

## The White Rose: A Symbol of Our Opposition to Euthanasia

Many people wonder why the Euthanasia Prevention Coalition uses the white rose as its symbol.

You may have heard about The White Rose campaign in Germany which resisted the Nazi regime and whose leaders were killed on February 22, 1943. You may not be aware that opposition to the Nazi T-4 euthanasia program influenced the formation of The White Rose campaign.

Some research suggests that [Hans and Sophie Scholl heard a sermon on August 3, 1941 by Bishop von Galen of Muenster](#), who challenged the killing of persons with disabili-

ties by euthanasia. Other sources state that Hans and Sophie read the sermon; nonetheless, this was an inspiration for the Scholls to act.

On May 9, 2021, [Immanuel Marcus published an article in \*The Berlin Spectator\*](#) commemorating the 100<sup>th</sup> birthday of Sophie, who died on February 22, 1943. Marcus writes:

Elisabeth Hartnagel-Scholl was a hundred years and one day old when she died on February 28<sup>th</sup>, 2020. In theory, her sister Sophie Magdalena Scholl could be alive today, had Nazi Germany not murdered her. At least she could and should have lived to become an old lady, just like others who resisted the Nazi regime, just like millions of victims of the Shoah and of the war.

[...] Sophie Scholl, her brother Hans Scholl and others founded the underground organization The White Rose. At Ludwig Maximilian University in Munich, they were caught distributing leaflets with texts that slammed the regime and Germans who just followed it. On February 18<sup>th</sup>, 1943, they were arrested by the Gestapo. Only four days later, on February 22<sup>nd</sup>, they were sentenced to death by judge Freisler and beheaded on the same day.

Sophie Scholl is a hero because she stood against the tyranny of her day. She was martyred for it.

Marcus states:

Sophie Scholl was born in Forchtenberg, a small town in the southwestern part of Germany, on May 9<sup>th</sup>, 1921... She had four siblings. Early on, she was influenced by her parents' liberal views and the Christian values that were held high in the family. In the case of Hans Scholl and his sister Sophie, their conscience forced them to do something against the regime, against the war and the genocide.



Hans Scholl



Sophie Scholl

*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.*

# Luxembourg Update: 56% Increase in 2020 Euthanasia Deaths

[This update was first published by the Australian Care Alliance](#)

Euthanasia and assisted suicide have been legal in Luxembourg since 2009. The person requesting euthanasia or assisted suicide must have a serious, incurable and irreversible affliction that leads to unbearable physical or mental suffering.

The [sixth biennial report](#) by the National Commission for Control and Evaluation covering 2019 and 2020 was published in March 2021.

There were eight cases of euthanasia in 2018, 16 in 2019 and 25 in 2020. This brings the total number of cases to 112 (2009 to 2020).

Most cases involved euthanasia (lethal injection) except for four (one in 2016, one in 2018 and two in 2020) of assisted suicide (oral ingestion of a barbiturate).

In 2020, the Commission approved (after the fact) the euthanasia of a 96-year-old man based on “fatigue of life” combined with polypathology, citing the Belgian practice.

The law requires that the person have unbearable suffering that cannot be relieved. This is assessed largely on a subjective basis (from the [fourth report of the law for 2015 and 2016](#)):

“In most cases, many types of suffering, both physical and mental were present simultaneously. Sufferings have all been described as constant, unbearable and without prospect of improvement.

While certain objective factors can contribute to the estimation of the constant character, unbearableness and lack of any prospect of improvement of suffering, it is largely subjective and depends on the personality of the patient, and his or her own conceptions and values.”

The Commission would like to see training in euthanasia for all health professionals in Luxembourg as well as the establishment of a specialist euthanasia

service as exists in Belgium and the Netherlands. It wants all pharmacies to have euthanasia kits in stock.

Although there is a right for individual doctors to refuse to participate in euthanasia, the Luxembourg government and the Commission agree that (also from the [fourth report](#)):

“Freedom of conscience is an individual and not an institutional freedom. Thus, no hospital establishment can validly invoke this freedom to refuse to allow a doctor to practice within that institution euthanasia or assisted suicide, when the conditions laid down in the law are fulfilled.

At the level of integrated centers for the elderly (aged care homes), it should be noted that the rights of people with serious and incurable conditions are themed as part of the annual accreditation visits. In case of refusal on the part of an institution of the practice of assisted suicide, it is obliged to inform any user before signing the hosting contract. If such is not the case, the center

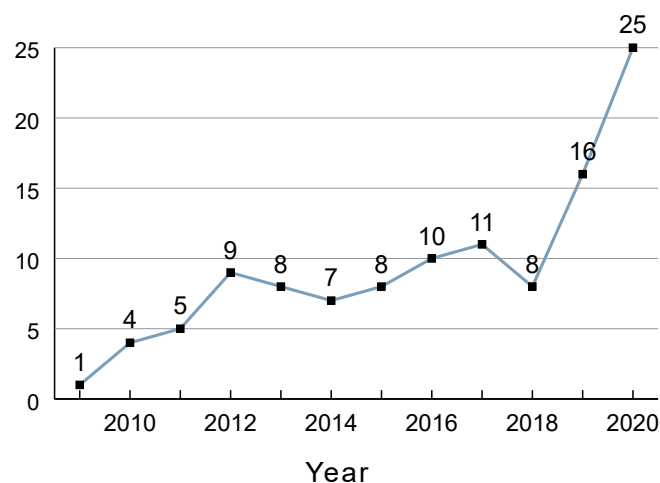
cannot refuse a request for assistance to the suicide from a user”.

Although the euthanasia law allows for euthanasia of an unconscious person following a written advanced directive registered with the Commission, and 3981 people have completed such a directive, there has so far been only one case (in 2011) of euthanasia giving effect to an advanced directive. In this case, there is no requirement for suffering but only for a serious and incurable condition.

The Commission supports euthanasia for psychiatric conditions and asserts that the law permits this although there has not yet been a case.

The Commission also states that discussion on extending the law to allow the euthanasia of minors should not be taboo.

Euthanasia in Luxembourg



## Netherlands' Euthanasia Report: 9% More Deaths in 2020

Senay Boztas [reported for DutchNews.nl](#) that the Netherlands' euthanasia report stated that there were 6938 reported euthanasia deaths in 2020, up by 9% from 6361 in 2019:

All but two of these were judged to have met the six legal requirements...

The number of euthanasia cases exceeds the previous peak of 2017, when there were 6585 deaths. Numbers fell after a doctor was prosecuted but eventually found not guilty of manslaughter for a controversial procedure involving a woman with advanced dementia.

Fewer euthanasia deaths occurred in 2019 because doctors were concerned about being brought before a tribunal or court.

According to the studies done every five years in the Netherlands, [there are many unreported euthanasia deaths](#) (20-23%).

Boztas reported that Jeroen Recourt, the chairman of the euthanasia commission was not surprised by this growth.

The data indicated that four euthanasia deaths were connected to the Coronavirus. Boztas also reported:

As in previous years, dementia was a factor in 2% of the deaths, and psychiatric disorders represented just over 1%. The vast majority of people had terminal cancer, and just two people had advanced dementia.

The Expertisecentrum Euthanasie, formerly called the End of Life Clinic, did however deal with 221 fewer requests than in the previous year, according to its annual report. The body is an option for people whose GP cannot or will not grant a request, or to support complex cases, and last year it was involved with 899 euthanasia procedures.



## Maine Report: 30 People Died by Assisted Suicide in 2020

The assisted suicide law in Maine (USA) came into effect in September 2019. The 2020 assisted suicide report states that in the first full year, 50 people were approved for euthanasia, 30 died by assisted suicide, 15 of the 50 died a natural death, and for one death it was unknown whether the person died by assisted suicide or not. When the death status is unknown, it may be an unreported assisted suicide death.

The data from the [Maine assisted suicide report](#) is sparse at best. The report does not indicate if anyone was sent for mental health or capacity assessment(s), or how often the doctor was present at the death, or the amount of time between ingestion and death. [In Oregon](#) in 2019, the time of death ranged from one minute to 47 hours.

The report indicates that 49 of the 50 people who were approved for assisted suicide were Caucasian, similar to other jurisdictions. The majority of those approved for assisted suicide had cancer and six had “other illnesses”. There is no indication what these illnesses were. In Oregon, people with diabetes have died by assisted suicide.

It is insidious that the Maine report refers to assisted suicide deaths as dying by patient choice. The self-reporting system is designed to protect the doctor who participates in assisted suicide; it does not assure us that the law has been followed. The doctor that approves the death is the same doctor who writes the lethal prescription and is the same doctor who sends the assisted suicide report to the Maine Department of Health and Human Services. There is no third-party system. The doctor that is required to send in the report is not required to be present at the death. In addition, referring to assisted suicide as death by patient choice suggests that natural deaths are not by choice. The language in the assisted suicide debate is ridiculous.

It is important to re-iterate what assisted suicide is. It is an act whereby one person (usually a doctor) agrees that another person “qualifies” to kill himself or herself by suicide, then prescribes the lethal drugs for the act. Suicide then occurs because of the lethal drugs. We oppose giving anyone the power to cause another person’s death.

## GREAT NEWS! Connecticut Assisted Suicide Bill Dies

Connecticut assisted suicide House Bill (HB) 6425 died on April 20, along with the previous bills that have been debated every year since 2013.

Connecticut is a special place with the disability rights group [Second Thoughts Connecticut](#), the [Family Institute of Connecticut](#), and several other groups who may disagree on issues but work together to oppose assisted suicide.

Stephen Mendelsohn and Cathy Ludlum from Second Thoughts are commended for opposing assisted suicide with clarity.

The media is silent when assisted suicide bills die. A prime example is the assisted suicide expansion bill in Washington State that was promoted as necessary and inevitable yet quietly died in the senate.

In 2021, nearly every assisted suicide bill in the States has been defeated or lacked enough support to get out of committee or receive a final vote.

Congratulations to all those who successfully stopped HB 6425!

## Were Canada's (MAiD) Euthanasia Protocols Ignored?

We received a phone call from a woman who was disgusted by the (MAiD) euthanasia death of her father. She told us that the protocols for MAiD were ignored. Her father had agreed to die by euthanasia based on suffering caused by medical neglect and he was likely incompetent at the time of death.

This story is very upsetting. This man went to the hospital because he had experienced a fall. While in the hospital, he contracted an infection that led to conditions that caused humiliating side effects.

His daughter explained that he was living with depression and had physical issues that required him to take pain medication but at no time did he consider euthanasia until a nurse brought it up. He was not terminally ill or dying.

Once his death was scheduled, other medical treatment and care seemed to be unimportant since he was going to die anyways.

It is terrifying that a situation requiring basic treatment and care escalated to death by lethal injection.

## Pressure to Expand Euthanasia and Assisted Suicide Laws

The euthanasia lobby promotes “safeguards” or limits to assisted dying laws to sell them to the public, but once legalized they waste no time promoting expansion.

For instance, the first [challenge to Canada's euthanasia law was launched only ten days after Parliament passed Bill C-14](#) in June 2016. Parliament introduced [Bill C-7 to expand the euthanasia law on February 24, 2020](#), prior to carrying out the required review.

Australian states are being pressured to expand their euthanasia laws, even though euthanasia was only recently legalized. HOPE Australia reported that there is [pressure to expand the Western Australian law](#) even before it is implemented. An article by Sumeyya Ilanbey and Annika Smethurst [published in The Age](#) on May 3 reports that a bill will be debated in Victoria to expand its law which has only been in place since 2019.

Jurisdictions that are considering the legalization of euthanasia need to be aware that safeguards (usually written with imprecise language) are designed to sell legalization, not to protect vulnerable persons.

The death lobby views these “safeguards” as a pathway to legalization and after legalizing the act, they consider these same “safeguards” as barriers to access. Negotiating the safeguards will not lead to a safer law; it only enables the death lobby's agenda.

*Have you called an older friend or family member today?  
When we care for each other, euthanasia becomes unthinkable.*

Box 25033 London, ON N6C 6A8 Canada | Box 611309 Port Huron, MI 48061-1309 USA

Tel. 519-439-3348 or toll-free 1-877-439-3348 Fax: 519-439-7053

Email: [info@epcc.ca](mailto:info@epcc.ca) Website: [www.epcc.ca](http://www.epcc.ca) Blog: [www.epccblog.org](http://www.epccblog.org)   