



Victory for the Delta Hospice Society

More than 75% of the members of the Delta Hospice Society (DHS) voted to elect a new board that oppose euthanasia (MAiD) and they supported amendments to the constitution and bylaws for the group. Many supporters of the Euthanasia Prevention Coalition (EPC) are also members of the DHS.

In February 2021, the BC Ministry of Health defunded the DHS and expropriated their ten-bed hospice building in Ladner, BC because the Society refused to participate in euthanasia.

On Saturday, March 26, an online meeting was held for Society members to vote on a new

board of directors and a revised constitution and bylaws to ensure that the DHS provides palliative care that affirms life to its natural end. The March meeting was left unfinished and was completed on April 2. Alex Schadenberg was elected to the DHS Board of Directors. The EPC supports the direction and goals of the DHS.

The DHS will soon initiate its plans to create an independent hospice that is privately funded and does not provide euthanasia. It is committed to creating safe places for people to die a natural death.

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Oregon Extends Assisted Suicide Nationally by Eliminating Residency Requirement

An [article by Gene Johnson for the Associated Press](#) reported on March 28 that Oregon expanded its state assisted suicide law by eliminating its state assisted suicide residency requirement.

In October 2021, Compassion & Choices, a US assisted suicide lobby group, and Dr Nicholas Gideonse, an assisted suicide-prescribing doctor, launched a court case challenging the Oregon assisted suicide residency requirement. The assisted suicide lobby wanted to eliminate the “residency requirement” to allow all Americans to die by assisted suicide in Oregon. The lawsuit was filed

in the federal court, claiming that the residency requirement is unconstitutional. Euthanasia Prevention Coalition USA (EPC-USA, www.epc-usa.org) is convinced that this case could have been defeated.

Johnson reported that:

Oregon will no longer require people to be residents of the state to use its law allowing terminally ill people to receive lethal medication,

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The Assisted Suicide Lobby Admits That Assisted Suicide for Anorexia is Not Legal

By Alex Schadenberg

In [January](#), I wrote an article about assisted suicide for anorexia nervosa. In the article, I quoted from a case report published by the American Clinicians Academy on MAID (ACAMAID), an organization of assisted suicide practitioners, who approved assisted suicide for anorexia nervosa by defining the condition as “terminal”.

An article by Jennifer Brown was [published in *The Colorado Sun* on March 14](#) reporting on Dr Gaudiani, an internal medicine doctor who specializes in eating disorders and who published a paper on her experience with prescribing assisted suicide for three people with anorexia nervosa. Dr Gaudiani approves assisted suicide for anorexia nervosa by falsely defining the condition as terminal.

America’s leading assisted suicide lobby group responded to the article by stating that assisted suicide for anorexia nervosa is a violation of the assisted suicide laws. Kevin Días, Chief Legal Advocacy Officer for Compassion & Choices,

responded to *The Colorado Sun* article by [stating](#):

Medical aid-in-dying laws apply only to mentally capable, terminally ill patients with six months or less to live who are able to self-ingest the medication. Any deviation from these requirements violates the law and places physicians, family members and others in regulatory, civil and criminal jeopardy. This law does not and was never intended to apply to a person whose only diagnosis is anorexia nervosa.

The recent [Oregon 2021 assisted suicide report](#) listed anorexia as a reason for assisted suicide.

Is the assisted suicide lobby going to inform authorities of the suicide deaths that have occurred outside of the parameters of the assisted suicide law? Will they stop lying by telling legislators in states that are debating assisted suicide that these laws have never been violated?

The research literature concerning

anorexia nervosa clearly concludes that anorexia is not a terminal condition but a chronic condition. A study by Kamryn Eddy et al., published in the *Journal of Clinical Psychiatry* in February 2017 titled, “[Recovery From Anorexia Nervosa and Bulimia Nervosa at 22-Year Follow-Up](#)” recognizes that some people with anorexia die from the condition, but the vast majority of people being treated for it got better. The study considered anorexia to be a chronic condition, not a terminal condition. The study was based on a 22-year follow-up and it concludes that for many people recovery is slow but nearly two-thirds of the participants fully recovered by year 22.

By prescribing lethal drugs for assisted suicide or lethally injecting a person (euthanasia) the clinician is abandoning the patient rather than helping them find hope with the potential of recovery. Killing the patient abandons them and eliminates the prospect of recovery.



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Disabled Members of the House of Lords Speak Out Against Assisted Suicide Amendment

On March 16, the House of Lords (UK) rejected an amendment to the Health and Care Bill—which would have obliged the UK government to bring forward an assisted suicide bill within 12 months—by 179 votes to 145. Members of the House of Lords with disabilities carried the debate.

As reported by [John Pring for Disability News Service](#) (Mar 17), Baroness Jane Campbell spoke:

Baroness Campbell, who made a rare appearance in person in the Lords to speak against the amendment, following months of contributing virtually as she shielded from the pandemic, [told fellow peers](#) that opening the door to legalisation “would be a monumental change in the criminal law with potentially lethal consequences”.

She said that using the health and care bill to “force the government’s hand” was “a blatant manipulation of the parliamentary process” and set “a dangerous precedent and should be resisted”.

Pring reported the comments by [Baroness Tanni Grey-Thompson who said](#):

...hundreds of people—from both sides of the argument—had written to her about the amendment, which would—if passed—“fundamentally change the political and societal landscape for disabled people”.

She said: “If people have not read it, they should look [at the article](#) by... Lord Shinkwin this weekend about how disabled people are encouraged to think that they would be better off dead than live with an impairment.

“Even in this chamber, we hear about things such as incapacity and incontinence and all the things that people fear.

“I push back on that, and I push back on the view that public opinion is overwhelmingly in support of this.”

Pring then reported the comments by [Baroness Susan Masham who said](#):

...many disabled and older people were frightened by the prospect of legalised assisted suicide.

She said: “Many vulnerable people feel that, if the assisted dying law is changed, they could be pressured into assisted dying because they feel that they are a nuisance and because they need looking after.

“Whatever...Lord Forsyth says, this bill should be about care, not killing. There should be compassion and palliative care for all those people who need it.”

Pring finally reported the comments by [Lord Kevin Shinkwin told fellow peers](#):

“If this amendment were passed tonight, I firmly believe that in years to come, we would look back and say that today—16 March 2022—was a pivotal moment.”

He described how he had been rushed to hospital seven weeks ago for an urgent blood transfusion, and had experienced “unbelievable pain”, helplessness and an “acute sense of vulnerability”.

He said: “If the amendment were passed, would I have felt any safer? Would I have felt any less vulnerable as I lay in agony only seven weeks ago?

“The answer is unquestionably no.

“In the culture to which this amendment would inexorably give rise, with its nuanced assumption that my impaired quality of life somehow made my life less worth living, would I still be here? I do not know.”

Pring reported that Baroness Sal Brinton spoke in favour of the assisted suicide amendment.

Not Dead Yet UK and their allies have built a fairly cohesive group within the House of Commons and the House of Lords in the UK. We congratulate their actions and their willingness to make sure that their position is heard.

Canada's Euthanasia Lobby Demands That Religious Medical Facilities Kill

The euthanasia lobby has started a campaign to force Canada's denominational medical institutions to participate or provide euthanasia.

[The Canadian Press reported](#) on March 7 that Dying With Dignity is campaigning to stop "forced transfers", a process that they define as transfers from medical facilities that forbid euthanasia (MAiD). The euthanasia lobby wants to stop the transfer of people who have requested euthanasia by forcing denominational medical institutions to do euthanasia.

The Canadian Press report stated:

Dying With Dignity says the service is being restricted because of an agreement that allows facilities covered by the Denominational Health Association to collect taxpayer dollars but refuse to perform services they oppose on religious or moral grounds.

Alex Muir, chair of the Metro Vancouver chapter of Dying With Dignity, says upholding the agreement denies eligible people their constitutionally protected right to access a medically assisted death.

The British Columbia (BC) government is already forcing provincially funded medical institutions that are not affiliated with a denomination to provide (MAiD) euthanasia.

Last year the BC Ministry of Health [defunded the Delta Hospice Society](#) because they refused to kill their patients.

The first attempt to force a religious medical institution to participate in euthanasia was in 2019 when the euthanasia lobby pressured the Nova Scotia government to order St Martha's Regional Hospital in Antigonish to provide euthanasia. The Nova Scotia government ordered St Martha's to provide euthanasia. In response, the Antigonish Health and Wellness Centre, which is not owned by St Martha's, agreed to provide euthanasia.

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after a lawsuit challenged the requirement as unconstitutional.

In a settlement filed in U.S. District Court in Portland on Monday, the Oregon Health Authority and the Oregon Medical Board agreed to stop enforcing the residency requirement and to ask the Legislature to remove it from the law.

EPC-USA was concerned that the Oregon government, which is supportive of assisted suicide, would not uphold the state assisted suicide residency requirement in court, not because the residency requirement was unconstitutional but for political reasons.

This decision has changed assisted suicide from a state to a national issue since all Americans will be able to die by assisted suicide in Oregon. The assisted suicide lobby announced that they will now pressure other states that have legalized assisted suicide to also eliminate their residency requirements.

The decision also highlights concerns with the use of telehealth. The assisted suicide lobby wants to approve out of state assisted suicide requests via telehealth and to send the lethal drugs by mail to the out of state requestor.

EPC-USA hopes that a state that opposes assisted suicide will launch a court case to prevent out of state assisted suicide laws from killing their citizens.

This is an historic decision because it extends assisted suicide nationally, including the many states that have strengthened their laws prohibiting assisted suicide.

EPC-USA opposes assisted suicide. These laws give physicians, and in some states nurses, the right to be directly involved with causing the death of another person. This is not an issue of self-killing, which is always a tragedy, but rather these laws enable healthcare workers to have the right to decide who should live and who should die and to prescribe lethal drugs with the intention of causing death.