



Euthanasia Prevention Coalition Designs Euthanasia Paper

The Euthanasia Prevention Coalition has designed an update to the educational "Euthanasia Paper" to be distributed throughout Canada.

The *Euthanasia Paper* has been designed to convince people who are unsure about euthanasia.

The paper will concentrate on the concerns of people with disabilities, the elderly, the threat to the vulnerable, and the hope of hospice/palliative care.

The final design will be ready this month and promotional copies should be sent out in July. We are urging groups, Churches and individuals to distribute copies of the paper in their community this fall.

We are providing the Euthanasia Paper for 15¢ per copy and less for most bulk orders and less for large bulk orders.

George Dienesch has researched and found many new articles and has fresh and convincing information on the issues.

Please consider donating to this important project. The cost of designing, producing, and distributing promotional copies of the newspaper need to be covered in order to make this project a reality.

For information call: 1-877-439-3348.

Aids Victim loses Assisted Suicide Bid

April 19, 2002 - By Sue Bailey
Canadian Press - Ottawa

Canada's top court has dismissed the case of AIDS patient who sought medical help to kill himself.

James Wakeford, now in his late 50's had hoped to appeal to the high court after his efforts to challenge the laws banning assisted suicide were dismissed by lower courts.

The Supreme Court of Canada gave no reasons yesterday for refusing to hear his case, as is usual in applications for leave to appeal.

Five of nine high court judges in 1993 upheld the law in the contentious case of Sue Rodriguez, a British Columbia woman dying of Lou Gehrig's disease, or ALS.

Rodriguez argued the criminalization of assisted suicide violated her rights to life, liberty and security of the person and amounted to cruel and unusual punishment.

She took her life in 1994 with the help of an unidentified doctor.

Wakeford was told he had up to three years to live when he applied in February 2001 for a constitutional exemption that would allow him to commit suicide with a doctor's help.

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Australian Assisted Suicide victim NOT Terminal

**Results of Post-Mortem weaken
Euthanasia Case**

May 27, 2002 - By: Kathy Marks
Independant.co.uk - Sydney

The pro-euthanasia campaign in Australia was in disarray yesterday because of news that an elderly woman who committed suicide last week might not have been terminally ill.

A post-mortem examination on Nancy Crick, 69, who took an overdose in front of 21 relatives and friends, reportedly concluded that she was not suffering from cancer at the time of her death, but an inoperable twisted bowel.

Mrs Crick believed she had cancer, as did her family and supporters. She had been through 3 operations and earlier this year received palliative care.

Australia's foremost advocate of voluntary euthanasia, Dr Philip Nitschke, played down the development, saying: "It is irrelevant because she either had bowel cancer or the consequences of bowel cancer, and the quality of her life was such that she thought death was preferable."

But the post-mortem results undermined the argument that terminally ill patients should be allowed to die at a time of their choosing.

The Australian Medical Association said

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yesterday it proved that "licensing the death of an individual, whatever the motives ... is always going to be fraught with danger".

The Gold Coast coroner has reportedly refused to release her body, instead issuing warrants for her medical records.

Police are considering charges of assisting suicide against witnesses to Mrs Crick's death. Under Australian law, being present when someone commits suicide is tantamount to assisting.

Euthanasia: Society has gone wrong when being human means being a burden

May 29, 2002 - By: Amin Abboud
Sydney Morning Herald

The attitudes that encourage euthanasia put women at particular risk.

Last Wednesday evening Nancy Crick, a Queensland grandmother, paid the highest price for a publicity stunt: she paid with her life. Old and unwell, on announcing her decision to kill herself she suddenly developed a large group of friends all interested in watching her die. Now it is suspected that Nancy did not even have cancer.

Last year Norma Hall, from Sydney, made public her wish to take her life with the assistance of Dr Philip Nitschke and others. A few months later she died in suspicious circumstances. Police referred the matter to the coroner.

In 2000, June Byrnes, from Queensland, admitted she was going to take her life and that Nitschke was going to assist. Thankfully she changed her mind before Nitschke was able to arrive with the vial. She is now very well.

Nitschke tells us that a volunteer named Georgia says she wants to be next in line. The evidence seems to indicate that the biggest losers from legalized euthanasia

will be women.

Last year, psychologist Silvia Sara Canetto, of Colorado State University, surveyed more than three decades of mercy killing in the records of the Hemlock Society, a voluntary euthanasia group in the United States. She found that, most of the time, women ended up as victims.

"Many women do not have the resources, the sense of entitlement or the power and freedom to make the choice they desire, especially when they are sick or disabled," she says. She believes the preponderance of women in mercy killing cases may be related to broader social patterns of devaluing women's lives.

A US hospice nurse, Nancy Valko, backed Canetto's research with her experience: "When a man was dying, it was not unusual to see the wife and even ex-wives, as well as other family, at the bedside. In contrast, it was just about as common to see a dying woman who was divorced and alone."

The problem may be that sick and disabled women feel more of a burden than do sick and disabled men because, for the first time in their lives, they are being cared for rather than providing the care. It is this diminished sense of self-worth which leads them to ask for death.

But this may represent a veiled request to live, Canetto said. A woman may really be saying, "Do you care enough to want me alive and to be willing to share in my suffering?"

Professor Kalman Kaplan, from the University of Illinois Medical School, surveyed mercy killing in the US and the Netherlands in a study published this year in the journal *Ethics and Medicine*. The study made a number of significant revelations.

First, a significant percentage of those seeking euthanasia were disabled, lending support to the concerns of disability groups. Second, a majority of those who died had complained of physical pain but an autopsy found no evident physical cause for their

pain, indicating a likely psychological or emotional cause for this pain. The third significant finding was that women comprised the majority of those who were victims of euthanasia.

Kaplan argued that psycho-social factors make women suffering from non-terminal illness interpret pain in a manner disproportionate to the actual disease process. Social factors such as a marriage break-up or deteriorating social situation may impact on these perceptions.

63% of patients who died of euthanasia in Oregon, one of the few places where euthanasia is legalized, cited a fear of being a burden on family, friends or caregivers as a reason for their suicide.

Loneliness, isolation and lack of support in an increasingly individualistic society are pushing the call for euthanasia.

Those who have a supportive family, who demonstrate a willingness to care for them regardless, live longer and die better. The concept of burden must be deleted from our vocabulary with the sick and the dying. People can never be burdens. We need to care for those around us. If we do there will be fewer Nancy Cricks asking to die.

The longer we toy with the idea of euthanasia the more we will foster negative attitudes about old age and disability in society.

Instead of merciful killing we need a campaign of merciful care in women's twilight years.

Dr Amin Abboud is an assistant lecturer in medical ethics and health law at the University of New South Wales, and is the co-ordinator of Australasian Bioethics Information.

• **Order the book *Power over Pain* for \$20.00 each or 4 copies for \$70 + (\$5) shipping and handling by calling the office at: 1-877-439-3348.**

Belgium Approves Euthanasia Bill

May 16, 2002 - Annanova

The Belgian parliament has approved a Bill on euthanasia, making it only the second country in Europe to legislate to give terminally-ill patients the right to die.

The House of Representatives approved the Bill 86 votes against 51 with 10 abstentions. The Senate approved it last year.

The vote came after two years of committee discussions and largely reflects a split between the governing majority of Liberals, Socialists and Greens versus the opposition Christian Democrats and right-wing parties.

The Bill defines euthanasia as an act practised by a third party intentionally ending the life of a person at his request.

Under the Bill, this can be practised by doctors only on patients who have reached the legal adult age, 18 in Belgium, and at their specific, voluntary and repeated request.

The request must be written, and if the patient is not capable of writing, it must be written by another adult of his choice.

A patient seeking euthanasia must be in a hopeless medical situation and be constantly suffering physically or psychologically, the measure says.

If the person is not in the terminal phase of his illness, the Bill says, his doctor must consult with a second doctor, either a psychiatrist or a specialist in the disease concerned. At least one month must pass between the written request and carrying out the act.

Opponents say the measure gives doctors and patients too much freedom.

Belgian Docs Unhappy About Proposed Euthanasia Law

May 16, 2002 By:Justin Sparks

BRUSSELS (Reuters Health) edited

Belgian doctors are opposed to a new law expected to be passed by the country's lower house of parliament this week that will make it the second nation in Europe, after the Netherlands, to decriminalise euthanasia.

The government sought advice from a wide spectrum of medical experts when drawing up the bill, which the Senate approved last October. But doctors from the Belgian Medical Association told Reuters Health they are concerned the law will permit euthanasia in cases where a patient has an incurable disease but still has years to live.

"Doctors know that this law is simply flawed and find it totally unacceptable that individuals who are not terminally ill will also be eligible for euthanasia," said Marc Moens, vice-chairman of the Belgian medical chamber, ABSYM.

A survey conducted by the Artsen medical journal in Brussels last year showed that 75% of doctors opposed the new law, with 8 out of 10 claiming that they would be unwilling to carry out patients' requests for euthanasia.

Under the proposed legislation, any patient requesting euthanasia must be conscious when he makes his demand and must repeat his request. In the case of someone who is not in the terminal stages of illness, three medical opinions must be sought.

Every mercy killing must be reported to a federal commission that would regulate the practice and bring prosecutions where necessary. The commission will consist of eight physicians, four lawyers and four palliative care experts.

"This will be a typically bureaucratic and unworkable Belgian commission, because 50% have to be pro-life members and the other half pro-euthanasia, while to bring a prosecution the law requires a two-thirds majority," said Herman Mys, professor of medical law at Leuven University.

By comparison, the Netherlands has five "euthanasia commissions" for its different regions with only three members: a physician, a lawyer and an ethics expert.

"Even if the law were a success and doctors were persuaded to report their activities then the commission would simply not have the manpower to deal with all the cases," said Professor Mys.

If the annual estimate of 1,400 cases of requested euthanasia in Belgium were all reported, then it has been calculated that the commissioners would have to process more than four cases a day.

The Liberal Party, which is the driving force behind the bill, is adamant that the law will work, and has been strongly supported by pro-euthanasia groups such as the Belgian ADMD.

Senate kills death with-dignity-bill

May 2, 2002 - By Crystal Kua

Honolulu Star-Bulletin

A bill to legalize assisted suicide in Hawaii failed this afternoon on a vote of 14 to 11 after three state senators, Democrats Rod Tam and Donna Mercado Kim and Republican Bob Hogue changed their votes.

The trio were part of a 13 to 12 majority voting favor of the bill on second reading Tuesday.

The state House has already approved the measure, and it had been strongly supported by Gov. Ben Cayetano.

Senators were inundated yesterday with phone calls, e-mail, faxes and visits by those on both sides of the physician-assisted suicide debate in a last-minute lobbying push before the Senate takes a final vote today on the so-called death-with-dignity bill.

The vote went down to the wire in the 25-member Senate.

"It's anyone's guess. It really is," said Scott Foster, communications director of Death with Dignity Hawaii, before the vote.

Senators voted 13-12 to give preliminary approval to House Bill 2487, House Draft 1, which was resurrected Tuesday night when 15 senators voted to yank the bill from Sen. David Matsuura's Health Committee, where it had been stalled.

Gov. Ben Cayetano, who criticized Matsuura (D, South Hilo) for stalling the bill, pushed for the Senate vote after a federal judge upheld Oregon's physician-assisted suicide law last month — the only law of its kind in the nation and the model for Hawaii's death-with-dignity bill, which the governor wants to see passed.

The ruling came after U.S. Attorney General John Ashcroft challenged the Oregon law last year by putting out a directive banning lethal prescriptions.

Hawaii's bill describes the procedures and safeguards by which a terminally ill person over the age of 18 can request in writing a prescription of life-ending drugs.

Kelly Rosati, executive director of Hawaii Family Forum, a group against the measure, was also knocking on senators' doors yesterday.

"I'm meeting with everybody I can. I think there are definitely people that are on the fence," she said. "My sense is that we've made a little headway."

Rosati said that she hoped her group's message would help senators decide to vote against it.

"It's not like there are problems with this and it's the bottle bill. There are problems with it and this is about life and death."

At least one senator had said earlier he planned to switch his "yes" vote to a "no."

Sen. Rod Tam (D, Nuuanu) said that his initial "yes" vote was aimed at continuing the discussion on the controversial issue.

"Upon reviewing the bill, the e-mails, faxes and phone calls, it is my decision that such an important and emotional issue involving life-and-death decisions should not be decided in the short time span we have left in this session," Tam said in a prepared statement.

But some predicted that at least one senator who voted "no" will vote "yes."

Rosati credited proponents of the bill with waging a very "stealth" and deliberate campaign to get this bill to the floor.

"They are so tenacious and have been so tenacious on this," Rosati said.

"And so one of the things we've tried to communicate to people (yesterday) is, if you're opposed to assisted suicide, you need to act now because time has run out. This is the last day."

Foster said that thousands of supporters — many of them elderly and ill — who made a phone call and sent a letter there made the difference.

"That energy is really what's been fueling this," Foster said. "Finally it's getting a debate. ... That's what we've wanted all along. This is a tough issue. Death is a tough issue to talk about."

Foster said the issue is getting attention from abroad, with national and international media calling him yesterday.

Juliet Begley, a researcher in the governor's office, was also dropping off information for senators.

"I think this is a very important issue, and people need to know a lot about it," Begley said. "I think that I'm grateful however it goes. I'm grateful to the governor for taking the courage to say, 'Yeah, let's go, let's do it.'"

Representatives from the Catholic Church were also lobbying senators. Bishop Francis DiLorenzo sent letters urging them to set aside the bill.

Begley said that while the issue drew tears and emotional speeches from senators Tuesday, she hopes the final decision will be based on "dry eyes and an open mind."

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He argued he should be allowed to spare himself the devastation that signals the last stages of AIDS.

Wakeford was denied at the Ontario Superior Court of Justice and lost on appeal.

He had hoped to argue the high court should reconsider because of changed circumstances since the Rodriguez judgement.

For example, he cited a 1995 report by a special Senate committee that studied palliative care, euthanasia and assisted suicide.

Its finding that Canada lacks sufficient palliative care services underscores the extent to which a law banning medically assisted suicide discriminates against the terminally ill, he argued.

The Senate Committee refrained from recommending legal changes, citing a lack of social consensus on assisted suicide. Wakeford that an unworthy basis on which to justify the law.

The Euthanasia Prevention Coalition asks that you remember us during the summer season.