

## ONTARIO WANTS TO OPEN UP A DEBATE ON EUTHANASIA

The Ontario government has held two media conferences to push for a “discussion” to decriminalize euthanasia, in a similar manner as is being proposed in Quebec.

Quebec introduced Bill 52, a bill that would decriminalize euthanasia through the back-door by re-defining it as medical treatment. Euthanasia intentionally causes death and is defined as a homicide. Quebec and Ontario are now stating that euthanasia is a form of medical treatment.

The Hon Peter MacKay, Canada’s Justice Minister and Attorney General recently responded by stating:



*“Changing the law will lead to a slippery slope when contemplating the various scenarios and the range of circumstances... I simply do not believe that it is in our best interest to bring forward legislation that will change the current law that is meant to protect people.”*

The recent presentation before the

Quebec Parliamentary Committee hearings on Bill 52 by Vivre dans la Dignité (Living with Dignity), a grass roots group that opposes euthanasia and assisted suicide, explained how euthanasia falls under the Criminal Code, that it is not healthcare and decriminalizing euthanasia violates the Canadian Charter of Rights and Freedoms.

More than 10,000 people in Quebec have signed the *Living with Dignity Manifesto* opposing the decriminalization of euthanasia.

The presentation by the Physicians Alliance for the Total Refusal of Euthanasia, a Quebec physicians group with 500 members, to the Committee hearings on Bill 52, explained how defining euthanasia as medical treatment changes the definition of medical treatment and the role of the physician in Quebec.

The Physicians Alliance, under the banner: Killing is not care, stated that: “As doctors we affirm that euthanasia is an injustice. Not only toward the sick, their families, caregivers and society, but also for the authorities who will be placed in conflict of interest with patients when inflicting death becomes a means to save effort, time and money.”

The Euthanasia Prevention Coalition will also be presenting a brief to the Quebec Parliamentary Committee on Bill 52.

## “SPOON FEEDING” CASE

Euthanasia Prevention Coalition (EPC) is attempting to intervene in the “spoon feeding” case in BC.

The family of Margaret Bentley has petitioned the BC court to force the nursing home to stop feeding their mother by spoon, even though Bentley is not being force fed.

The Maplewood Seniors Care and the Fraser Health Authority correctly argue that “spoon feeding” is a form of normal care and is not a medical treatment. They also correctly argue that “spoon feeding” is a “basic necessary of life,” and denying it constitutes a criminal act that may result in charges for their staff.

EPC is arguing that spoon feeding has always been defined as “normal care.” We have proven that government and ethics definitions throughout all Common Law countries have defined normal feeding as normal care and obligatory.

EPC then argues that a change in this definition will, in effect, create a legal absurdity, whereby assisted suicide is prohibited and the law requires the provision of the basic necessities of life but at the same time health care authorities are required to assist in suicide by dehydration.

EPC also argues that expanding the definition of medical treatment to include normal care will set a precedent that permits ever further expansion of the definition of medical treatment to

*See Spoon feeding page 4....*

## NETHERLANDS 2012 EUTHANASIA REPORT: 13% INCREASE IN EUTHANASIA DEATHS

The Netherlands has reported that the number of reported euthanasia deaths increased by 13% to 4188 in 2012, now more than 3% of all deaths. The report counts 42 people with dementia and 13 people with psychiatric conditions died by euthanasia in the Netherlands in 2012.

These statistics only tell part of the story. The report indicated that health inspectors investigated 10 cases where the legal requirements for euthanasia were not been met, with 2 of those cases involving people with dementia.

In July 2012, The Lancet published a meta-analysis study indicating that in 2010, 23% of all euthanasia deaths were not reported in the Netherlands, which was up from 20% in 2005. The Lancet study found that in 2010 there were 3859 euthanasia deaths and 192 assisted suicide deaths even though only 3136

euthanasia deaths were reported.

Since (20 - 23%) of all euthanasia deaths in the Netherlands are not reported, we can estimate that the actual number of euthanasia deaths in the Netherlands was between 5025 and 5151.

Assisted suicide is a separate section of the official statistics. Since there were 192 assisted suicide deaths in the Netherlands in 2010 and since the number of euthanasia deaths increased by 18% in 2011 and 13% in 2012, it is likely that there were 255 assisted suicide deaths in 2012. The total 2012 number of assisted deaths in the Netherlands was likely between (5280 and 5406).

The report does not indicate the number of children with disabilities who died by euthanasia under the Groningen Protocol.

Researchers have been unable to

determine why the number of cases is rising, but say they *suspect* it is due to greater acceptance of euthanasia by both patients and doctors.

On March 1, 2012; the euthanasia lobby NVVE in the Netherlands launched six mobile euthanasia teams. They announced that they anticipate that the mobile euthanasia teams would carry-out 1000 euthanasia deaths per year.

The mobile euthanasia team fill "unmet demand" for euthanasia of people with (mental pain), people with disabilities, people with dementia and loneliness, and for those whose request for euthanasia is declined by their physician.

Legalizing euthanasia and assisted suicide is not safe. The "safeguards" meant to control euthanasia actually protect physicians and do not protect the people who die by euthanasia.

## MAJORITY OF DOCTORS OPPOSE ASSISTED SUICIDE

A recent online poll conducted by the New England Journal of Medicine (NEJM) asking physicians whether they supported assisted suicide found that the majority of doctors oppose assisted suicide. The NEJM online poll ran between April 11 - 24, 2013.

NEJM reported the results in this way:

Readers from 74 countries cast 2356 unique votes; U.S. readers from 49 states cast 1712 votes. Overall, 65% of the readers thought that physician-assisted suicide should not be permitted; the rate among U.S. voters was similar, with 67% voting against physician-assisted suicide.

The NEJM poll featured a case

study based on a person who was terminally ill, cognitively aware, and had a clear desire to die by assisted suicide.

The NEJM then published two options, one opposing assisted suicide by Margaret Somerville and Dr J Donald Boudreau one supporting assisted suicide by Dr Nicola Biller-Andorno.

The WMO also reiterated its opposition to assisted suicide with this resolution: *Physicians-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an*

*individual to end his or her own life, the physician acts unethically.*

However the right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient. The American Medical Association opposes physician-assisted suicide. The AMA policy states:

*It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life.*

**See Majority page 4....**

# RESPONSE TO DR LOW: EUTHANASIA IS NOT SAFE HAS CONSEQUENCES AND IS NOT SAFE

On September 18, 2013, Dr Donald Low, the Canadian Microbiologist who became famous for his response to the SARS crisis in 2003, died from complications related to a brain stem tumour.

Eight days before he died, Low participated in a short video where he spoke about his fears related to dying with the disabling conditions that may result from his disease.

Low spoke about his wish to die by euthanasia or assisted suicide in Canada. He points out that it is simply impossible, in Canada, to die by euthanasia.

Low suggests that in countries, such as the Netherlands, Belgium and Switzerland, where euthanasia or assisted suicide are legal, that it is easy to have an assisted death. Low said that he can't understand why we don't have euthanasia in Canada.

Dr Low should have considered that legalizing euthanasia has consequences and is not safe.

In Switzerland, assisted suicide is essentially "self regulated" by the assisted groups. Instances of assisted suicide abuse in Switzerland include: the death of the Italian magistrate who had a wrong diagnosis, the death of a British man with dementia.

In the Netherlands, euthanasia has grown out-of-control. Euthanasia in the Netherlands has expanded to include children with disabilities, through the Groningen Protocol, incompetent or lonely people and mobile euthanasia teams for people who were refused euthanasia by their doctor. A 2012 Lancet study have found that 23% of the euthanasia deaths in the Netherlands are not reported. The most recent data indicates that the euthanasia rate increased by 13% in 2012, doubling the number of eutha-

nasia deaths since 2007.

There is significant research indicating that the euthanasia law in Belgium is abused. A study published in the CMAJ June 2010 found that 32% of euthanasia deaths in the Flanders region of Belgium are done without explicit request and a study that was published in the BMJ Oct. 2010 found that 47.2% of euthanasia deaths in the Flanders region of Belgium were not reported. A study published in the Journal of Pain and Symptom Management – Nov. 2011 found that requests for euthanasia in Belgium are rarely refused. This explains how a depressed Belgian woman died by euthanasia and the most recent case of the person who died by euthanasia after a botched sex-change operation.

Legalizing euthanasia or assisted suicide has consequences and is not safe. The Concept of Euthanasia creates great fear for me

## I ONLY HAVE ONE LIFE. I CHOOSE TO LIVE.

By Steve Passmore

*Published in the National Post on September 27, 2013*

In his video, Dr. Donald Low said that if I were to live in his body for 24 hours, I would change my mind on assisted death.



I was born with cerebral palsy and I have lived all of my life with pain. My condition is deteriorating. I now have scoliosis which has given me further pain and my prognosis is living with a wheelchair. I have a hernia, but because it isn't permanent I don't qualify to receive help to clean my apartment. Living with a disability also means that I have experienced discrimination.

Most people with disabilities generally live with pain, suffering and social isolation.

Legalizing euthanasia or assisted suicide is an abandonment of me as a person, that society would rather help me die, than help me live. The concept of euthanasia creates great fear for me. The answer is not legalizing euthanasia or assisted suicide but rather improving social supports.

I only have one life. I choose to live.

Society needs to ensure life with dignity, not death with dignity.

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## NEWS FROM AROUND THE GLOBE

### AUSTRALIA

Australia is facing a push to legalize euthanasia. Recently the Tasmanian government introduced a bill to legalize euthanasia. Unlike Canada, the division of powers in Australia gives states the right to amend the Criminal Code.

Australian Prime Minister, Tony Abbott, responded to pressure to support euthanasia by stating: "I don't support euthanasia." Abbott and his Liberal party recently won the Australian election.

At the same time the euthanasia lobby pushed the state of Queensland to legalize euthanasia. The Queensland government declared that they have no intention to legalize it.

Meanwhile the Hon Nick Goiran introduced legislation to create real protections in law from elder abuse in Western Australia. This bill is specifically focused on protecting citizens from all forms of elder abuse. If passed, this bill creates road-blocks to euthanasia. Goiran will be the lunch speaker at the Euthanasia 2013 next month in Toronto.

Similar to the Euthanasia Prevention Coalition in Canada, Paul Russell, the leader of HOPE Australia, is successfully fighting the push to legalize euthanasia on several fronts. Russell is working with a group called REAL-dignitytas to oppose euthanasia in Tasmania. EPC recognizes the incredible work being done by Paul Russell of HOPE Australia.

Paul Russell will be a speaker at the upcoming Euthanasia Symposium on November 8 – 9, 2013 in Toronto.

### NEW ZEALAND

Labour MP Maryan Street withdrew her private members bill to legalize euthanasia, while promising to re-introduce her bill after the election next year.

Dr. David Richmond from Euthanasia-Free New Zealand, states that the withdrawal of the euthanasia bill provides time to alert the public to the dangers related to euthanasia. Richmond will be a speaker at the upcoming Euthanasia Symposium on November 8 – 9, 2013.

The most natural thing  
in the world  
is to have hope

# Euthanasia Symposium 2013

November 8 - 9  
Renaissance Marriott Hotel  
Toronto

### ...Majority from page 2

*However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer; would be difficult or impossible to control, and would pose serious societal risks.*

A recent poll by the CMA also found that the majority of Canadian doctors oppose euthanasia and assisted suicide.

### ...Spoon Feeding from page 1

include other necessities of life, such as hygiene, etc.

EPC needs your support for this intervention. If the BC Court defines spoon feeding as medical treatment, family members and those who have power of attorney over others, will be able to decide to deny persons normal feeding, even when that person can effectively swallow.