



# Euthanasia Prevention Coalition

## NEWSLETTER IMPOSED DEATH

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### Euthanasia Paper is in its Second Printing

The Euthanasia Paper has completed its second printing. Many orders were not filled after the first printing due to the number of orders. We are now awaiting further orders to do a third printing. We are willing to change the contact information to suit the local group.

We are pleased by the response to the Euthanasia Paper but we are convinced that it is an effective tool for wider distribution throughout communities, Churches, and local organizations.

Money is being raised to defend Evelyn Martens in British Columbia, who assisted in the suicides of two women. They are convinced that this case will be brought to the Supreme Court of Canada and overturn section 241 of the criminal code.

Public education about euthanasia and assisted suicide is important in order to lessen the public support for Evelyn Martens and her cause.

**The Euthanasia Paper is an effective investment in public education.** We sell the Euthanasia Paper in bulk orders for: \$15 per 100 papers, less than 1000 papers, \$14 per 100 papers, less than 5000 papers, \$13 per 100 papers, less than 10000 papers \$12 per 100 papers, more than 10000 papers.

Please order copies of the Euthanasia Paper. It is an important tool for changing the heart and minds of Canadians.

### Abuse of the Elderly and Medically Vulnerable

The Euthanasia Prevention Coalition has made significant strides in our research project entitled: *Abuse of the Elderly and Medically Vulnerable*.

We have clearly outlined the issues and problems enabling us to categorize all the research material. The more research that we do, the more we are convinced of the cultural significance of this project.

The cultural attitudes that create a mentality of abuse are widespread throughout society. Our goal is to prove that: It is not possible to protect vulnerable citizens without legal statutes that protect their lives.

Research is necessary and provides us with important information. Research is also expensive.

The Euthanasia Prevention Coalition needs the help of many more supporters to enable us to properly complete this project.

If you are able to make a major donation to the: *Abuse of the Elderly and Medically Vulnerable* research project, then call us at: 1-877-439-3348 so that we can arrange a charitable receipt for your donation.

We are not a charity but we are working with charitable organizations on this important project.

### How do you spell relief: Pufferfish

By: Michael Swan - Jan 19, 2003  
The Catholic Register

Death with dignity, and without making your doctor into a murderer, may be a step closer with a new medication in clinical trials. Tectin™ is derived from the toxins which makes the tropical, salt water pufferfish dangerous to eat. The scientific name for the pufferfish poison is tetrodotoxin, and it is being tested across Canada for its pain killing properties by International Wex Technologies Inc., a Chinese pharmaceutical company. "It was originally designed to help heroin addicts with withdrawal off heroin," said International Wex spokesman Mark Butler. "The drug worked well enough that the Chinese government gave them a contract to supply about 500 detoxification centres in China."

As research on the non-narcotic, organic drug continued, scientists discovered its effectiveness in helping recovering heroin addicts was a matter of blocking the pain associated with withdrawal. To see how effective its pain killing properties might be, scientists in Beijing ran a trial with 11 terminally ill cancer patients suffering severe pain with only limited relief from standard morphine treatment.

Continue on Next Page - Pufferfish

## Continued from Last Page - Pufferfish

"Within the first five minutes, out of 11 patients, 10 of them reported zero pain. One of them reported a pain level of one," Butler said. The 11 patients continued treatment with Tectin™ every 12 hours for three days, and continued to report zero pain. They were evaluated again 20 days later, and despite not receiving the Tectin™ after the first three days continued to report relief from pain. More extensive testing with a much larger sample group will be necessary for the product to be licenced in Canada. Despite having some of the leading experts in pain medication conduct the phase-two trials, researchers are having trouble finding enough patients who meet the strict criteria for the tests.

The Euthanasia Prevention Coalition of Canada is urging people who care about palliative care to help make sure the drug trials don't fail because of numbers. Anyone who knows a cancer patient suffering pain should urge the patient or their doctor to call the toll-free information line for the Tectin™ trials at 1-800-722-7549.

"This is the kind of research we need," said coalition executive director Alex Schadenberg.

More options for physicians trying to help patients with managing pain would be welcomed, said Catholic Health Association executive director Richard Haughian. "We've emphasized the importance of quality end-of-life care, and therefore in that context the importance of palliative care," Haughian said. "Key to that, of course, is the management of pain."

Palliative care should be getting more attention both in terms of research and medical education, said MacMaster University Medical School professor Dr. Elizabeth Latimer. "Any physician in Canada who treats pain would say that research into effective ways to treat pain would be welcome," she said.

In tiny dosages, the neurotoxin tetrodotoxin blocks sodium ion channels in the membranes of nerve cells. When these channels are blocked, the neuron cannot generate what scientists call "action potential." In this circumstance the neuron can't transmit pain information to the brain. One pufferfish can generate 662 doses of Tectin™. Pufferfish is a delicacy in Japan, but only after the toxin has been delicately removed. What once went into the chef's waste bin could soon allow cancer patients to end their days alert and pain free.

The Canadian trials on Tectin™ are being led by Dr. Neil Hagen of the University of Calgary. Tests are also being conducted in London, ON., Montreal, Saskatoon, and Vancouver. International Wex hopes to have the product on the market in 2004.

### Right to Die Network raising money to defend Martens

By: Alex Schadenberg

The Right to Die network is planning to bring the Evelyn Martens case as far as the Supreme Court of Canada, if necessary, to change section 241 of the criminal code.

You might recall that Evelyn Martens was charged in early July with assisting the suicides of Leyanne Burchall of Vancouver, and Monique Charest of Duncan British Columbia.

Evelyn Martens is believed to have used an "Exit Bag" to assist in these deaths.

A publication ban has been placed on the court proceedings, leaving us with little to no information. The supporters of Evelyn Martens have become one of the only sources of information.

We will need to react decisively to the Evelyn Martens case because it will be used in a public relations campaign to support assisted suicide.

The Evelyn Martens Defence Fund has been set up to support their cause. They are attempting to raise enough money to carry the case up the judicial ladder. They have already received significant donations from their American counter-parts and have promises for more American money.

The following passage was taken from the web-site of the Voluntary Euthanasia Society of Victoria.

*Friends: As most of you know, Mrs. Evelyn Martens, of Victoria, BC, Canada, has in recent weeks been charged with two criminal counts of assisting suicides of dying people. Aged 71, she is now free on bail awaiting trial. The penalty for these alleged offences is up to 14 years in prison. She is an active member of Last Rights of Canada, the Right to Die Network of Canada, and NuTech, the research organization.*

*Her colleagues and friends intend to mount a stiff defence against these court cases. It could be a seminal case in for the movement in Canada. This will cost money. Please donate whatever sum you can afford to the: "Evelyn Martens Defence Fund"*

The Evelyn Martens case is important. The Euthanasia Prevention Coalition is developing a strategy to effectively respond to this case.

**Support the Euthanasia Prevention Coalition by donating today.**

**Harry Lamb**  
Sales Representative  
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## Death puts hold on Suicide Bag Sales

By: Deidre Mussen  
Sunday Star and Times - Jan 5, 2003

The apparent euthanasia killing last week of a Paraparaumu pensioner has dampened plans by an Australian euthanasia advocate to distribute plastic suicide bags in New Zealand.

Dr Philip Nitschke, a producer of the bags, plans to bring sample "exit" bags to New Zealand in April for euthanasia workshops in Auckland, Wellington and Christchurch. He also will see some sick patients while in the country.

But news of a murder charge in the Paraparaumu case has unsettled him. "I don't want to pour petrol on fire. It's a very predatory reaction by the authorities over this incident. We are always trying to watch how the law is being interpreted in New Zealand," he says.

The woman, 78, was found dead with a plastic bag over her head at a Paraparaumu rest home on December 29. Her 89-year-old husband was found unconscious beside her, with medication nearby. He was charged at his hospital bedside with her murder.

Both were members of a voluntary euthanasia society and terminally ill. One of Nitschke's "exit" bags was not used. It is the second case of death by a plastic bag over the head under police investigation in recent months. Former voluntary euthanasia society member Victoria Vincent, 83, was found dead in September. Police are waiting for toxicology results to determine whether it was suicide or assisted suicide.

Nitschke says his key fear is police will prosecute him for providing the means for suicide. "The more I think about it, the more I'm concerned. Distribution is the sole question." New Zealand's euthanasia

societies are reluctant to administer distribution of the suicide bags, unlike other countries, he says.

A handful of New Zealanders have been sent the suicide bags directly from his euthanasia group, Exit Australia, since the August launch. The bags have an elasticised neck and velcro fittings, which are designed to cut off a person's oxygen supply.

The average cost to New Zealanders is a \$50 "donation". Nitschke hopes to demonstrate a carbon monoxide death machine when he visits New Zealand. It is designed to euthanize people and will be unveiled in America this month. "It will depend on how well it is received over there as to what happens here but it will definitely not be for distribution just yet."

## Death Machine Seized

BRISBANE, Australia (AP)

An Australian euthanasia campaigner complained Friday that customs officials seized a machine he designed to help people kill themselves as he prepared to board a flight to the United States.

Dr. Philip Nitschke, a physician who founded the pro-euthanasia group Exit, said customs officers at Sydney airport also took a range of plastic bags with drawstrings that people could put over their heads to commit suicide.

Nitschke was on his way to the United States to unveil the machine — which cost him almost \$12,000 to develop — at a conference in San Diego on Sunday.

The simple machine would allow its users to die with a few deep breaths of lethal carbon monoxide through a face mask. He said the officers told him it contravened federal legislation

preventing the export of items relating to suicide.

"I'm very angry about it," Nitschke said. "How do they implement a piece of legislation ... where every plastic bag could be considered to be an item to be confiscated? It's unworkable."

A customs spokeswoman said officers had seized a number of prohibited items from a departing international passenger at Sydney airport but would not say if that passenger was Nitschke. However, she said the seizure was related to items designed to help people commit suicide.

Nitschke said he still planned to fly to the United States to address the conference organized by Hemlock, the largest euthanasia organization in the United States.

## Manitoba Medical Association: MD's Alone should decide to cut life support

By: Alexandra Paul  
Winnipeg Free Press - Dec 30, 2002

Manitoba's doctors are insisting they should keep the final say in deciding whether to withdraw treatment from the terminally ill.

The Manitoba Medical Association is calling for a dispute-settlement mechanism to be created to deal with situations in which doctors end up at odds with patients and relatives.

"Physicians are under no obligation to provide treatments they believe to be futile," the MMA wrote in a submission to the Manitoba Law Reform Commission that was released in an MMA newsletter over the holidays. The newsletter is mailed to the province's approximately 2000

**Dr. Robert Buckman  
demanding physicians  
determine end-of-life care**

physicians. The doctor's position is unchanged since the mid-'90s and reflects the current state of the province's laws.

At the same time, the doctor's professional body indicated it was sensitive to the acrimony caused between doctors and patients by disputes over how to care for the terminally ill.

In its submission, the MMA suggested legislative guidelines be set up to help settle disagreements.

Disputes over how the dying should be treated are nothing new.

A year ago, Rudy Bachewich's family watched the terminally ill man gasp for air when he was gradually taken off life support.

Bachewich died Dec 19, 2001, at Grace General Hospital of lung cancer. His wife Lillian, nine members of his family and a free press reporter watched the ordeal, which lasted two hours and 15 minutes. The family complained bitterly that the decision to withdraw life support was not theirs and they invited a reporter to witness and write about the ordeal.

The story rekindled the much-publicized debate in Manitoba on the right to life-sustaining treatment. In 1998, Helene Sawatsky took the Riverview Health Centre and its doctors to court to have a do-not-resuscitate (DNR) order lifted on her ailing 79-year-old husband Andrew Sawatsky.

Now the provincial law reform commission is reviewing the issue because it says legislation may be the only way a right to life-sustaining treatment can be spelled out.

The province's doctors disagree.

In their submission to the commission, they rejected the prospect of laws that could lead to doctors facing down bitter relatives in court.

"Consideration should be given to formulating a formal dispute-resolution process in the event that agreements cannot be reached," the MMA paper argued.

The submission didn't outline a specific formula but it calls for the direct participation of family and professionals on a case-by-case basis.

"If this process would avoid court application... we feel this might avoid some of the bitter feelings which can become entrenched in the adversarial system," the submission stated.

In the end, decisions to withdraw treatment may have been based on economic considerations due to the high cost of medical treatment, the submission stated.

That issue is central to the debate that the MMA is calling on the reform commission to draw up a separate discussion paper on it.

"It is difficult to imagine how economic considerations would not be relevant given the public nature of health care and the limitations of the public purse," the submission argued.

"In general we would support the principle that resource allocation decisions be made at the level of social policy rather than at the patient's bedside," the submission concluded.

The province's doctors already face disagreement from at least one lobby group.

The Manitoba League of Persons with Disabilities is calling for new medical guidelines to be put in place that honour patients' wishes, regardless of doctors' opinions.

TV Ontario recently featured a debate between Dr. Robert Buckman, and another physician concerning who should make the decisions concerning end-of-life care.

Dr. Buckman holds the position that physician's should determine when medical care be discontinued, even when the family wants further care.

Dr. Buckman agreed that when the patient's personal wishes are well known that it should be honoured.

Dr. Buckman's primary arguments are that patients and their families may demand futile treatments, and our public finances require physicians to determine when to stop treatment.

The Euthanasia Prevention Coalition has published several articles on this issue. *Futile Care Theory* suggests that treatment be denied to patients based on a "quality of life" ethic.

The Euthanasia Paper features articles on *Futile Care Theory* and the *Duty to Die*. Please call us at: 1-877-439-3348 to order the Euthanasia Paper.

It is imperative that everyone have a Living Will (Power of Attorney for Personal Care) that protects them.

The Euthanasia Prevention Coalition distributes the Life-Protecting Power of Attorney for Personal Care to protect you when you are unable to make medical decisions for yourself.

Order the Life-Protecting Power of Attorney for Personal Care by calling: 1-877-439-3348.