



NEWSLETTER

IMPOSED DEATH

Newsletter #37
October 2003

Euthanasia Symposium #4 Cultural Concerns

When: October 25th, 2003
10 am - 4 pm
Where: Ramada Inn (downtown)
300 Jarvis St.
Toronto Ontario
Cost: \$55.00 advance price
\$60.00 at Symposium
\$35.00 student

Speakers Include:

Wesley Smith is the legal counsel for the International Task Force on Euthanasia and Assisted Suicide, and has written 9 books including *Forced Exit* (2003), *Power over Pain* (2002), and the award winning *Culture of Death* (2001). Wesley Smith is an informative and powerful speaker.

Professor Ian Dowbiggin is the chair of the History Department at UPEI. He has devoted many years researching the history of the Eugenics movement. He recently published the book *A Merciful End: The Euthanasia Movement in Modern America* (2003).

Ruth Enns is a disability rights activist involved with the Manitoba League of Persons with Disabilities. She authored the definitive book on the Latimer case titled: *A Voice Unheard: the Latimer Case and People with Disabilities* (1999).

Register by calling: 1-877-439-3348.

Evelyn Martens Court Case

The Euthanasia Prevention Coalition first reported on the Evelyn Martens case in August 2002.

Evelyn Martens was charged with two counts of counseling a suicide and two counts of assisting a suicide in the deaths of Leyanne Burchell and Monique Charest.

Evelyn Martens was a leading member of the Canadian Right to Die Society and the producer of the Exit Bag / homicide Bag.

The preliminary hearings were held Nov 13, 14, 15, 2002; Feb 5, 20; March 19, 20; and June 12, 2003. The court hearing has been scheduled to begin on March 8, 2004.

The "Friends of Evelyn Martens" have been successfully fund-raising for the Evelyn Martens defense fund for more than a year. Last year we reported that the Hemlock Society in the US were committed to raising money for her defense fund.

The pro-euthanasia leadership in Canada is committed to bringing Evelyn Martens case to the Supreme Court of Canada.

We must be willing to become interveners. When the time comes, we will need significant financial support to achieve this goal.

Legalized Murder: Terri Schiavo & Death by Starvation

By: Phil Brennan - NewsMax.com
September 25, 2003

Increasingly across America, the sick and elderly, some with terminal illnesses, are being murdered simply by withholding food and water.

When a new edition of his book "Forced Exit, The Slippery Slope from Assisted Suicide to Legalized Murder" was published, author **Wesley J. Smith** couldn't have known that America was so far down that slope that Florida courts were ordering the killing, in a most barbaric way, of a disabled but conscious woman.

Smith, a senior fellow at the Discovery Institute and an attorney and consultant for the International Task Force on Euthanasia and Assisted Suicide, wrote the first version of the book six years ago.

He decided that an update was needed as a result of the increased pressure by advocates of assisted suicide and those backing euthanasia, which they call "mercy killing."

Smith notes that "health care" policies have gone well beyond euthanasia at the request of the sick person. Today doctors and families are taking the life-and-death decision into their own hands and purposely

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withholding food and water to kill the patient.

Often the intention might be good, such as to save the patient from a terminal disease and pain. But the result, Smith says, is the same: It is an act of murder. Even if the patient consents, euthanasia is a form of suicide.

Already, assisted suicide and euthanasia have been made legal or deemed acceptable in European countries, as well as Australia and South Africa.

The Doctor Decides

In America, he writes, there is now a movement promoting what is known as the “futile care” theory — when a doctor decides on his own that when a patient’s quality of life is not worth living, further medical care would be futile and could be denied.

“Today,” Smith writes, “there is a systematic, nationwide attempt by many in the bioethics movement to impose futile care upon the populace through formal hospital protocols that give anonymous ethics committees the power to turn thumbs up or thumbs down to wanted medical treatment deemed “inappropriate.””

Those protocols, he warns, are already designed to “stack the deck” against the patient if the doctor or hospital wants to refuse treatment.

Now a new threat has emerged, dramatized by the horrific case of Theresa Schiavo: the demand that patients deemed no longer worth saving be killed by the inhuman process of “dehydration” — refusing nourishment to conscious, cognitively disabled people who need feeding tubes to stay alive. In other words, condemning them to an excruciatingly painful death by starvation.

The practice has become commonplace in America, Smith told NewsMax.com.

“Dehydration of cognitively disabled patients occurs in all 50 states in the United States of America,” Smith explained.

“Quite often it occurs to conscious people who could feel the 10- to 14-day agony that dehydration entails. The only way it gets stopped is if family members disagree on the medical course. Absent family disagreement, this happens as a matter of routine.”

When Smith published the new edition of his book, the case of Theresa Schiavo, who collapsed from cardiac arrest in 1990, had only just been brought to his attention. Since then it has become a national cause celebre thanks to a court decree, temporarily stalled by an injunction, ordering that she be put to death by dehydration.

“When Is She Gonna Die?”

The case of Terri Schiavo is a classic example of how far America has traveled down the road to legalized euthanasia and officially sanctioned death sentences for the disabled.

Smith reviewed the Schiavo case for NewsMax.com:

“In Florida, in order to dehydrate somebody there has to be a finding that the patient is unconscious, which is what Judge Greer has done in the Schiavo case.

“But if anybody has seen a video of Schiavo available on Terrisfight.com, the video shows they will see that she is no way unconscious. An unconscious person is utterly unreactive — in fact that’s how it’s basically defined in Florida law.”

On one video a doctor is shown asking Terri, who has her eyes closed, “Please open your eyes, Terri” — and her eyes flutter and open.

In another video her mother comes over to her bed, leans down and says, “Hi, sweetie, how are you?” and Terri looks over, sees her mom and gets a huge smile on her face.

That, says Smith, is not a mere reflex; “that is recognition of a mother and the enjoyment of being loved. To say that she’s unconscious is unconscionable.”

Incredibly, the court has these facts, Smith said.

“And the court has other facts that it is also ignoring. Michael Schiavo, Terri’s husband, filed a medical malpractice suit regarding his wife’s injury that caused her to be cognitively disabled. He promised that he would provide her care for the rest of her natural life because she’s not on intensive care or anything of that sort. He brought to the jury a rehabilitation expert with a plan to help Terri get better, but as soon as the money was in the bank, which was \$750,000 in a trust fund for Terri, he refused to allow any rehabilitative treatments whatsoever.”

“He also got \$300,000 more for loss of consortium, and the money went to lawyers,” Smith explained.

“Not one day, not one hour, not one minute of rehabilitation time has Terri been given so she could get better. It’s unconscionable.

“This despite that there are doctors testifying under penalty of perjury, not only is Terri not unconscious, but that they believe she could be better. There’s a speech pathologist who has testified most recently under penalty of perjury that he believes that Terri

can be weaned from the feeding tube.” Smith said, however, that “as soon as the money was in the bank, Michael put a ‘do not resuscitate’ order on the chart, realizing back in the early 1990s he would inherit \$750,000 if Terri died, and began to refuse medical treatment such as antibiotics for infections and so forth. In 1998, when Terri didn’t die he filed a request with Judge Greer to be allowed to remove her feeding tube, and that’s how this whole business started.”

In a stunning sworn affidavit, Carla Sauer Iyer, a registered nurse who was employed at Palm Garden of Largo Convalescent Center in Largo, Fla., from April 1995 to July 1996, while Terri Schiavo was a patient there, testified: “Throughout my time at Palm Gardens, Michael Schiavo was focused on Terri’s death. Michael would say ‘When is she going to die?’ ‘Has she died yet?’ and ‘When is that bitch gonna die?’”

Others at Palm Garden also testified similarly in sworn affidavits. All swore that Terri had spoken to them frequently and backed Iyer’s recollections.

Zeroing in on Michael Schiavo’s possible motives, Smith emphasized that it was important to realize that Michael Schiavo is engaged to be married.

“He has had one baby by his fiancée, she is pregnant with a second child, they live together and want to get married, and the reason they can’t is that Michael’s wife is still alive.”

“It’s an astonishing statement of insensitivity that a judge would allow this man with incredible conflicts of interest both financial, if any money’s left from that trust fund, and personal.

“It’s outrageous,” he added, “to [allow

him to] have anything to do with how his wife is treated, and yet Judge Greer just ignores these clear conflicts of interest, refuses to allow Terri’s blood family, who want to care for her for the rest of her life and want to give her the therapy that might make her better, to be her guardians, and instead is bound and determined and intent on dehydrating this helpless citizen to death.”

Michael Schiavo has accused his in-laws, Bob and Mary Schindler, of trying to control his wife’s assets, and “the Schindlers now suggest their son-in-law tried to strangle their daughter the night she collapsed and that’s why he has fought so hard to keep her quiet,” the Orlando Sentinel reported. Schiavo’s attorney has denounced the accusations as “malicious” and “garbage.”

In late August Gov. Jeb Bush asked a judge to delay setting a date for removal of the feeding tube so a guardian could be appointed.

The governor’s intervention is “crazy,” Michael Schiavo said. “This case has been in litigation for five years, and all of a sudden Gov. Bush wants to be involved? This isn’t his concern, and he should stay out of it.”

“An Extremely Agonizing Death”

In his book, Wesley J. Smith describes the intense suffering imposed on those being starved to death.

“Proponents of dehydration contend that deaths by dehydration are peaceful,” Smith wrote.

Noting that “the patients we are discussing are not terminally ill” and that those who are conscious can feel hunger and thirst, Smith quotes Dr. William Burke, a neurologist in St. Louis, who described the agonizing process.

“A conscious person would feel it (dehydration) just as you and I would. They will go into seizures. Their skin cracks, their tongue cracks, their lips crack. They may have nosebleeds because of the drying of the mucous membranes, and heaving and vomiting might ensue because of the drying out of the stomach lining. They feel the pangs of hunger and thirst. Imagine going one day without a glass of water. Death by dehydration takes ten to fourteen days. It is an extremely agonizing death.”

The next step, Smith predicts, will be the abandonment of dehydration in favor a much simpler and faster way to kill — death by lethal injection, now popular in prison death chambers.

In his book Smith concludes by asking if we will “take the hard turn down the slippery slope towards a coarsening of our view of the afflicted, the dying, the chronically ill, the disabled, and those in pain or depression, to the point where we feel they have a duty to die and get out of the way?”

“Will we choose to love each other, or abandon each other?”

In the case of Terri Schiavo, the authorities have chosen abandonment.

Editor’s Comment:

- Order — *Forced Exit*: The Slippery Slope from Assisted Suicide to Legalized Murder for \$23.00 + shipping & handling from the Euthanasia Prevention Coalition by calling toll free: 1-877-439-3348.
- The Terri Schiavo case is one of many cases that have occurred resulting in the dehydration of disabled or incompetent people.

**Excerpt from:
Hemlock is As Hemlock Does**

International Task Force on Euthanasia and Assisted Suicide.

Update: Volume 17, #2, 2003

A handout distributed to the conference audience spelled out Hemlock's new direction. Deceptively titled "Empowering People to Preserve the Dignity of Life: A New Roadmap," [hereafter cited as "Roadmap"] the sheet stated that the newly "reshaped and expanded" advocacy program will be carried out, not by Hemlock, but by its political arm, the Patients Rights Organization of the United States of America (PRO-USA). The new program consists of three key components: (1) promotion of a new advance directive, (2) consensus building endorsements of Hemlock's new "Statement of Principles," and (3) the advancement of state laws to expand patients' rights.

Revamping advance directives

The new Hemlock spin on advance health care directives is slick: "The Patient's Rights Organization believes that the people themselves should be in charge of how the tools of modern medicine are used to prolong life, to assuage pain and preserve dignity." [Roadmap, p.1]

To that end, Hemlock is proposing a new measure for state legislatures to adopt: the "Patients' Control & Comfort Act" (PCCA). While still in draft form, the measure will use benign language to cloak the act's real intent. Essentially, it would decriminalize physician-assisted suicide for anyone who executes an "Advance Directive for Control of Suffering." The language in this new directive would contain the following:

"In the event that I am diagnosed with a terminal illness, I want to be able to control my own medication to lessen suffering and preserve my dignity and be in control of my own pain and suffering, to the full extent allowed by law, administering the prescribed medications as I deem fit even to the point of hastening death. This directive must be witnessed by at least two persons one of whom is not an heir or executed before a notary public." ["PCCA, Draft Highlights," 1/9/03; emphasis added]

Like Oregon's assisted-suicide law, the PCCA "relieves prescribing physicians of responsibility for the decisions their patient makes." According to Merrill, the PCCA will have all the "safeguards" of the Oregon law. [P. Merrill, "Hemlock's New Public Advocacy Strategy," 13th National Hemlock Conference, 1/10/03; hereafter cited as Conference]

Hemlock leaders think the PCCA "will be very difficult for the federal government to block. The rights given a patient under the law are very close to those granted physicians under the double effect doctrine. Efforts to limit the rights granted by this bill would be forced to focus directly on the concept of patient control, the area in which we are strongest." [Roadmap, "The Case to Hemlock Members for the Patients' Control and Comfort Act," p. 1]

While Hemlock has targeted senior citizen organizations (especially AARP) to promote its advance directive, the campaign thrust is much broader and includes "religious, legal, and medical groups." They will be reaching out "to Americans through the mails, through their employers and through public service announcements letting them know what they must do

to take control of their own end of life medical treatment." [Roadmap, p. 2]

"Statement of Principles"

In conjunction with the advance directive campaign, a consensus-building campaign will be launched and professionally orchestrated. According to public policy expert Robert Raben, of the Raben Group, organizations and individuals will be approached to endorse PRO-USA's Freedom to Preserve the Dignity of Your Life, Statement of Principles. The statement, which is still in development, will be a composite of principles from Hemlock's "mission to empower people at the end of life. The principles endorse the idea of people executing living wills and governments passing laws to empower dying patients." [Roadmap, p. 2]

The strategy, once again, is to use benign, vague language to describe generalized principles with which most people and organizations would agree. In other words, create a stealth-like document, the real meaning and purpose of which most endorsers would never suspect.

This is how Hemlock intends to build a consensus in favor of assisted suicide, Raben told conference attendees. Once Hemlock gets endorsers to sign on the dotted line, the names of all those individuals and organizations will be presented to lawmakers on every level nationwide to show overwhelming, concrete support for assisted dying. [R. Raben, Conference, 1/10/03]

• To read the recent newsletter update from the International Task Force on Euthanasia and Assisted Suicide go to: www.internationaltaskforce.org