



Euthanasia Symposium in Ottawa - Oct 20th

- Where:** The Government Conference Centre
2 Rideau Street, Ottawa, Ontario
- When:** Saturday, October 20th, 2001
9:30 am to 4:30 pm (lunch included)
Banquet at 6:00 pm
- Organized:** Euthanasia Prevention Coalition & Action Life
Ottawa
- Cost:** (\$85.00) Euthanasia Symposium + Banquet
(\$55.00) Euthanasia Symposium only
(\$60.00) Late registration after October 8
(\$35.00) Banquet only (Wesley Smith)

The conference Centre is situated on Rideau Street opposite the Chateau Laurier. The building formerly housed the downtown railway terminal Union Station. Every effort has been made to invite the best speakers and provide the latest information on euthanasia, assisted suicide and medical ethics.

Our speakers include:

Wesley Smith is an attorney and consultant for the International Anti-Euthanasia Task Force. Wesley Smith awed the participants at the London Euthanasia Symposium in April. He has written many books including: *Forced Exit: The Slippery Slope from Assisted Suicide to Legalized Murder* (1997), and *Culture of Death: The Assault on Medical Ethics in America*, which was named Best Medical Book of the year by the Independent Publishers Association in 2001.

Mark Pickup is disabled with chronic, progressive multiple sclerosis. He has become a leader across North America against Euthanasia, Assisted Suicide, and the rights of people with disabilities. Mark has spoken to community groups, health care workers, universities and government committee's. He serves as a community representative for the Ethics Committee for the University of Alberta Hospital.

Christopher de Vinck has published 11 books and many articles. His most recent article: "The power of the powerless: A brother's lesson of love" has affected many people. He has lectured extensively throughout the United States

Petition to be presented in Ottawa

The Euthanasia Prevention Coalition has received nearly 25,000 signatures supporting the Petition to the House of Commons — *Protecting People With Disabilities - The Supreme Court of Canada Latimer Decision*.

On Thursday, October 18th, 2001 the Euthanasia Prevention Coalition will be hosting a parliamentary lunch. Author and lawyer, Wesley Smith will be the featured speaker. We will present the petitions at the end of the lunch.

We are convinced that the parliamentary lunch will effect the attitudes of parliamentarians for years to come. This event is being organized in connection to the Euthanasia Symposium.

Please consider donating toward the cost of the parliamentary lunch or ask your member of parliament to attend the lunch.

Canadian suicide by mail order kit

By Dennis Shanahan - August 20th, 2001- The Australian

A Canadian group is offering Australians a mail order suicide kit, which includes a customised plastic bag for suffocation, to skirt Australia's anti-euthanasia laws.

The \$30US "exit bag" and \$16US guidebook to suicide drugs is endorsed by some Australian voluntary euthanasia groups, who assist in the marketing of the package but do not sell the "clear strong industrial plastic" bags directly to Australians.

The suicide bags, reminiscent of the Khmer Rouge's shopping bag executions in Cambodia's killing fields, are mailed directly to applicants in a plain white envelope.

The marketing of the suicide kits follows a call by Philip Nitschke, director of the Voluntary Euthanasia Research Foundation in Darwin, for the development of a homemade

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suicide cocktail that would get around national anti-euthanasia laws.

Visiting US anti-euthanasia campaigner Wesley Smith has revealed the existence of the Australian marketing campaign and the advertising being used by the Right to Die Network of Canada, which incorporates endorsement from an Australian who has inspected one of its kits.

The advertisement says Canada's Right to Die Network spent a year developing the "hand-made, customised plastic bag for use in self-deliverance."

"Until such time as the laws are changed to grant terminally ill and incurably ill people a choice in how they will die, the use of a plastic bag (with appropriate sedatives) is considered essential by a variety of international experts," the Ottawa-based company says.

The customised exit bag is made of clear strong industrial plastic. It has an adjustable collar (with elastic sewn into the back and a six-inch Velcro strip in front) for a snug but comfortable fit.

The kit includes a chapter from the book *The Art and Science of Suicide*, which gives detailed instructions on how to use the bag and a directory of sedatives to take while committing suicide.

The Canadian advertisement also says: "Here is what one purchaser from Australia said: I am a life member of the Voluntary Euthanasia Society of NSW, I have inspected your plastic bag at our local office. You have done a very good job, especially on the collar. I would like to order one of your bags for the time my lifestyle will be reduced as I have a terminal condition."

Mr. Smith said he obtained one of the suicide kits through the mail "in a plain white envelope and with no questions asked".

"Who could send out such a thing to somebody knowing that they're planning to kill themselves or their wife or husband," he said. "We are talking about people killing themselves."

Mr. Smith, a lawyer who has campaigned against euthanasia for years in the US, said he believed the supply of the kits would be illegal but it is almost impossible to police. "It's just a plastic bag in the mail, it's not a weapon so it is difficult to detect," he said.

The Voluntary Euthanasia Society of NSW does not sell the bags but does provide verification that applicants for it are members of the society.

University of Toronto Study attributes desire for euthanasia to "Loss of Self"

Written by: Alex Schadenberg

A recently published study in *The Lancet* indicates that people primarily desire Euthanasia and Assisted Suicide not because they fear a "Loss of Self" rather than intolerable pain and symptom management.

The study carried out by the University of Toronto Joint Centre for Bioethics interviewed 32 people with HIV-1 or AIDS, questioning them on their thoughts concerning euthanasia, assisted suicide, and end of life medical care issues. The study found that the desire for euthanasia was not primarily driven by their concerns over pain and symptom management but rather by their concerns about loss of function and loss of community, which the researchers have referred to as a "loss of self."

The 32 participants consisted of 31 men and 1 woman who agreed to discuss end of life issues and were HIV positive. 20 of 32 participants entered the study with a position of wanting an assisted death, while 9 participants were opposed to "Mercy Killing".

Even though the research group has weaknesses due to it being almost all men, and all HIV positive. Researchers consider this group to be an important one because studies show that people with HIV - 1 or AIDS are 10 times more likely to request an assisted death. This research is important but further research should be done on the wider community.

The desire for euthanasia or assisted suicide primarily results from fear and experience of two main factors: disintegration and loss of community. These factors combined to give participants a perception of loss of self.

Participants expressed their concerns over disintegration. They recognized that as their disease progressed they become more dependant on others for their basic needs and they resented being unable to do things for themselves.

One participant stated that: "... I'm still inconveniencing other people who look after me and stuff like that. I don't want to be like that. I wouldn't enjoy it, ... No, I'd rather die." This point of view seems to represent our current Western culture's obsession with independence and individuality. Losing autonomy is perceived as an intolerable condition.

Participants also emphasized their concerns over "loss of community". The participants expressed that as their disease progressed their social and personal relationships diminished. Their concerns included being excluded, alienated, and they recognized self-isolating actions.

- **The "exit bag" contravenes Canadian law. It is illegal to aid or counsel in support of a suicide in Canada.**
- **The Euthanasia Prevention Coalition is requesting that an investigation be done into the legality and use of the "exit bag" in Canada.**

One of the participants told of an experience of being in a waiting room of a doctors office when a pregnant women noticed him (in his condition) next to her and began to scream and yell. Everyone in the room seemed extremely uncomfortable with his presence. He felt extremely devalued by this incident.

This study seems to confirm that the strategy of the Euthanasia Prevention Coalition is correct. We recognize the importance of good pain and symptom management and yet we realize that the social, emotional and spiritual needs of a person must be our primary concern. The ability to control pain is possible within the realm of science and good medicine. The ability to care for the emotional needs of the person are existential and therefore more difficult to solve.

The Euthanasia Prevention Coalition considers this study to be a wake up call for everyone to recognize their responsibility to freely give of themselves to others. The Coalition also points to the disintegration of the family unit in our culture exasperates the personal difficulties associated with the dying process. When one is dying they are in their time of greatest need for others. Often the human touch or giving time to listen provides more relief of anxiety than medications or therapies.

The human person is primarily a social being. It is the job of all those who share our opposition to "Mercy Killing" to recognize the importance sharing one's self with others, especially the elderly, the chronically ill and the dying.

To effectively oppose euthanasia and assisted suicide we must recognize the need to build a culture of life. It is through service to others that we will build a culture of life that recognizes the dignity of all human life.

Women fights for Right to Die

Monday, August 20th, 2001 - BBC News

A terminally ill woman is beginning a legal battle to be allowed to end her own life. The landmark case is being brought by 47 year old Diane Pretty, from Luton, who suffers from the incurable degenerative disorder motor neurone disease.

Ms. Pretty will argue that her quality of life is so low that she has the right under the human rights legislation to chose to die.

She will lodge papers at the High Court challenging the Director of Public Prosecutions' (DPP) refusal to rule out prosecuting her husband Brian if he helps her commit suicide.

Prosecution Risk

Her cause is backed by the Voluntary Euthanasia Society and civil rights group Liberty.

Ms. Pretty says that the DPP's decision last week will subject her to inhuman and degrading treatment, in contravention of the Human Rights Act.

Her husband Brian told the BBC of their determination to fight for a change in the law. He said: "This is against the law at the moment and there is no way we are going to go against the law. So we will go to court. We shall fight in court and we will appeal if we lose because I want her to have her final wish."

His wife of 25 years was diagnosed with motor neurone disease in 1999, and her condition has deteriorated rapidly. Mr. Pretty said: "She is unable to walk, she is unable to use her hands or arms, and her speech is very limited. The easiest way to describe it is being like a baby, but with the knowledge and thoughts of a mature person."

Terrible Suffering

Supporters of her case, including her children, Clara, 24, and Brian, 22, say she is clear about her decision, but physically unable to take her own life without assistance.

She wrote to the prime minister earlier this year in a bid to have the law on voluntary euthanasia changed.

Last month, Liberty asked the DPP to guarantee her husband would not be prosecuted for aiding and abetting a suicide under section 2 of the 1961 Suicide Act if he tried to help her.

Although DPP David Calvert-Smith conceded Mrs Pretty and her family were having to endure "terrible suffering", he said he could not offer such a guarantee. Liberty will challenge the way the DPP applied the Suicide Act to the case. John Wadham, director of Liberty, said: "You or I could make a decision to commit suicide, she can't because physically she is unable to do so. "We are saying she should be put in the same position as anyone else, and that means her husband having to help her."

Deborah Annetts, of the Voluntary Euthanasia Society, said: "She is fighting not just for herself, but also for other people in similar circumstances. She knows that her days are numbered, but she really does want to change the law for others who come after her."

Medical Opinion

Dr. Vivienne Nathanson, head of ethics for the British Medical Association, sympathised with the Pretty family, but said the case was unlikely to be successful. She said: "The law in the UK says you cannot help people to die and it equates with murder. It does that for good reason because it is always very difficult to tell after the event if somebody genuinely wanted to die or whether in fact they were killed."

Dr. David Oliver, a consultant in palliative care, said medical advances meant that people with motor neurone disease could die peacefully without the need for their lives to be ended prematurely.

High Court Rules in Favor of Florence Wendland

By Dave Reynolds, Inclusion Daily Express - August 9, 2001

The California Supreme Court ruled Thursday that a court-appointed conservator cannot order life-giving food and water withheld from a conscious patient, unless "clear and convincing evidence" proves that the patient wanted to die under those specific circumstances.

The 6-0 ruling in the Conservatorship of Wendland affirms a lower court ruling that while a conservator can make health-related decisions on behalf of an "incompetent" patient, those decisions must be based on the patient's best interests and wishes. Refusing life-sustaining treatment cannot be considered to be in the patients best interests and wishes, unless the patient had specifically indicated that in a formal manner while "competent".

The court made it clear, however, that the ruling only applied to conscious patients who were "not terminally ill, comatose, or in a persistent vegetative state", and only to persons who had not left "formal instructions" regarding their health care, or had not appointed a person to make health care decisions for them.

At the centre of the case was Robert Wendland, a former auto parts salesman who spent 17 months in a coma following a roll-over accident in September of 1993. In the years after Wendland came out of his coma, medical experts disagreed over how aware he was of his surroundings. He never talked, but did communicate in other ways. He was able to catch a ball and put pegs in a board.

In 1995, his wife Rose asked that tubes feeding food and water into Robert's stomach be removed and that he be allowed to die. She and other witnesses said that on two separate occasions before the accident Robert had commented that he never wanted to live "like a vegetable".

Robert's mother Florence, opposed Rose, arguing that her son would have wanted to live.

Robert will not be able to take advantage of the court's ruling. He died three weeks ago from pneumonia.

This case was watched closely by disability rights and other advocacy groups, because of its potential impact on the amount of control conservators and guardians can have when it comes to decisions regarding the life and death of people with "severe disabilities".

The 50-page ruling is available at this web address:
www.courtinfo.ca.gov/opinions/documents/S087265.DOC

Medical Group Fights Assisted Suicide

By Joann Loviglio, Associated Press Writer - August 6, 2001

The American College of Physicians, the nation's second largest medical organization behind the American Medical Association, has joined the AMA in officially opposing physician-assisted suicide.

A paper published Tuesday in the *Annals of Internal Medicine* says the 90,000-member American College of Physicians believes doctors should always look for ways to improve care of the dying.

"We must solve the problems of inadequate care at the end of life, not avoid them through practices such as assisted suicide," said Dr. Daniel Sulmasy of the American College of Physicians, an author of the paper.

Providing more and better care for pain and suffering, treating depression more aggressively and increasing access to hospice care are essential to help terminally ill patients die more comfortably, the paper said.

Assisted Suicide would damage the patient-physician relationship, jeopardize the medical profession's role of healing, and lessen the value placed on life, according to the paper.

Besides the AMA, the paper also puts the American College of Physicians in consensus with the American Nurses Association, The American Geriatrics Society and a host of other medical and religious groups. The AMA expressed its opposition to physician-assisted suicide in 1993.

One needs only to "look at Dr. Jack Kevorkian's victims" to see that physician-assisted suicide should not be an option, said Dr. Richard Corlin, AMA President.

"You see not just people in the last stages of a terminal illness; you see people who are suffering from chronic depression, people with arthritis, multiple sclerosis," he said. "They're in pain (but) would clearly benefit from the better use of pain medications, the better use of psychological support and the involvement of family in their care."

A spokeswoman for a right-to-die lobbying group said most people support assisted suicide but many are afraid to say so publicly. "It's likely that as baby boomers get closer to the end of their lives — and watch as their parents are being kept alive by machines and suffering unbearable pain or indignity — they will seek a more positive outcome for the end of their own lives," said Jane Ruvelson of the Death with Dignity National Center.