



## Lametti Says He Will Not Change the Euthanasia Law Before the Election

Canada's new Justice Minister, [David Lametti](#), who voted against Canada's euthanasia law because it didn't go far enough, told [Tonda MacCharles from The Toronto Star](#) that he will not push to change the euthanasia law before the next election. Lametti said:

Any changes would have to wait until the conclusion of a five-year parliamentary review about how the new regime is working.

...the parliamentary process struck "an important balance" that he respects, and a five-year review would be able to assess "data" and "evidence" about the impact the law is having.

Lametti told MacCharles that Canada's euthanasia law is only the first step:

"I think the bill as it stands is an important marker, an important first step in a moral and ethical debate, as well as health-law debate, a policy debate,

And so the balance that was struck was appropriate in terms of that first step; I think it's too early to do anything else."



Clearly Lametti is distancing himself, for now, from extending the law. The Parliament of Canada will debate conscience rights for health care professionals before the election.

David Anderson MP [introduced Bill C-418](#) to uphold conscience rights for health care professionals. Conscience rights are not protected by Canada's euthanasia law.

***Notice:** If you have collected signatures for the petition opposing the extension of euthanasia to children, please mail the originals to the EPC. We are planning to have them presented in parliament as soon as possible.*

## Successful *Fatal Flaws* Screenings in Oregon

By Dr. Kenneth Stevens, President of Physicians for Compassionate Care

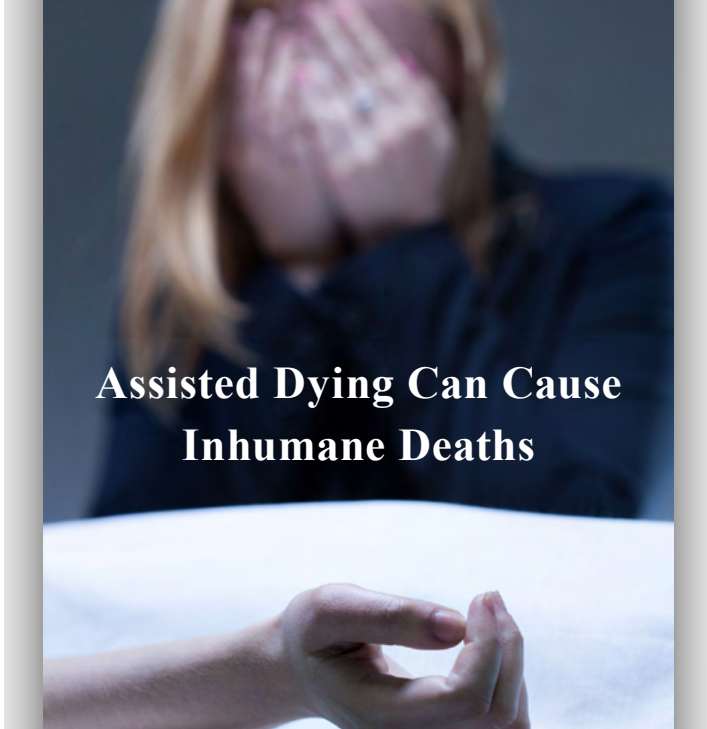
The *Fatal Flaws: Legalizing Assisted Death* film was shown to over 200 people in Portland, Salem and Medford, Oregon on February 17 to 19, 2019. This important film produced by Kevin Dunn of DunnMedia & Entertainment and Alex Schadenberg of the Euthanasia Prevention Coalition shows both sides of the assisted suicide and euthanasia experience in Europe and North America. The 55-minute international educational version was shown.

Alex Schadenberg, Executive Director of the Euthanasia Prevention Coalition from Ontario, Canada, was present at all three presentations to introduce and provide

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*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.*



## Assisted Dying Can Cause Inhumane Deaths

An article in the *Daily Mail Online* by Vanessa Chalmers titled, “Assisted dying can cause ‘inhumane’ deaths...” examines an article by Professor Jaideep Pandit published in the *British Medical Journal*.

The article explains how assisted death can be inhumane. Chalmers reports:

Patients are usually given barbiturates—strong sedatives—which knock them out and eventually cause the lungs and heart to stop.

But the report found complications including difficulty in swallowing the prescribed dose (up to nine per cent) and vomiting in 10 per cent, both of which can prevent proper dosing.

Re-emergence from a coma occurred in two per cent of cases, with a small number of patients even sitting up during the dying process, the authors said.

“This raises a concern that some deaths may be inhumane,” the researchers reported in the journal *Anaesthesia*.

After oral sedative ingestion, patients usually lose consciousness within five minutes. However, death takes considerably longer.

Death occurs within 90 minutes in two thirds of cases.

But in a third of cases, death can take up to 30 hours, and some deaths took as many as seven days to occur (four per cent).

Another concern is that there is no single technique for assisted death.

“We expected that, since a common humane aim is to achieve unconsciousness at the point of death, which then occurs rapidly without pain or distress, there might be a single technique being used.

However, the considerable [differences] in methods suggests that an optimum method of achieving unconsciousness remains undefined,” the review said.

“It is striking,” the authors said, “that the incidence of ‘failure of unconsciousness’ is approximately 190 times higher when it is intended that the patient is unconscious at the time of death, as when it is intended they later awaken and recover after surgery”, which occurs approximately one in every 19,000.

We have always known that there are problems with assisted death techniques but the laws are designed to cover up problems with the law. With every assisted death law, the doctor who approves the death is the same person who participates in it, AND the person who reports it. Problems with the law are covered up by the self-reporting system.

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additional information about this important film. Drs. Bill Toffler, Chuck Bentz and Ken Stevens were also present to answer questions and provide additional commentary regarding assisted suicide.

Oregon Right to Life helped by organizing, advertising and obtaining venues for each of the presentations.

Each presentation was received with much interest and enthusiasm, with many appropriate questions and comments from attendees.

We appreciate all the effort that went into the production of this important film; and thank Alex Schadenberg

for coming to Oregon from Ontario, Canada for these presentations.

We encourage those interested in assisted suicide and euthanasia information and experiences, to purchase the *Fatal Flaws* film and accompanying printed pamphlet, and to show the film to others in your community. *Fatal Flaws* will change the way you view assisted death.

You may be able to book Alex ([info@epcc.ca](mailto:info@epcc.ca)) or Kevin ([kevindunn@dunnmedia.ca](mailto:kevindunn@dunnmedia.ca)) for your event.

P.S. There were also *Fatal Flaws* screenings in Vancouver, BC, Calgary, AB and Stratford, ON (Canada) in February.

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## The Dutch Medical Association Resigns from the World Medical Association

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By Dr. Mark S. Komrad, Faculty of Psychiatry, Johns Hopkins, University of Maryland, Tulane University

Published in the *Psychiatric Times* on Feb 12, 2019.


In October, I wrote about [the resignation of the Canadian Medical Association](#) from the World Medical Association (WMA). As noted in that article, the resignation was ostensibly over Canada's concern regarding the inaugural speech of the new WMA President, which they claimed contained some plagiarism. The President subsequently apologized to the satisfaction of most of the membership. In fact however, Canada's resignation followed right after the WMA did not move ahead with Canada's request that the WMA soften its strong ethical stance against euthanasia and assisted suicide, as is being practiced in Canada.

The [Royal Dutch Medical Association](#) also resigned from the WMA two months later, citing the Presidential incident as their reason for withdrawal. As one of the countries in the world most active in medical euthanasia (including psychiatric euthanasia), they too have been in opposition to the WMA's strong stance against euthanasia, and wish it changed. Many understand that their reasons for resigning are similarly a transparent cover for their opposition to the WMA's position.

Perhaps the resignation of Canada and the Netherlands will lessen the pressure on the WMA to change its powerful and laudable position. It remains to see what Belgium is going to do.

*The World Medical Association strongly encourages all National Medical Associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions.*

**WMA RESOLUTION ON EUTHANASIA**



## Montana Bill Prohibiting Assisted Suicide Passes in the House

**Great news!** [Montana House Bill 284](#) (HB 284) passed in the Judiciary House ensuring that it will be debated and voted in the Montana Senate. The debate on the bill may happen later this week (the week of Feb 18).

Montanans have faced a confusing situation concerning assisted suicide. In 2009, the *Baxter* court decision declared that Montana citizens had a right to assisted suicide. This decision was appealed to the Montana Supreme Court where it was decided that Montana citizens do not have a right to assisted suicide but the Court granted a tightly worded defense of consent, if a physician was prosecuted for assisted suicide. Physician-assisted suicide is not legal in Montana.

Since the Supreme Court decision, the assisted suicide lobby has claimed that assisted suicide is legal in Montana, while in fact assisted suicide is technically prohibited.

[HB 284](#) reverses the Montana Supreme Court *Baxter* decision by clarifying that consent is not a defense for homicide or assisted suicide.

The assisted suicide lobby sent out an emergency appeal on February 16 calling HB 284 the physician imprisonment act. The assisted suicide lobby is confirming that assisted suicide is not legal in Montana.

Assisted suicide abandons people at their time of greatest human need.

[Bill C-418](#), a bill to protect conscience rights for health care professionals in Canada, will likely receive debate in early May.

C-418, sponsored by David Anderson MP, is an opportunity to create awareness that physicians in Canada who oppose euthanasia may be forced to refer patients to a physician who is willing to kill by euthanasia.

The Euthanasia Prevention Coalition supports this bill and will be providing information and talking points for letter writing and visiting your Member of Parliament.

Conscience rights protect your physician but they also protect you when you are at the lowest time of your life.



## It Has Become Too Easy to End Patients' Lives

*This is Dr. Johnston's response to Dr. Buchman's article, "Why I decided to provide assisted dying: it is truly patient centred care" in the British Medical Journal. His response was published on February 8, 2019.*

As an ordinary Canadian family physician, I have seen a different side of the new 'Medical Aid in Dying' regime Dr. Sandy Buchman glowingly describes. The scheme was sold to us and the public as a rare matter of assisting the suicide of extreme terminal illness cases. By a year into it, hundreds (now thousands) had died and over 99% of the deaths were not by self-administration, but intravenously by doctors and nurses. The Canadian euthanasia death rate has continued to escalate, while funding for palliative care services has fallen in several provinces.

The wide eligibility criteria do not require any estimate of prognosis. Yet there is already intense social pressure to widen them further to include euthanasia of children, the healthy disabled, cognitively impaired, and mentally ill.

Ending life has been re-defined as 'part of care'. An Ontario court ruling has confirmed that doctors who want nothing to do with euthanasia have to get involved by making an "effective referral".

Few Canada doctors foresaw that "going neutral" would guarantee the arrival of euthanasia, or that promises of a shot in the arm for palliative care would be forgotten. Even fewer realised they would have no option but cooperate with providing death on demand.

It has become all too easy to end patients' lives. Learn from our mistakes.

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Michel Cadotte, the Québec man who killed his wife, Jocelyne Lizotte (60) by suffocation on February 20, 2017, was found guilty of manslaughter by a jury.

Cadotte claimed that his wife wouldn't have wanted to live this way. Cadotte had asked for euthanasia for his wife and was turned down because she was not capable of making the request. [CTV News reported:](#)

The trial has heard that a year earlier Cadotte sought a medically assisted death for his wife of 19 years and was told by centre staff she didn't qualify. A head nurse at the Emilie Gamelin long-term care facility testified Cadotte admitted to her he suffocated his wife.

Cadotte's lawyer, Nicolas Welt, argued that his client was not criminally responsible because of his state of mind at the time of the murder.

The [National Post](#) stated that the media framed the case as a "compassionate killing" and reported that Justice Helene Di Salvo charged the jury with determining whether Cadotte was to be convicted of second-degree murder or manslaughter. The [Post](#) reported:

Cadotte's lawyers had argued, without the jury present, that an acquittal should be possible, but the judge ruled it wasn't an option.

The accused had admitted to killing Lizotte and the legal criteria had not been met for acquittal, Di Salvo ruled. In her final instructions, she told the jurors they should not take into account the potential sentence, because sentencing is the judge's responsibility.

We agree with the judge and the decision of the jury, but we expect that the decision will be appealed.

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