euthanasia for psychiatric reasons in 2017, up from 60 in 2016 and there were 6585 reported euthanasia deaths in 2017, up from 6091 in 2016.

Denys completes his commentary by stating:

Finally, the possibility of euthanasia may lower many people’s threshold for ending their lives. The legalization of euthanasia not only appears to justify morally the intention to die, it also institutes suppliers of the services who encourage the demand for euthanasia.

Whatever stance one takes in the euthanasia debate, albeit good or bad, right or wrong, in the end, there is a terminal effect. Euthanasia for psychiatric disorders is an infinite debate with finite consequences.

Québec Political Party Pledges to Extend Euthanasia to People with Alzheimer’s

The Coalition Avenir Québec (CAQ) says that if they are elected on October 1, they will increase provincial funding for Alzheimer’s research by \$5 million a year and host public consultations on advanced consent for medically assisted deaths for those with Alzheimer’s and related diseases.

René Bruemmer reporting for the *Montreal Gazette* states that CAQ candidates Marguerite Blais and François Bonnardel announced in Saint-Sauveur on September 17 the party’s intention to increase funding for Alzheimer’s research and extending euthanasia to people with Alzheimer’s.

Bonnardel’s mother suffers from Alzheimer’s, and he has said he would support a law that would allow a person to request a medically assisted death through prior consent in a living will.

...see [Québec](#) on page 4

Euthanasia Society President Charged with Murder of Disabled Man



Recently, Sean Davison, a member of the World Federation of Right to Die Societies board, was arrested for participating in the murder of Anrich Burger in 2014. Burger became a quadriplegic in a car accident.

In September 2014, [Alex Schadenberg urged police to investigate Davison in the death of Burger](#). He wrote:

Sean Davison, who was previously convicted in New Zealand for assisting his mother's death, has admitted to assisting the suicide of a South African quadriplegic man. Davison is now saying that [he will never assist in euthanasia again](#).

Davison should be investigated for his part in the death of Anrich Burger who became a quadriplegic in a 2005 car accident.

Davison told the South African media that, "Anrich Burger was a very close friend. I wouldn't want to ever go through that again. It was very stressful."

Adele Redmond and Mandy Te, reporting for *Stuff* media in New Zealand, provided more information on the Davison case. [According to the article](#):

He (Davison) has often spoken publicly about Burger's death in 2014, acknowledging he was with his friend in his Waterfront hotel room as he died – but said that was not a crime. "Dr. Burger committed suicide," Davison said. "He wrote his own prescription; he collected it, he arranged for the hotel. I was at the end with him, but he clearly expressed his wish to die."

But South African authorities believe the 57-year-old killed Burger—and others as well. Opposing bail, Prosecutor Megan Blows told the Cape Town Magistrate's Court during Davison's bail hearing that "new information has come to light [that] the accused might have committed similar offences".

Because of evidence collected during a "search and seizure" operation at Davison's R3.5 million Cape

Town mansion, Blows requested a postponement so new allegations and items could be investigated.

We also learn from the *Stuff* article that Davison was planning to move to Australia and only returned to South Africa to resign his job.

Davison is a long-time euthanasia activist. More information will be learned on November 16 when Davison returns to court.

...Québec from page 3

"I see my mother, today, it's 15 years (that she has had Alzheimer's). Do I want to die like her? No...I want the choice to decide. I think a large majority of Quebecers want this choice."

...we want to open this debate for the 125,000 families who live with Alzheimer's daily," Bonnardel said. "We will do it because we have to do it. It's a question of dignity."

In [July 2018, a Dutch doctor was reprimanded for euthanizing a woman with dementia who resisted](#). According to the case:

The doctor secretly placed a soporific in her coffee to calm her, and then had started to give her a lethal injection.

Yet while injecting the woman she woke up, and fought the doctor. The paperwork showed that the only way the doctor could complete the injection was by getting family members to help restrain her.

It (the paperwork) also revealed that the patient said several times 'I don't want to die' in the days before she was put to death, and that the doctor had not spoken to her about what was planned because she did not want to cause unnecessary extra distress. She also did not tell her about what was in her coffee as it was also likely to cause further disruptions to the planned euthanasia process.

Canada's federal government announced in December 2016 that they had commissioned studies into the issues of euthanasia for children, euthanasia for people with psychiatric conditions alone and euthanasia for people with Alzheimer's/dementia if they request euthanasia for this condition while competent.

To permit euthanasia for people who had previously stated that they wanted to die by lethal injection, but who are now incompetent, these people are denied the right to change their mind.