

## Concerned Swedish Citizen Uncovers Deception in Oregon's Assisted Suicide Law

Euthanasia and assisted suicide are being promoted world-wide. Recently, the Swedish National Council on Medical Ethics published the report, "[Assisted Death: A knowledge compilation.](#)"

Fabian Stahle, a Swede who opposes euthanasia, sent EPC an article revealing the hidden problems with Oregon's assisted suicide model.

Stahle read the Swedish report and noticed a quote from Professor Linda Ganzini, from Oregon, who stated that the six-month expected survival time applies, "if no treatment is given to slow down the course of the disease."

Stahle responded to this statement by asking the Oregon Health Authority by email if Ganzini's comment was correct:

In the law, "terminal disease" is defined as an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment (in the opinion of the patient's attending physician and consulting physician), produce death within six months.

Is this rule interpreted as "without administration of life-sustaining treatment"?

Craig New, Research Analyst for the Oregon Health Authority, responded:

"...your interpretation is correct. The question is: Should the disease be allowed to take its course, absent further treatment, is the patient likely to die within six months?"

Therefore the definition of terminal illness, in Oregon, is defined to include people who will become terminally ill if they refuse effective medical treatment or care.

To clarify this response, Stahle followed up by asking the following two questions:

If the doctor suggests, to an eligible patient, a treatment that possibly could a) prolong life, or b) transform a terminal illness to a chronic illness, or



c) even cure the disease—and if the patient doesn't give his/her consent to the proposed treatment is he/she still eligible to take use of the Act?

If a patient with a chronic disease (for instance, diabetes) by some reason decides to opt out from the life-sustaining medication/treatment and by doing so is likely to die within 6 months, thereby transforming the chronic disease to a terminal disease—does he/she then become eligible to take use of the act?

New responded as follows:

"Interesting questions. While this is not addressed specifically in the law, the answer in both cases is yes—those patients would qualify."

He confirms that the language in Oregon's assisted suicide law may have deceived people into thinking that the Oregon law is limited to people who are terminally ill.

Stahle includes more detail in his article. He concluded by stating:

We need to consider these significantly expanded dimensions as to who qualifies for assisted suicide under the Oregon model. It is definitely not the scenario that is being presented in the polls or propaganda by advocates. Proponents want to sell the Oregon model with the assurance that the offer for medically assisted suicide only applies to dying patients where all hope is lost. But it is completely misleading. Sick people in Sweden and elsewhere deserve something better than laws with such inherent dangers hidden beneath the surface.

To request the [complete article by Fabian Stahle](#), contact EPC at 1-877-439-3348 or email [info@epcc.ca](mailto:info@epcc.ca).

# Euthanasia in Québec: Theory Meets Reality

This article was published by the Physicians' Alliance Against Euthanasia on December 21, 2017.

Prior to legalization of “medical aid in dying” (active euthanasia), from the comfort of an abstract theoretical detachment, 48% of doctors in the city of Laval, QC said they would be willing to intentionally cause the death of a patient. Another third diplomatically gave “conditional responses.” In other words, even among the people sufficiently politicized to respond at that time, fewer than half would be willing to perform euthanasia under the present criteria.

And that was before the prospect became real.

“What we see is that providing medical aid in dying is more complex than we thought,” says Marie-Ève Bouthillier, director of the centre for ethics of CISSS de Laval and coauthor of [a study of 61 Laval doctors](#) who received 113 requests for euthanasia. *Obviously*. It is a wonder that the ruling class managed to ignore that fact for so long.

Once the *Act respecting end-of-life care* came into effect, 77% of the doctors who received real requests from real patients discovered that complexity, and concluded that they could not stomach the thought of killing their patients.

What did we expect?

On the one hand, there is an absolutely instinctive and universal human horror and avoidance of death. And although many doctors have learned to work with dying people, the thought of actually killing someone takes suppression of natural instincts to a whole new level.

And on the other hand, we have a political fantasy that doctors (being told euthanasia has been redefined as a benign “medical treatment”) will suddenly be at ease with killing people. Dr. Bouthillier even expands on this wishful thinking by postulating initiatives to make the whole problem go away: “We need to provide training to make this practice more acceptable, to integrate it into doctors’ clinical work.” So what now? When the study authors realize they cannot just “re-educate” people into this practice, what then? Coercion?

Beyond the absurdity, there is a sinister dimension to this research and the agenda which is motivating it.

The *only* justification legally offered for a refusal to participate is “right of conscience.” But only 14% of the doctors interviewed for this study were considered to



have real moral objections. Therefore, the study seems to conclude, the others are refusing to kill people for no good reason.

Contrary to what some would have us believe, moral conscience is not the unique purview of established religion or traditional moral codes: it is universal. It is one of the many—and one of the most important—things that make us human.

What is the “moral burden” invoked by 59% of respondents, otherwise at ease with accompanying dying patients, if not an innate repugnance to the act of killing someone? The same repugnance at a societal level explains the “fear of stigmatization” mentioned by 27%. And the “lack of expertise” cited by 36% may well conceal similar reasons: it certainly has nothing to do with knowing how to give an injection.

What is the extreme emergency that would require us to convince—or coerce—all doctors to kill people on request? Do we really want doctors who no longer listen to their conscience, however that is defined? Do we really aspire to having a medical profession that cheerfully and unquestioningly carries out whatever political fashion may demand? Is this the best model the profession can offer to future generations?

It seems logical to us that the fewer doctors desensitized to killing, and the more who exercise their prudential moral judgment before jumping on the bandwagon, the better for all concerned.



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## Woman Attempts Suicide Based on Her Terminal Illness

*But the Diagnosis  
Was Wrong*

Mya DeRyan

The story of Mya DeRyan is not just about gaining a second chance at life; it is also a warning to Canadians now that euthanasia is legal, that some people with a misdiagnosis will die by lethal injection (euthanasia).

Jessica Lepp, reporting for *CTV News Vancouver Island*, stated in this incredible report that DeRyan, who thought she had a terminal illness, decided to die by suicide. But thankfully she survived. According to the [CTV report](#):

On Oct. 30, DeRyan set the plan into motion. She left behind a book with pertinent information for her son and on top of it, a note that simply read, “My body’s in pain. My heart is full. It’s time. I love you.”

She boarded a BC Ferries vessel travelling from Vancouver’s Horseshoe Bay to Departure Bay in Nanaimo. Halfway through the sailing near Bowen Island, she stripped down on a car deck and took the plunge into the icy water...

But...somebody saw her take the leap overboard and the search was on almost immediately.

“Suddenly I hear an alarm and the announcement of man overboard, and all of the sudden the moment changed,” she said.

DeRyan’s life changed after that.

DeRyan spent about a week in hospital being treated for hypothermia, but that’s when the next incredible part of her story materialized.

Doctors gave her news that would change her life again—DeRyan’s terminal diagnosis was wrong. She wasn’t dying at all.

“I think it was that moment, I was still in the hospital realizing there’s got to be a plan, and there’s got to be an intention,” she said. “I feel like it’s a new body. Any little malady I had is absolutely gone.”

With a new lease on life, DeRyan said time with her son is her first priority. Based on her wrong diagnosis, DeRyan would have qualified for euthanasia. If it had been legal in Canada in October 2016, she might have died by lethal injection (euthanasia).

In April 2013, Pietro D’Amico, a 62-year-old magistrate from Calabria, Italy, died by assisted suicide at a Swiss suicide clinic. *His autopsy found that he had a wrong diagnosis.*

[Medical error is the third leading cause of death in the United States.](#) Death by euthanasia or assisted suicide can and will occur to people who have received a wrong diagnosis.

## A Tribute to J.J. Hanson

On December 30, 2017, J.J. Hanson, President of Patients’ Rights Action Fund (PRAF), passed away peacefully at home with his family by his side. J.J. is survived by his beloved wife, Kristen and two young sons, James and Lucas.

J.J. became the president of PRAF while fighting glioblastoma, the same brain cancer Brittany Maynard had. Prior to his diagnosis, he served as advisor to two New York State Governors and as a Marine.

J.J. was a great leader and an effective spokesperson opposing assisted suicide. He was also a loving husband and father.

He will be missed.



## CBC Cameras Roll as Doctors Give Lethal Injection to Patient

The *CBC* (Canada's public broadcaster) aired a [mini-doc](#) about an assisted suicide party. It ended with (audio of) the doctor giving Nancy Vickers a lethal injection under the provisions of Canada's "Medical Aid in Dying law." Nancy had Parkinson's.

Two years ago, this doctor could have been charged with homicide under Canada's criminal code. Today, he is lauded as a trailblazer.

Please understand I have incredible empathy for what Nancy went through. Parkinson's is a horrible, debilitating disease. I can understand why she would become so hopeless about her condition, so fearful of what was to come, that she wanted to access Canada's assisted death law. I get it. I truly do. A very dear family friend recently passed away from a Parkinson's-related disease. It was heartbreaking to see her deteriorate as she did. I loved her dearly.

But this post is not about Nancy's (so-called) right to an assisted death. Nor is it about my friend who died of her disease naturally. It is not about demonizing doctors, or anyone for that matter. It is about the underlying message these stories send to the rest of society.

The headline reads, "My life these days is hell on Earth and I don't want to be here anymore." With all due respect and compassion for how she felt at the time, this headline scares the hell out of me. And it should scare all of us. Why? Each of us probably knows someone who has uttered similar words. Perhaps we have thought them ourselves.

We can talk about safeguards and due criteria all we want; the underlying motive is clear. Stories like this are about "normalizing" the idea of ending one's life when faced with significant fear, burden or depression. Or perhaps we have become just "tired of life." Am I crazy for suggesting such things? Look at the "[completed life](#)" bill in The Netherlands. This is about a radical culture shift; one that society seems so eager to embrace.

Dr. Watkins (the doctor who gave the lethal injection) says this about the law: "This is very progressive for us as a country." Yet progressive by definition means "happening in stages." We have to ask ourselves what the next stages might be—especially at a time when the current law is being challenged in radical ways.

Take for example the pressure to remove "reasonably



By Kevin Dunn,  
Director of [Fatal Flaws](#)

foreseeable (death)" from the language of the law. And the request to extend the law to "mature minors" and those with psychological conditions. Are these indeed "progressive" moves?

How common will euthanasia clinics, like the one in The Netherlands (pictured here), be in North America in the near future? Will we be able to stop abuse and coercion in a society where healthcare costs are spiraling out

of control? Which of us will become "disposable" when our quality of life is deemed unworthy of support? These are not radical considerations. These are serious questions being asked by [disability rights groups](#) and [advocacy groups](#). Not many people realize there is a silent majority actively opposing such laws who have been relatively successful in holding back a tsunami of legislation.

The *CBC* article quotes the doctor saying to the patient, "You know, of course, you can change your mind at any time, it doesn't affect any of the medical care you get." This is an appropriate measure given the irreversible decision about to be made.

Still, I wonder how these laws are going to affect the medical care and research available to us in the future, when assisted death becomes the "viable" option. Already we've seen cases where [insurance companies](#) will not pay for life-sustaining medication but suggest they will pay for an assisted death.

That is why we are making the film *Fatal Flaws*, to consider what is happening in countries like The Netherlands, Belgium and the USA whose laws have been in place for some 15 to 20 years.

There is no doubt in my mind that doctors like the one in the *CBC* story truly believe they are doing "good" and providing a "valuable" service to those wishing to access assisted dying laws. I disagree with their logic but would never deny their perceived "good" intentions.

No matter your convictions on this issue, I believe it's time we ask ourselves the major philosophical question of our age: Is it right to give doctors, or anyone, the right and law to end the life of another human? And just as important, what do these laws do to the collective conscience of society over time?

[Please donate to the production of \*Fatal Flaws\*.](#)