

Imposed Death
The Time to make a Difference is NOW!

Euthanasia Symposium - April 28, 2001

The **Euthanasia Symposium** is taking place in London, at the Ramada Inn on Saturday, April 28th. It features three of the most prominent speakers in the fields of euthanasia, medical ethics, and the rights of people with disabilities.

Wesley Smith, an attorney and consultant for the International Anti-Euthanasia Task Force and an author of two of the most compelling books on the issues: *Forced Exit* and *Culture of Death*. Wesley Smith is the leading voice opposing euthanasia and assisted suicide in the US. Wesley Smith's books will be available at the Symposium

Dr. John Patrick is a professor of Biochemistry and Paediatrics at the University of Ottawa. Dr. Patrick has spoken throughout North America on medical ethics and is well known for his insightful thought provoking speeches.

Catherine Frazee is a leader in the equality rights movement for many years. She is a researcher and a leader with disabled persons advocacy groups. As a woman with a physical disability she has established herself as one of the most profound spokespersons in her field.

The Euthanasia Symposium begins at 10:00 AM with sessions concluding at 4:00 PM. The Banquet featuring guest speakers Wesley Smith and Dr. John Patrick begins at 6:30PM (doors open at 5:30 PM).

**The cost for the Symposium is \$50.00 including lunch.
Banquet Tickets are \$25.00.**

Reaction to the death of Chelsea Craig

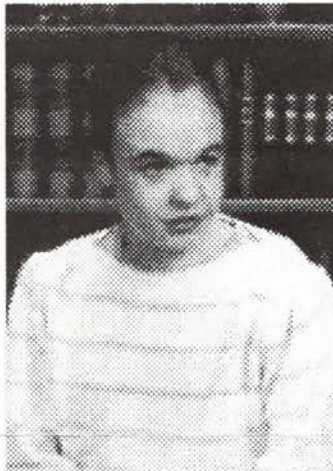
March 21, 2001

The Euthanasia Prevention Coalition is shocked and saddened by the death of Chelsea Craig, a 14 year old young woman with Rett Syndrome. Chelsea's death reinforces the reality that people with disabilities in Canada are particularly vulnerable and need proper care and protection.

"The case of Chelsea Craig renews our call for the Federal and Provincial governments to re-examine the level of care that is provided for the disabled, elderly, chronically ill, and all other vulnerable people who are highly dependant on others for their basic care," stated Dr. Barrie deVeber, Euthanasia Prevention Coalition President.

Executive Director, Alex Schadenberg said that: "A just society is measured by how it treats its most vulnerable citizens. Canada must be challenged to become a leader in the care and protection of people with disabilities, elderly, and other vulnerable citizens."

The Euthanasia Prevention Coalition calls on the justice system to treat Chelsea's death in the same manner as any other child killing. People with disabilities are recognized as equal citizens by the Canadian Charter of Rights and Freedoms and should not be made to feel vulnerable by the dehumanizing of their existence in order to justify a very horrible and sad act. The justice system must not decide the fate of Chelsea's mother based on the health of Chelsea but rather on the facts of the case.



Call the Euthanasia Prevention Coalition for Symposium and Banquet seats (toll free) at: 1-877-439-3348.

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Canada must help dying to do with dignity:

Dr. Balfour Mount says euthanasia cannot be morally addressed until help is available to all.

By: Mark Kennedy, Southam News - Ottawa (edited)
National Post, March 19, 2001

Canada must dramatically improve its palliative care system for dying patients if it is to succeed as this country's alternative to euthanasia and assisted suicide, says a report by a leading member of the medical profession.

The article published in this month's journal of the Royal College of Physicians and Surgeons of Canada, is written by **Dr. Balfour Mount**, the 61 year old Montreal physician who has been dubbed the "father of palliative care" in Canada.

Dr. Mount's article also closely examines Holland's plan to decriminalize euthanasia and assisted suicide by establishing a framework of rules that must be followed by doctors. He concludes the plan's supposed safeguards to prevent abuse aren't as solid as many might believe.

"The Dutch choice of implementing euthanasia before palliative care was pragmatic and perhaps born out of cultural and historic factors," Dr. Mount writes.

He notes the Netherlands — where euthanasia has been practised illegally for years — is also improving its palliative care system to minimize patients' pain and provide dignified end-of-life treatment. That means dying patients will be able to choose between euthanasia and palliative care.

"In Canada, however, where palliative care is available to five per cent of the dying, we have chosen neither. On the one hand, our courts voted against euthanasia by the narrowest of margins, while on the other hand, our governments have failed to give adequate support to palliative care."

Unless the problem is remedied by governments the "appeal of euthanasia and assisted suicide as a compassionate alternative to overcrowded clinical services, inadequate fiscal resources, and increasing family caregiver burden is unlikely to lessen," concludes Dr. Mount.

He warns people should think twice before concluding that Holland has designed the perfect system for euthanasia. Last November the lower house of the Dutch Parliament passed a bill that set various criteria, but Dr. Mount identifies many potential loopholes, such as:

- The criteria stipulate a patient's request for euthanasia must be "voluntary and well considered." However, studies show Dutch doctors already end their patients' lives without request in anywhere from 15% to 40% of cases. As well, half of all doctors in the country considered it appropriate to suggest euthanasia to their patients — a fact which Dr. Mount says is troubling as patients might feel "obligated to opt for assisted suicide to save the health system money;

- Patients must be in "unremitting and unbearable" pain. Dr. Mount writes the level of suffering is linked to the quality of palliative care which offers pain relief. Palliative care in the Netherlands has lagged behind that of other countries. In Holland, he writes "the cart continues to go before the horse, in that euthanasia and assisted suicide have been adopted as a solution before ensuring optimal integrated whole-person care;"

- A doctor must get a second professional opinion before conducting euthanasia. Dr. Mount argues there are few doctors in the Netherlands qualified to assess whether a patient's request is voluntary and whether their pain is unbearable and hopeless.

Ultimately, he suggests, the focus should be on offering Canadian patients a chance to die pain-free "before assuming that there is a need to follow Holland's course.

"Canada must no longer sit on the fence. We need decision-makers who recognize the unnecessary suffering experienced by dying Canadians, and political leaders who refuse to hide behind federal-provincial jurisdictional squabbling."

Save no sorrow for Latimer

By Mark Richardson — London Free Press March 21, 2001

"I don't understand why Robert Latimer didn't take the offer of an institution (for his handicapped daughter, Tracy," said **Adrian Dieleman**, wheelchair-bound chaplain of the McMaster University Medical Centre in Hamilton. As he was speaking to an attentive audience of about 100 at St. Peter's Cathedral in London last week, he got me wondering the same thing.

Before that address, I did not know an offer had been made. Like most Canadians, I had bought into the media's presentation of Latimer as an ordinary, fortyish farmer from Wilkie, Sask., who had snapped one day under an impossible burden. As the organizers of the grassroots campaign to grant clemency to Latimer put it to CBC Radio One's Shelagh Rogers on Monday's This Morning program, I wasn't "prepared to judge the man."

But Dieleman's comment that the situation "terrifies" him, along with the fragile appearance of his disabled listeners, made me look more closely at the Latimer case. And at Robert Latimer.

After his 1995 trial in the Saskatchewan Court of Appeal, Chief Justice Edward Bayda described Latimer as "typical salt of the earth . . . a devoted family man." What the judge left out is that he himself had presided over a 1974 trial in which a Battleford, Sask., jury found Latimer guilty of raping a 15-year-old girl. Perhaps that unpleasant fact slipped his memory, because the conviction was later overturned on a technicality regarding the judge's poor handling of the case.

Hiding unpleasantness seems to be what Robert Latimer was about, too. Although he was lauded by his wife as a "100-percent honest man," court testimony showed he had tried to hide his role in Tracy's death. Having cut up and burned the hose that carried the exhaust gases that killed his daughter, he told police Tracy had died in her sleep.

When he learned investigators were planning an autopsy, Latimer insisted, to the shock of his wife, Tracy be cremated. He only confessed after police found her blood had lethal levels of carbon monoxide.

Latimer has a knack for being dismissive. He said his first trial's jury was "not human" and last month, after it upheld his second-degree murder conviction, he accused the Supreme Court of Canada of being "twisted."

But it is starting to look to me as though Latimer is the one out of alignment. His wife, Laura, admitted on the stand that her husband "was very squeamish about medical matters, he was afraid of blood, afraid of needles, afraid of anything medical." According to Latimer, a vaccination was cruel.

It may have been this unnatural fear of pain that sealed Tracy's fate. Cpl. Kenneth Lyons took Latimer's confession and quoted the suspect's reason for committing murder: "(Surgery) was more complicated than what we had expected, so we just couldn't see another operation." The "we," obviously, does not include Tracy.

Ruth Enns, author of *A Voice Unheard: The Latimer Case and People with Disabilities*, reveals Latimer's little girl was someone who enjoyed life despite of her disability.

In September 1992, for example, Laura Latimer wrote in the care giver's communication book that was permanently attached to Tracy's chair that "Tracy is doing so well you wouldn't believe it" and there are frequent references to her daughter being "a happy girl" and "all smiles." The last entry, Oct. 19, 1993, reads "Tracy was good, ate really well, had a bath. Bob bathed her."

Little did Laura know Bob had by this time already decided to do away with Tracy. Robert Latimer made his choice on the evening of Oct. 12, 12 days before he sat on a tractor tire in the box of a truck and watched his daughter jerk several times as a result of carbon monoxide poisoning. He later said he timed the whole thing, but did not say why.

I think I know why. By then Tracy was no longer a human being to her father. She had gone from being a girl with pain to simply a pain. Someone to be measured and disposed of. Someone else to be dismissed.

Since he has shown no remorse for what he did to Tracy, Latimer would probably write me off as "twisted" because I won't be signing the petition for clemency. Too bad. Robert Latimer killed his own daughter: He deserves every day of his 10-year sentence.

Mark Richardson is a London freelance writer. His column appears Wednesdays.

***Leader of the Government in the Senate takes on
Special Responsibility for Palliative Care***

March 14, 2001- Ottawa, Ontario

Prime Minister Jean Chrétien today announced that the Honourable Sharon Carstairs, Leader of the Government in the Senate, will take on special responsibility for palliative care. Palliative care is a special kind of health care for individuals and families who are living with a life-threatening illness, usually at an advanced stage. Senator Carstairs will assist Health Minister Allan Rock, and support the federal government's keen interest in the development of palliative care by working with provinces, territories and non-governmental organizations, to ensure that palliative care is meeting the needs of Canadian patients, families and care givers.

"Enhancing Canadians access to high quality palliative care is essential to meeting our Throne Speech commitment to provide Canadians with good health and quality care," said the Prime Minister. "With her extensive background and experience on this issue, Senator Carstairs is well-qualified to assist Minister Rock in meeting this key health care objective."

Senator Carstairs chaired the subcommittee of the Senate Standing Committee on Social Affairs, Science and Technology, whose June 2000 report made important recommendations in respect of palliative care. Senator Carstairs was also member of a Special Senate Committee whose 1995 report, *Of Life and Death*, also devoted considerable attention to the issue of the availability of palliative care.

PMO Press Office: (613) 957-5555

Former Nurse gets Life in Prison for Euthanasia Deaths

Associated Press; March 26, 2001 (edited)

Springfield, MA — A federal jury on Monday decided on life imprisonment for a former veterans nurse who killed four patients by injecting them with a heart stimulant.

U.S. District Judge Michael Ponsor formalized the jury's recommendation, sentencing Kristen Gilbert, 33, to four consecutive life terms without the possibility of parole. He also sentenced her to two 20-year terms for trying to kill two other veterans, and to several lesser charges.

Claire Jagadowski told the judge of the loss of her husband, 66 year old Stanley Jagadowski: "I still listen for his key in the door. Now I have to face old age alone."

Gilbert declined an opportunity to address the judge. She wept softly when the jury's decision was read.

Assistant U.S. Attorney William Welch had called Gilbert a "shell of a human being" ... for the cold and calculating way she murdered her victims: injecting them with overdoses of the heart stimulant epinephrine, also called adrenaline, causing their hearts to race out of control.

Prosecutors had argued that she wanted to attract attention, especially from her lover, a hospital security guard, for the way she handled herself during emergencies.

Gilbert was convicted March 14 of the first-degree murder in the deaths of three veterans. She also was convicted of second-degree murder, in the death of a fourth veteran, and of trying to kill two other veterans.

Jurors deliberated for less than six hours Friday and Monday on whether to impose the death penalty. Since they were not unanimous, the sentence defaulted to life in prison.

Prosecutors said Gilbert confessed to the murders to the security guard and her estranged husband. Gilbert's lawyers attacked those confessions.

Dutch Doctor Found Guilty of Murder

Alex Schadenberg

Executive Director - Euthanasia Prevention Coalition

An Amsterdam court has found a doctor guilty of murder for overstepping euthanasia criteria. Critics think that this case might hinder the passage of the euthanasia bill which is before the upper house of parliament in the Netherlands.

Dr. Wilfred Van Oijen gave a patient, who was in the terminal stage of her illness, a muscle-relaxing drug commonly used in euthanasia. She stopped breathing shortly afterwards.

Van Oijen, who was featured in the 1994 euthanasia television documentary, *Death on Request* (BMJ 1994;309:1107), argued that he chose "to let his patient die in the most ethical manner."

Van Oijen overstepped the euthanasia criteria in several ways: • He did not discuss euthanasia with the patient and the patient did not request it, • He did not discuss the case with a second doctor, • He stated that she had died of natural causes on the death certificate.

The court found him guilty but ruled that he had made an "error of judgement." The court said he had done what he thought was best for his patient and therefore imposed no prison sentence.

There are believed to be around 4000 cases of euthanasia each year in the Netherlands. It is estimated that in 1995, more than 50% of these deaths were either not properly reported or not reported at all.

The Euthanasia Prevention Coalition is convinced that this case will have little to no effect on the passage of legislation in the Netherlands. Rather we think this case is an example of the neglect in proper medical care for the dying that exists where euthanasia is tolerated.

Van Oijen's patient was believed to be in her final hours of life. She had been bed-ridden for months. She had rotting skin on her hip which was open to the bone, causing an unbearable stench. Blood leaked from her vertebrae and pus oozed out of large skin infections.

The real issue should not be the legalization of euthanasia but rather the proper and dignified care and support for the dying.

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