



NEWSLETTER

IMPOSED DEATH

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Assisted Suicide debate in Canada

The Euthanasia Prevention Coalition exists to establish a well-informed broadly based network of groups and individuals who support measures that will create an effective social barrier to euthanasia and assisted suicide.

Justice Minister, Irwin Cotler, in reference to assisted suicide, stated: "he decided it is time to go back to the drawing board in light of recent high-profile assisted suicides in Quebec and British Columbia."

Alex Schadenberg, the executive director of the Euthanasia Prevention Coalition maintains that the Evelyn Martens case in BC and the Charles Fariala case in Quebec prove to us that the current laws concerning assisting suicide are correct and need to be enforced by impartial juries.

Monique Charest, who committed suicide on January 7, 2002, with Evelyn Martens at her side, was not terminally ill. Court testimony from her physician confirmed that she didn't have any condition that would lead to her death but was being treated for symptom management and depression. Monique Charest needed professional help, not suicide.

Charles Fariala, from Montreal recently committed suicide, allegedly with the help of his mother Marielle Houle. Charles Fariala was in the early stages of MS and experiencing depression. He was not terminally ill.

Charles Fariala needed professional help, not suicide.

We don't need to change our current law, we need to protect and enhance the lives of people with disabilities, the elderly and other vulnerable Canadians.

Action Item:

Please write or email the Justice Minister Hon. Irwin Cotler, the Justice Critic Vic Toews, and your member of parliament. Please send a copy to the Euthanasia Prevention Coalition.

Please write or email:

I am opposed to any change in the current law concerning assisted suicide. I support enhancing palliative care and support for people with disabilities.

I believe that changing the law concerning assisted suicide would cause many vulnerable Canadians to be pressured into suicide with assistance.

Email addresses:

Irwin Cotler: Cotler.I@parl.gc.ca
Vic Toews: Toews.V@parl.gc.ca
EPC: info@epcc.ca

You can mail the Hon Irwin Cotler, Vic Toews or your member of parliament at no cost at this address.

Name??? MP
House of Commons
Ottawa ON K1A 0A6

Justice Minister re-opens Assisted Suicide debate

By: Andrew Davidson
With a report from Canadian Press
November 18, 2004



Hon Irwin Cotler

Justice Minister Irwin Cotler has stirred up a fierce, decades-old debate by saying Parliament should revisit the issue of assisted suicide.

"I think we could benefit from a take-note, informed debate and discussion," Mr. Cotler said. "You can't do this within the framework of Question Period or any of the other frameworks we have."

Mr. Cotler made the comments late yesterday during a Commons justice committee meeting after Bloc Québécois MP Richard Marceau asked a related question.

Mr. Cotler cited recent cases in British Columbia and Quebec as grounds for re-examining laws prohibiting the right to die, but acknowledged the issue had polarized Canadians.

"Among the population, there is this division," he said. "People believe this is a matter of the right of personal choice and the right to die in dignity. Others feel we've got to protect the rights of the disabled, and this may be prejudicial."

Mr. Cotler's comments could spark a heated debate, but a spokeswoman played down the importance of his statements.

"The minister explained his own feelings about it," said Denise Rudnicki. "That it's a very complex

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issue, that there's no consensus among Canadians, that it's not only a legal question, but a moral question with a lot of interested people who have a lot to say about it."

"But that's not exactly a call for debate and there is no plan to champion a debate on assisted suicide," she said. "The minister was simply saying that Parliament is in charge of what it wants to do. And if Parliament wants a debate on assisted suicide, why not?"

"I heartily agree," said Ruth von Fuchs, president of the Right to Die Society of Canada. "We would hope to get an improved law, as the present law is overbroad and doesn't address the real problem."

She said the prohibition against counselling suicide should remain a criminal offence, but advocated a redefinition of the law prohibiting assisting suicide.

"What we're trying to avoid is defying someone's will or bending someone's will." Mrs. von Fuchs said. "We should address that directly."

Jim Derksen, former chair of Council of Canadians with Disabilities, argued that "very subtle forms of coercion, often covert" pressures are imposed by those involved with assisted suicides.

"I would not deny Parliament's right to debate any matter of public policy, but I think what the CCD would have to do is speak out vigorously and defend the right to life and security of a person and for people with disabilities," he said.

An exhaustive Senate study in 1995 recommended against relaxing related laws.

Earlier this month in British Columbia, Evelyn Martens was found not guilty of helping two women commit suicide.

Netherlands Hospital Euthanizes Babies

By: Toby Sterling
November 30, 2004
Amsterdam, Netherlands (AP)

Raising the stakes in an excruciating ethical debate, a hospital in the Netherlands - the first nation to permit euthanasia - recently proposed guidelines for mercy killings of terminally ill newborns, and then made a startling revelation: It has already begun carrying out such procedures in a handful of cases and reporting them to the government.

The announcement last month by the Groningen Academic Hospital came amid a growing discussion in Holland on whether to legalize euthanasia on people incapable of deciding for themselves whether they want to end their lives - a prospect viewed with horror by euthanasia opponents and as a natural evolution by advocates.

In August, the main Dutch doctors' association KNMG urged the Health Ministry to create an independent board to review euthanasia cases for terminally ill people "with no free will," including children, the severely mentally retarded, and people left in an irreversible coma after an accident.

The Health Ministry is preparing its response to the request, a spokesman said, and it may come as soon as December.

Three years ago, the Dutch parliament made it legal for doctors to inject a sedative and a lethal dose of muscle relaxant at the request of adult patients suffering great pain with no hope of relief.

The Groningen Protocol, as the hospital's guidelines have come to be known, would create a legal framework for permitting doctors to actively end the life of newborns

deemed to be in similar pain from incurable disease or extreme deformities.

The guideline says euthanasia is acceptable when the child's medical team and independent doctors agree the pain cannot be eased and there is no prospect for improvement, and when parents think it's best.

Examples include extremely premature births, where children suffer brain damage from bleeding and convulsions; and diseases where a child could only survive on life support for the rest of its life such as spina bifida and epidermosis bullosa, a blistering illness.

The hospital said it carried out four such mercy killings in 2003, and reported all cases to government prosecutors - but there have been no legal proceedings taken against them.

Catholic organizations and the Vatican have reacted with outrage to Groningen's announcement, and U.S. euthanasia opponents contend that the proposal shows the Dutch have lost their moral compass.

"The slippery slope in the Netherlands has descended already into a vertical cliff," said Wesley J. Smith, a prominent California-based critic, in an e-mail to The Associated Press.

Child euthanasia remains illegal everywhere. Experts say doctors outside of Holland do not report cases for fear of prosecution.

"As things are, people are doing this secretly and that's wrong," said Eduard Verhagen, head of Groningen's children's clinic. "In the Netherlands we want to expose everything, to let everything be subjected to vetting."

According to the Justice Ministry, four cases of child euthanasia were reported to prosecutors in 2003. Two were reported in 2002, seven in 2001 and five in 2000. All the cases in 2003 were reported by Groningen, but some of the

cases in other years were from other hospitals.

Groningen estimated the protocol would be applicable in about 10 cases per year in the Netherlands, a country with 16 million people.

Since the introduction of the Dutch law, Belgium has also legalized euthanasia, while in France, legislation to allow doctor-assisted suicide is currently under debate. In the United States, the state of Oregon is alone in allowing physician-assisted suicide, but this is under constant legal challenge.

However, experts acknowledge that doctors euthanize routinely in the United States but that such practice is hidden.

“Measures that might marginally extend a child’s life by minutes or hours or days or weeks are stopped. This happens routinely, namely, every day,” said Lance Stell, professor of medical ethics at Davidson College and staff ethicist at Carolinas Medical Center in the United States. “Everybody knows that it happens, but there’s a lot of hypocrisy. Instead, people talk about things they’re not going to do.”

More than half of all deaths occur under medical supervision, so it’s really about management and method of death, Stell said.

Eugenic Euthanasia

Comments by Alex Schadenberg

Clearly the Gronigan protocol is eugenic in action and intention. Newborn infants are being euthanized with the consent of their parents because they are born with anomalies.

These infant deaths are caused by an intentional action (euthanasia), not by a decision to stop medical treatment.

Ban on suicide journey is lifted in Britain

BBC News - November 30, 2004

Assisted suicide is not illegal in some other countries. The High Court has lifted an injunction banning a man from taking his chronically-sick wife to Switzerland for an assisted suicide. The woman, who has a progressive brain disease, is too ill to travel alone and would need someone to help her.

Family Division judge Mr Justice Hedley had issued a temporary injunction banning the trip.

But on Tuesday he said it was up to the police to decide what action, if any, to take against the husband.

The woman, known as Mrs Z, was diagnosed with cerebellar ataxia in 1997.

Her local authority, which provides care for her at home, had gone to court to clarify its role.

Mark Overall QC, representing the local authority, told Mr Justice Hedley that the husband was at first reluctant to help his wife end her life.

However, as her condition worsened, he started to make inquiries about the possibility of travelling to Switzerland, where there is no law preventing assisted suicide.

In the UK helping a person to commit suicide can result in a jail term of up to 14 years.

But the law on helping someone to travel to a country where they could receive help to end their life is unclear.

Mr Justice Hedley said: “The court should not frustrate indirectly the rights of Mrs Z.”

“The role of Mr Z is now a matter for the criminal justice agencies.”

However, he stressed that in making arrangements to go to Switzerland Mr Z had “arguably committed an offence under Section 2 of the Suicide Act 1961.”

He also ruled that the local authority had fulfilled its legal obligations by informing the police of the couple’s plans to travel abroad.

Far-reaching decision

Deborah Annetts, chief executive of the Voluntary Euthanasia Society, said the ruling had “far reaching” implications.

She said the fact that nobody had arrested the man, despite the fact that the law had probably been broken, was significant.

“I think people can take from this judgement that their right to self-determination is now pretty strong.”

“It is becoming increasingly unlikely that the Director of Public Prosecutions will prosecute anybody who assists in such a case.”

Anthony McCarthy, of the Linacre Centre for Healthcare Ethics, said: “We are talking about sanctity of life, which is fundamental to a just society, and an attempt to undermine that by a woman who is distressed by her condition.”

Alistair MacDougall, chief executive of support group Ataxia UK, said: “I can understand how people can easily get to the point of despair and where they don’t want to carry on.”

“People have been active, at the top of their careers. They often see their whole world crumbling, and they feel life isn’t worth living.”

Non-profit organisation Dignitas runs a centre in Switzerland which has helped about 150 people end their lives.

Euthanasia is not illegal in Switzerland but the facility has become the centre of controversy over "suicide tourists" travelling from countries where the practice is illegal.

The judge had asked for the case to be heard in public because it raised issues "that ought to be the subject of proper public discussion".

But he made orders banning identification of any of the parties, including the local authority involved and the local police force.

Two right-to-die lobby groups to join forces

theworldlink.com - November 20, 2004

Two national right-to-die advocacy groups plan to merge next year with the intent of producing an organization with more clout.

Portland-based Compassion in Dying Federation, which has led the legal defense of Oregon's doctor-assisted suicide law, and Denver-based End-of-Life Choices will become Compassion & Choices. For now, it will keep open both the Portland and Denver offices.

The boards of both partnering organizations met in Portland October 30th and voted unanimously to move ahead with a formal merger in January. A combined nine-member board will govern Compassion & Choices, starting Jan. 1, said the new chairman, Dr. Robert Brody, chief of the pain consultation clinic at San Francisco General Hospital.

The Portland office will continue to focus on legal advocacy and counseling for patients considering doctor-assisted suicide under Oregon's Death With Dignity Act. The Denver office will focus on membership, information technology and legislative activity.

Poll: Physician-Assisted Suicide

November 24, 2004

As the U.S. Department of Justice challenges before the U.S. Supreme Court Oregon's law allowing doctors to assist terminally-ill patients in ending their lives, the American public is evenly divided over whether physician-assisted suicide should be allowed. Although 46% say it should be, 45% say it should not.

The survey asked respondents the following question: "If a person has a disease that will ultimately destroy their mind or body and they want to take their own life, should a doctor be allowed to assist the person in taking their own life, or not?"

Public support for physician-assisted suicide is now at the lowest point since the CBS News/New York Times Poll began asking the question in 1990. Prior to this poll, more than half of the public had said physician-assisted suicide should be allowed.

Should Assisted Suicide be allowed?

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|------------|-----|-----|
| Nov. 2004 | Yes | 46% |
| | No | 45% |
| Nov. 1998 | Yes | 52% |
| | No | 37% |
| Dec. 1993 | Yes | 58% |
| | No | 36% |
| March 1991 | Yes | 53% |
| | No | 39% |

Those who voted in this year's presidential election have different views on this issue: 55% of Kerry voters think physician-assisted suicide should be allowed, but 54% of Bush voters say it should not be.

Australian euthanasia advocate seeks maker for suicide pill

Herald Sun - November 29, 2004

Euthanasia advocate Philip Nitschke is in Adelaide this week to pick South Australians to participate in a workshop to manufacture suicide pills.

Dr Nitschke said it was anticipated about 30 people would take part in the workshop in a rural location in New South Wales in April next year. A laboratory will be set up at the workshop to manufacture 10g of a barbiturate-based pill for each participant.

More workshops are planned for later in 2005.

Dr Nitschke said about 12 people in South Australia had already indicated their interest in attending the first workshop.

Those wanting to take part must be members of his Exit International right-to-die group and have already attended one of the group's introductory workshops, which discuss aspects of the law related to assisted suicide and palliative care.

"Many people leave these introductory workshops wanting more," Dr Nitschke said.

"They want access to the best drugs and the only option available is for them to make the drugs themselves."

"That is why the manufacturing workshop program was developed."

Dr Nitschke said elderly people were keen to participate in the workshops because they could see no hope for voluntary euthanasia legislation anywhere in Australia.