



Euthanasia Prevention Coalition

NEWSLETTER

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Strong and articulate interventions at Quebec Commission

The Quebec National Assembly's commission to examine the issues of euthanasia and assisted suicide held its first set of consultations on Feb. 15-18 and March 8-9. A second set of consultations begins in the fall.

We were pleasantly surprised by the strong response by some of the presenters. The presentation by **Margaret Somerville** (pictured) was incredible.



Margaret was very clear that the commission members were very interested and asked many good questions.

Dr. Bernard Lapointe, a palliative care expert from the Jewish General Hospital and McGill University

in Montreal spoke incredibly well. He

was able to put the issues into a personal and social context and defend the need to not legalize euthanasia.

In 2007, Dr. Lapointe received the Canadian Hospice Palliative Care Award of Excellence.

The talk by Margaret Somerville will be sent to anyone upon request with a donation.

Assisted suicide "Push Back" Seminar: Seattle Washington - June 5, 2010

An educational seminar on the assisted suicide statutes in Washington, Oregon and Montana.

The Assisted Suicide Push-Back Seminar will update the participants on the status in Oregon, Washington, and Montana and discuss future directions for challenging assisted suicide. We will also examine how Compassion & Choices is working to change healthcare options in California and throughout the United States.

The seminar will be at the Radisson Airport Hotel - Seattle-Tacoma. The Assisted Suicide Seminar room rate is \$99.00 per night. Call the hotel at: 206-244-6666.

Date: Saturday, June 5, 2010, Time: 9 am - 5 pm.

Cost: \$99.00 Regular
\$69.00 Students or People with disabilities.

The speakers include:

Dr. Charles Bentz - Physicians for Compassionate Care;
Margaret Dore - Elder Law Attorney;
Cheryl Eckstein - Compassionate Health Care Network;
Eileen Geller - True Compassionate

Advocates;

Marilyn Golden - Disability Rights Education & Defense Fund (DREDF);

Senator Greg Hinkle - Montana State legislature;

Brian Johnston - Author of Death as a Salesman;

Rita Marker - International Task Force on euthanasia and assisted suicide;

Alex Schadenberg - Euthanasia Prevention Coalition.

We are convinced that by working together we can effectively push-back the euthanasia lobby

For those who cannot attend the Assisted Suicide Push-Back seminar, then please consider making a donation of \$69 to enable a student or a person with a disability to attend.

Co-hosted by: The Euthanasia Prevention Coalition, True Compassion Advocates, Physicians for Compassionate Care, Compassionate Health Care Network & the Euthanasia Prevention Coalition - BC

Debate begins again March 16th

Bill C-384, introduced by Francine Lalonde, MP (Bloc), was not voted on, so it will return to first reading.

The first hour of debate is scheduled for Tuesday, March 16. The second hour of debate will be in May.

The Euthanasia Prevention Coalition will continue with its lobbying effort by re-writing our talking points and designing a new parliamentary response card.

We are also working with Members of Parliament to set-up a parliamentary committee to establish the most-effective manner to turn the tide. Order the new Stop Bill C-384 kit, and the re-designed postcards (cost \$10 for each 100 cards.)

Donations towards our effort are necessary.

Assisted suicide guidelines in the UK are dangerous

The assisted suicide prosecution guidelines from the director of public prosecutions in the UK have been released. The guidelines are listed below.

The prosecution guidelines are dangerous. They establish the rules that people will follow to be directly and intentionally involved with killing another person.

When considering the increase in the incidence of elder abuse and the purpose of the assisted suicide law in the UK, which is to protect vulnerable people, it is clear that these guidelines are a recipe for elder abuse that will lead to further abuses of the law.

Since there is no minimum sentence for assisted suicide in the UK (or Canada), guidelines such as these, would be helpful if they were sentencing guidelines, that could help a judge determine the factors that should be considered when sentencing a person who was convicted of assisted suicide.

The assisted suicide prosecution guidelines list sixteen factors that would favour prosecution for assisted suicide and six factors that are deemed to be not in the public interest for prosecution in the UK.

While introducing the assisted suicide prosecution guidelines Keir Starmer, the Director of Public Prosecutions stated:

“Assessing whether a case should go to court is not simply a question of adding up the public interest factors for and against prosecution and seeing which has the greater number. It is not a tick-box exercise. Each case has to be considered on its own facts and merits.”

“As a result of the consultation exercise there have been changes to the policy. But that does not mean prosecutions are more or less likely. The policy has not been relaxed or tightened but there has been a change of focus.”

Starmer is stating that the guidelines will not prevent a person from being prosecuted. The reality is that these guidelines will help lawyers in the UK defend a client who is being prosecuted under the assisted suicide law.

Dr. Peter Saunders, the director of the Care Not Killing Alliance, said the final rules were an improvement on the interim guidelines that were published in September. But he added: ‘How will a prosecutor decide if someone’s motives are wholly compassionate?’ The Care Not Killing Alliance stated in their media release:

“The guidelines also make clear that no one who assists a suicide must expect to be prosecuted. It states that “a prosecution will usually take place unless the prosecutor is sure that there are public interest factors tending against prosecution that outweigh those tending in favour”. In other words, unless there are clear and compelling reasons not to prosecute, you will end up before the courts.”

The new guidelines are not without their weaknesses. For example, it is not at all clear how it is to be established in any case of assisted suicide that “the suspect was wholly motivated by compassion” (one of the six factors against prosecution). But their general tenor is one of good sense and they show greater concern for public safety than did the earlier ‘interim’ version.

Publishing final guidelines is not, however, the end of the matter. It remains to be seen how they will be implemented. The CPS has shown

recently, in the case of Kay Gilderdale, that it will not hesitate to prosecute where necessary. What is needed now, to maintain public confidence in the protection of the law, is total transparency of CPS prosecution decisions in cases of assisted suicide.

The disability perspective was clearly stated by Clair Lewis in her blog under the title: Getting away with murder: Discriminatory how-to guide is a national disgrace. Not Dead Yet republished Lewis’s blog comments and stated - There are many reactions and lots of commentary, but by far the best I’ve read so far is from Clair Lewis. Lewis stated:

In an unprecedented move, the Director of Public Prosecutions has released his special guide on how British citizens can aid and abet suicides with his approval as long as they only do it to the people he’s selected as fit for death.

Helping end someone’s life is a crime, which usually carries a 14 year prison sentence, but not so if the corpse is one of someone who was very sick and they were ‘asking for it’. In which case, judging by recent news and the killers walking free among us, you get freedom and national hero status.

A fundamentally ridiculous, contradictory and terrifying belief has taken over society which suggests people can have better equality, or lives by being dead or even killed through a discriminatory law made just for us. Impressive work, but very dangerous. Several times lately I have wanted to pinch myself to check if I was dreaming. But no, ... the public really do think it is different and more acceptable to kill someone who is sick, or to ‘assist’ their suicide than it would be if it were anyone else. All other suicidal people in this country are entitled to HELP.

It’s not nice being a disabled person today looking around me, wondering which four in every five citizens is happy to kill a relative...or kill me. I am living in a country which is happy to make it easier to kill the old and sick, whilst not caring what the majority of people this law would put at risk have to say on the matter. Even though the scientific evidence shows that people

Australia’s “Doctor Death” to present seminars in Toronto and Vancouver

Dr. Philip Nitschke, Australia’s Dr. Death, announced in his recent newsletter plans for having an Exit Seminar in Toronto this August and Vancouver this October.

The specific dates and locations for the seminar are yet to be announced.

Nitschke is the founder of Exit International, an international suicide promotion outreach, whereby he provides videos, books, and other information on how to commit suicide. He also sells devices and promotes a guide to obtaining drugs for the purpose of committing suicide.

Assisted suicide guidelines (continued)

concerned don't want or need this law - apart from a very few poster children whose fear, misery and internalized oppression the euthanasia movement are taking advantage of.

Alison Davis, the national co-ordinator of the disability rights group in the UK, No Less Human, commented on the case of Kay Gilderdale who pled guilty to aiding the suicide of her daughter. Davis, who had attempted suicide in the past, stated,

“Twenty-five years ago, like Lynn, I decided I wanted to die. It was a settled wish. Unlike hers, however, my wish to die lasted ten years. During those years I attempted suicide more than once. On

occasion, I was treated against my will by doctors, who saved my life. Then, I was angry with them. Now, I'm grateful.

If I had died, I would have missed the best years of my life, though I still have pain, worse now than it was when I wanted to die.

Additionally, no one would ever have known that the future held something better for me, not in terms of physical ability, but in the support and love of friends.

My experience shows that it's possible to come out on the other side and to demonstrate that life is worth living.”

We expect that the euthanasia lobby will attempt to undermine the guidelines by exploiting the “hard cases” by supporting “courageous” members to intentionally break the law to test the

Prosecution Guidelines and the legal system.

The assisted suicide prosecution guidelines have left the justice system in the UK exposed. The guidelines use vague and misleading terminology to define factors, such as, *the victim had reached a voluntary, clear, settled and informed decision to commit suicide (someone can be subtly pressured) or the perpetrator *was “wholly motivated by compassion” (how could that ever be determined?). A good defense lawyer will be able to use these guidelines to further undermine the protection for vulnerable people from others who either think they know better, or are carefully taking advantage of a relationship that brings them benefit.

The UK assisted suicide prosecution guidelines

The 16 “public interest factors” in favour of prosecution

- The victim was under 18 years of age.
- The victim did not have the capacity (as defined by the Mental Capacity Act 2005) to reach an informed decision to commit suicide.
 - The victim had not reached a voluntary, clear, settled and informed decision to commit suicide.
 - The victim had not clearly and unequivocally communicated his or her decision to commit suicide to the suspect.
 - The victim did not seek the encouragement or assistance of the suspect personally or on his or her own initiative.
 - The suspect was not wholly motivated by compassion; for example, the suspect was motivated by the prospect that he or she or a person closely connected to him or her stood to gain in some way from the death of the victim.
 - The suspect pressured the victim to commit suicide.
 - The suspect did not take reasonable steps to ensure that any other person had not pressured the victim to commit suicide.
 - The suspect had a history of violence or abuse against the victim.
 - The victim was physically able to undertake the act that constituted the assistance himself or herself.
 - The suspect was unknown to the victim and encouraged or assisted the victim to commit or attempt to commit suicide by providing specific information via, for example, a website or publication.
 - The suspect gave encouragement or assistance to more than one victim who were not known to each other.
 - The suspect was paid by the victim or those close to the victim for his or her encouragement or assistance.

- The suspect was acting in his or her capacity as a medical doctor, nurse, other healthcare professional, a professional carer (whether for payment or not), or as a person in authority, such as a prison officer, and the victim was in his or her care.
 - The suspect was aware that the victim intended to commit suicide in a public place where it was reasonable to think that members of the public may be present.
 - The suspect was acting in his or her capacity as a person involved in the management or as an employee (whether for payment or not) of an organisation or group, a purpose of which is to provide a physical environment (whether for payment or not) in which to allow another to commit suicide.

The six “public interest factors” against prosecution

- The victim had reached a voluntary, clear, settled and informed decision to commit suicide.
- The suspect was wholly motivated by compassion.
- The actions of the suspect, although sufficient to come within the definition of the crime, were of only minor encouragement or assistance.
 - The suspect had sought to dissuade the victim from taking the course of action which resulted in his or her suicide.
 - The actions of the suspect may be characterised as reluctant encouragement or assistance in the face of a determined wish on the part of the victim to commit suicide.
 - The suspect reported the victim's suicide to the police and fully assisted them in their enquiries into the circumstances of the suicide or the attempt and his or her part in providing encouragement or assistance.

Melchert-Dinkel may still be prosecuted in the death of Nadia Kajouji

An update written by Lee Greenberg concerning the Kajouji case was recently printed in the Ottawa Citizen. Nadia Kajouji (18) was the Carleton University student who died by suicide in March 2008 after being counseled via the internet by an internet suicide predator. The article explains that the case is now being considered by a prosecutor in Minnesota.

Sgt. Paul Schnell, a spokesman for the St. Paul police department stated that after nearly a year, the case has been submitted to their county prosecutor for a decision on charges.

Kajouji, a first year university student, was experiencing depression when she sought help on an internet-chat site. There she met William Melchert-Dinkel, (47) a nurse from Minnesota, who claimed to be a 28 year-old female nurse who was also experiencing chronic depression.

From information released by the Ottawa police, Greenberg explained how Melchert-Dinkel established a suicide pact with Kajouji and through several chat sessions, attempted to convince Kajouji to hang herself on front of her web-cam with him watching.

Since then, Melchert-Dinkel has admitted to being involved with the suicide death of Kajouji, as well as several other suicide deaths in the United States and Britain.

Deborah Chevalier, Kajouji's mom, stated that she knew that the case was moving forward and she wanted to see charges laid and for him to have his day in court.

The Kajouji case captured national attention when Harold Albrecht, the Conservative MP from Kitchener-Conestoga, steered Motion 388 successfully through parliament, asking the government to clarify why the suicide predator (Melchert-Dinkel) was not prosecuted and extradited to Canada to face trial. The question Albrecht essentially asked was: Are vulnerable people fully protected by section 241 (assisted suicide) of the criminal code from suicide predators like Melchert-Dinkel?

Since the investigation into the case of Kajouji began, Melchert-Dinkel has lost his nursing license in Minnesota. During the hearing to revoke his nursing license we learned that Melchert-Dinkel had dozens of ethical infractions connected to his nursing record.

The Euthanasia Prevention Coalition is concerned that the law does not adequately protect vulnerable depressed people, like Nadia Kajouji, from predators like William Melchert-Dinkel. We have been asking that the parliament of Canada tighten section 241 of the criminal code (assisted suicide) to specifically focus on prosecuting people like Melchert-Dinkel.

If Bill C-384 were to pass in parliament, it would make it impossible to prosecute predators like Melchert-Dinkel because the bill applies to chronically depressed 18 year-olds, like Nadia Kajouji.

Legalizing euthanasia: there will be casualties

A recent article written by Michael Cook for Mercator.net examined the current trends in the euthanasia lobby and concluded that the legalization of euthanasia will lead to people dying against their will or the death of people with chronic depression or mental illness.

The first case that Cook examined was the recent statistics from Australia concerning people who have died from the use of Nembutal, a drug used by Veterinarians for the euthanasia of animals.

Philip Nitschke, known as Australia's "Dr. Death" has been promoting the use of Nembutal to commit suicide.

A recent Australian study found that at least 51 people in Australia died from Nembutal use with 14 of those being under the age of 40. Of the 38 cases that were fully investigated by the coroner, only 11 involved people with chronic physical pain or terminal illness.

This means that the people who are acquiring Nembutal through mail order, flights to Mexico, or stealing it from

Veterinary hospitals are often chronically depressed or mentally ill and rarely are they suffering unbearable pain.

Nitschke told the Australian media that the actual number of Nembutal deaths was probably closer to 125. In response to the number of young or depressed people who died by Nembutal Nitschke was reported to have said: "There will be some casualties".

In the Netherlands a group of leaders from the euthanasia lobby is petitioning the Dutch government to allow people who are over the age of 70 to simply obtain a lethal dose for the person to use at any time. The group is led by Eugene Sutorius, the former President of the Dutch Euthanasia society and the lawyer who extended euthanasia to people who are chronically depressed by successfully defending the Dutch Psychiatrist who euthanized a person who was chronically depressed.

The petition has received more than 40,000 signatures which is the number required by the Dutch parliament to al-

low the petition to be debated in parliament.

When you are told that the euthanasia lobby is only concerned about legalizing euthanasia for the terminally ill consider two facts. First, the Dutch do not require a person to be terminally ill and Bill C-384, the bill that would legalize euthanasia and assisted suicide in Canada is not limited to the terminally ill.

Then there is the case of Ray Gosling, the retired BBC broadcaster in the UK who confessed to smothering to death his former male lover who had AIDS, twenty years ago.

Finally, there is the interview with writer Martin Amis in the UK who stated that the answer to the aging population is to set-up euthanasia booths on street corners in the large cities. As much as Amis was trying to be provocative, his message has resonated with the people in society who think that life is expendable.

The euthanasia lobby is that scary.