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Cancer Patients Dying by Euthanasia Are Less Likely to Have their Diagnosis Confirmed or Attempt Effective Treatments

An article by Ed Susman, published on September 9 in *Medpage Today*, reports on a presentation by Dr. Sara Moore, a University of Ottawa medical oncologist, to the World Conference on Lung Cancer. Moore examined 45 euthanasia (MAiD) deaths of people with lung cancer and concluded that people with lung cancer who died by euthanasia were less likely to consult with a radiation or medical oncologist, less likely to confirm their diagnosis, and less likely to undergo effective treatments.

According to Susman, Moore's research found that 20% of those who died by euthanasia did not consult a radiation oncologist and 22% did not consult a medical oncologist. Susman further reports:

> "Biomarker-driven targeted therapy and immunotherapy offer effective and tolerable new treatments, but a subset of patients undergo medical assistance in dying without accessing—or, in some cases, without being assessed for—these treatment options," Moore continued. "Most patients were assessed by an oncology specialist, though less than half received systemic therapy."
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> "Given the growing number of efficacious and well-tolerated treatment options in lung cancer, consultation with an oncologist may be reasonable to consider for all patients with lung cancer who request medical assistance in dying," she said.

Moore indicates 13 of the 45 lung cancer patients who died by euthanasia did not have a biopsy to confirm their diagnosis. Even though lung cancer survival rates have improved, the research proves that some people diagnosed with lung cancer will ask for MAiD without confirming the diagnosis or trying effective

treatments. **The Canadian (MAiD) euthanasia law does not require a person to try treatments.**

The data from this study is consistent with previous data indicating that people who ask for assisted suicide are often experiencing feelings of depression or hopelessness (See doi.org/10.1136/bmj.a1682 and doi.org/10.1200/JCO.2005.14.308).

Euthanasia is never justified; it ends a person's life, an act that cannot be reversed. Euthanasia preys on the weak and weakens health care. It is not health care; it is medical abandonment.

The study is limited based on the small data group examined by the researchers.

The Euthanasia Prevention Coalition exists to protect people by building a well-informed, broadly-based network of groups and individuals for an effective social resistance to euthanasia and assisted suicide.

California Euthanasia Court Case: An Analysis

By Alex Schadenberg

There is a court case in California that would permit euthanasia within the assisted suicide regime. The court needs to reject this challenge to the state assisted suicide law based on the following points:

1. There is no right to assisted suicide therefore there is no legal requirement to amend the perceived inequality within the state assisted suicide law.
2. The Supreme Court in *Glucksberg* (1997) recognized that there is no right to assisted suicide and that one state's interests in prohibiting assisted suicide was the prevention of euthanasia. This court case specifically seeks to permit euthanasia.
3. Permitting euthanasia is not an extension of the state assisted suicide law but rather it requires the court to legislate a new law to legalize euthanasia, a form of homicide.

As reported by Lisa Krieger for the *Bay Area News Group* on August 29, 2021, the case involves Sandy Morris, who is living with ALS, and challenging the California assisted suicide law based on it being discriminatory towards people with disabilities. According to Krieger, due to the degenerative effects of ALS, Morris may not be capable of self-administering the lethal drug cocktail. Krieger reported: "Doctors who help the terminally ill confront a legal dilemma: Disability law mandates assistance and equal access to health care, while the aid-in-dying law mandates the opposite."

Assisted suicide activist Kathryn Tucker is the lead lawyer for the plaintiffs and Lonny Shavelson is a plaintiff. After California legalized assisted suicide, Shavelson turned his attention full time to assisting suicides.

This case makes several false and critical assumptions, such as:

1. There is a right to assisted suicide in California, and
2. Assisted suicide and euthanasia are (legally) the same.

Legally, **assisted suicide** is a form of **suicide** where the law requires the person to "self-administer" a lethal drug cocktail with the assistance of a "medical professional". **Euthanasia** is a form of **homicide** whereby the "medical professional" lethally injects the person with a lethal drug cocktail. There are similarities between the two acts but legally speaking they are very different. Therefore, the assisted death lobby is not asking the court to extend the assisted suicide law but rather to legislate an exception to homicide.

The other issue is more nuanced. To require the California law to equally apply to people who requested and were approved for assisted suicide assumes that there is a right to assisted suicide. According to the *Glucksberg* decision there is no right to assisted suicide. *Glucksberg* recognized that there were at least five legitimate reasons why the state had an interest in prohibiting assisted suicide. One of those reasons was the prevention of euthanasia. As stated in *Glucksberg*:

> These interests include prohibiting intentional killing and preserving human life; preventing the serious public-health problem of suicide, especially among the young, the elderly, and those suffering from untreated pain or from depression or other mental disorders; protecting the medical profession's integrity and ethics and maintaining physicians' role as their patients' healers; protecting the poor, the elderly, disabled persons, the terminally ill, and persons in other vulnerable groups from indifference, prejudice, and psychological and financial pressure to end their lives; and avoiding a possible slide towards voluntary and perhaps even involuntary euthanasia.

In *Glucksberg*, the Supreme Court recognized that creating a right to assisted suicide, which it rejected, could lead to permitting euthanasia. It is well known that the assisted death lobby considers the legalization of assisted suicide a stepping-stone to the legalization of euthanasia. The Supreme Court recognized that legalizing euthanasia is a much broader license, which would prove extremely difficult to police and contain.

Euthanasia by Organ Donation for Healthy People?

By Wesley Smith, Published by the *National Review* on August 21, 2021

We have entered the era of what I call "do harm medicine," in which the concept of what constitutes harming the patient has become entirely malleable and subjective. I even wrote a book covering that subject (*Culture of Death: The Age of Do Harm Medicine*).

Here is an example: When organ transplant medicine began, the "dead donor rule" (DDR) was instituted to assure a wary public that people's vital organs would only be procured after the person was dead. A corollary to that rule assures the public that people will not be killed for their body parts.

The dead-donor rule has been under attack for some time within the utilitarian bioethics movement. (I am not writing about the brain-death controversy, which is a separate discussion.) Many bioethicists are now pushing to allow doctors to *kill via organ harvest*, sometimes called "organ donation euthanasia" (ODE).

At first, this proposed killing license was supposed to be limited to patients on the verge of death or the permanently unconscious. Now, a prominent bioethics journal has published a piece urging that *healthy people* be allowed to die by removal of vital organs.

The author claims that because people can instruct life-sustaining treatment to be withdrawn (LST), and can donate their organs after death, that ODE is also OK because it will result in death, too, and result in more usable organs procured and more lives saved. From, "May I give my heart away? On the permissibility of living vital organ donation" (doi.org/10.1111/bioe.12935):

> In this situation, according to proponents of ODE, the doctor should respect the decision, even when this will cause the death of the patient. It seems commonly accepted that patient autonomy allows patients to refuse any medical intervention initiated on one's body and life, and therefore, doctors are morally obligated to withdraw LST when this is what the patient wants. If we should uphold the DDR in such situations, the doctor should wait until the patient is declared dead to procure the patient's organs.
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> Proponents of ODE argue that if the patient consents, it would be permissible to procure the patient's organs before death. This will of course mean that the patient will die from donating his or her vital organs instead of dying from having his or her treatment withdrawn. However, this seems ethically immaterial in this situation since the outcome for the patient will be the same.

That is not true; *not everyone dies after having life-sustaining treatment withdrawn*. Indeed, under current organ-donation protocols, if the patient does not die, he is taken back to the ward and usually disqualified as an organ donor thereafter.

Once death ceases to be the necessary predicate for donating vital organs—and is replaced with "consent"—there would be no natural limiting principle. And so it is here. Rather than being a form of euthanasia to end suffering, the idea is to permit someone to have themselves killed for the altruistic purpose of saving other people's lives, called living vital organ donation (LVOD). All that matters would be consent, and moreover, such a program would allow for tailored killing by harvesting:

> If the autonomous desire to sacrifice oneself to benefit others should count as a morally relevant reason, all things being equal, this desire will have a greater chance of being fulfilled when the donor is not imminently dying. In such cases, the donation can be postponed until a suitable recipient is in place. By contrast, when the primary motivation is death, as it is in ODE, it is plausible that patients would not be willing or able to wait for months, maybe years, until a receiver match appears.

But consent has the power to justify abundant "do harm" medical practices. Example, policies that allowed sex-change surgeries for the few have now expanded to validate puberty blocking for children, for which there is scant evidence of benefit and the potential for material physical harm. Look Ma, no brakes!

Besides, once a fundamental moral principle is

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The Euthanasia Lobby is Promoting Suicide

By Alex Schadenberg

While reading an article that was promoting the expansion of the California assisted suicide law, I wondered: Why is the death lobby getting away with promoting suicide? The article focused on stories of people who died by suicide/assisted suicide. I was shocked by the descriptions and lionizing of the deaths.

The World Health Organization (WHO) published a resource for media professionals with protocols for responsible reporting of suicide deaths. In the guidelines for preventing suicide it states:

- Take the opportunity to educate the public about suicide,
- Avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems,
- Avoid prominent placement and undue repetition of stories about suicide,
- Avoid explicit description of the method used in a completed or attempted suicide,
- Avoid providing detailed information about the site of a completed or attempted suicide,
- Word headlines carefully,
- Exercise caution in using photographs or video footage,
- Take particular care in reporting celebrity suicides,
- Show due consideration for people bereaved by suicide,
- Provide information about where to seek help,
- Recognize that media professionals themselves may be affected by stories about suicide.

Is it about freedom of speech? All freedoms have limits based on our responsibility to others. I believe in a society that upholds the value of living with disabilities, respects the lives and experiences of elderly persons and upholds the equality of every human being.

Suicide promotion articles and the philosophy of euthanasia advocacy groups lead to the abandonment of people, not their freedom or autonomy.

...**Euthanasia** *from page 3*

breached, it is like a dam breaking. The deluge may begin as a trickle, but soon the reservoir empties, flooding the plains below. Hence:

- Assisted suicide/euthanasia for the terminally ill who ask to die was legalized as a means to prevent suffering at the end of life.
- That morphed in some places into allowing people with disabilities and chronic conditions who ask to die to be killed to eliminate suffering.
- Which morphed into allowing the mentally ill who ask to die to be killed in some jurisdictions to eliminate suffering.
- Which morphed into conjoining organ harvesting with euthanasia (in the Netherlands, Belgium, and Canada) if the person to be killed consents.
- Which morphed into several proposals to permit killing by organ harvesting for those facing imminent death.
- Which has now morphed into a proposal to allow healthy people to ask to be killed for altruistic reasons.
- Which will one day morph into proposals to allow surrogates to authorize euthanasia via organ harvesting for the incapacitated or letting people order themselves harvested once they become incapacitated in advance medical directives.

Please understand that these proposals are not fringe ideas. *Bioethics*, which published this article, is a wholly mainstream publication. The idea of killing for organs is considered respectable in the field. And it gives these advocates no pause that their plans would also transform organ-transplant doctors—known for focusing exclusively on saving lives—into outright killers.

The only way I can think of to thwart this drip-drip-drip-into-deluge process is to cast a bright light on where the thought leaders in bioethics want to take health-care policy in coming years. Forewarned, I hope, is forearmed. Hopefully, the people upon whom these policies would be imposed will disagree and thwart the best-laid plans of utilitarians and bioethicists.