



Propaganda Stories Promote Euthanasia & Assisted Suicide

Australia is experiencing the same promotion of euthanasia as Canada experienced before and after euthanasia was legalized.

The first “assisted death” in Victoria, Australia has become a propaganda campaign. The [death of Kerry Robertson \(61\)](#) who was living with metastatic breast cancer is being promoted as the “perfect death” and Victoria’s Health Minister called it an “historic moment”.

The UK is also experiencing a steady stream of stories promoting the legalization of assisted suicide. Janet Hughes, with *GloucestershireLive*, [published a story](#) on August 14 about a 72-year-old British man who died by assisted suicide in Switzerland. Hughes’ story is raw propaganda designed to promote assisted suicide and undermine its opposition.

Another UK story is of a [man who received a £10,000 donation](#) to enable him to go to the Dignitas death clinic in Switzerland. “Now he has time to enjoy his family and his hobbies before his scheduled death on September 6.”

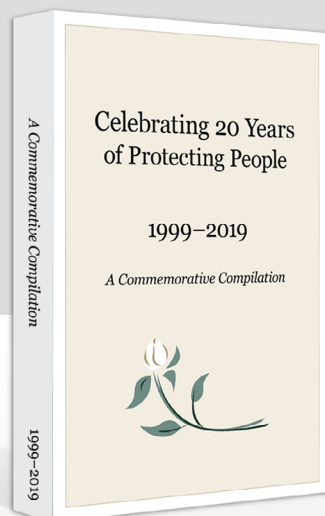
The *Associated Press* published a story on August 26 of a Seattle assisted suicide party. Once again, death by assisted suicide is described as the perfect death. This is an article clearly designed to promote assisted suicide.

On July 19, *Toronto Life* published a propaganda story about a Canadian woman who held a death party before dying by euthanasia. Written by her daughter, the article describes the party and death in a manner similar to suicide contagion stories.

Many people have asked why [the number of Canadian euthanasia deaths](#) has increased so fast. Canada was inundated with stories promoting euthanasia leading to a quick social acceptance of medical killing, resulting in many people requesting euthanasia.

Euthanasia propaganda stories are designed to create a fear of suffering. Nobody wants to suffer and these stories suggest that legalizing euthanasia is the only way to prevent suffering. Those who are pro-euthanasia often accuse those who oppose medical killing of wanting others to suffer. These accusations couldn’t be further from the truth—this is an effective propaganda ploy to promote the idea that euthanasia prevents suffering.

A society that upholds human dignity, equality and caring does not evolve from a culture that promotes killing but from a culture of caring. Caring, not killing is not a slogan but a societal necessity to ensure true dignity and equality for every human person.



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Netherlands Once Again Considering Euthanasia for “Completed Life”

In October 2016, [we reported that the Dutch government was considering expanding the euthanasia law](#) to include people who are not physically or psychologically suffering but who believe that their life is “complete”.

The issue of the “completed life” was not legislated at that time. The Dutch media reported on September 1, 2019 that Pia Dijkstra, a D66 parliamentarian, stated that she is planning to introduce “completed life” legislation next year. [DutchNews.nl](#) reported:

The Liberal democratic party is drawing up its own legislation which would make it possible for the elderly who consider their life is at an end to be helped to die. D66 parliamentarian Pia Dijkstra told the AD in an interview that she plans to introduce a draft bill early next year.

Ministers are currently looking into the options for assisted suicide for people who are ‘tired of life’ but, says Dijkstra, health minister Hugo de Jonge is not working quickly enough.

In March 2017, [DutchNews.nl](#) reported that the Dutch physicians’ association (KNMG) opposed expanding the euthanasia law for prescribing lethal drugs for “completed life”. The KNMG stated that expanding the euthanasia law for reasons of a “completed life” would undermine the current euthanasia law. [DutchNews.nl](#) stated:

However, separate legislation for people with ‘no medical grounds’ for the wish to die could have an undesirable social effect, by stigmatising the elderly, the KNMG said. Instead, the government should invest in measures to make sure the elderly do not feel their lives are pointless.

The Netherlands’ euthanasia lobby [began the push to expand euthanasia](#) to the “completed life” in 2010 when they ran a signature campaign promoting what they then called the “last will pill”.

The [2018 Netherlands’ euthanasia data](#) indicates that euthanasia based on a “completed life” is already happening. In 2018, 205 people died by euthanasia who had *multiple problems derived from the aging process*. This new category is based on the “completed life”.

Once killing becomes an acceptable solution to social problems, the only remaining question is what problem will killing become the solution for?

Dutch Doctor on Trial for Euthanasia Without Effective Consent *Punishment Has Not Been Proposed*

The trial of the doctor who lethally injected (euthanasia) an incompetent woman without effective consent is happening this week (this article was written on August 29, 2019) in The Hague (Netherlands).

The case concerns the euthanasia of a woman with dementia who resisted so the doctor sedated her by secretly putting drugs in her coffee. She continued to resist so the doctor had the family hold her down as the doctor lethally injected her.

In January 2017, a Netherlands’ regional euthanasia review committee decided that the doctor had contravened the rule of law but that she had done it in “good faith”.

The [Associated Press \(AP\)](#) reported:

The court case centers on a 74-year-old woman who was given fatal doses of drugs three years ago despite some indications she might have changed her mind...

She is charged with breaching the euthanasia law and, if the judge rules the request of the patient was insufficient, that charge could in theory become murder.

But the prosecution is not seeking any penal sentence against the doctor and does not question her good faith. Instead, the prosecution centers its case on setting out a better legal framework for the future.

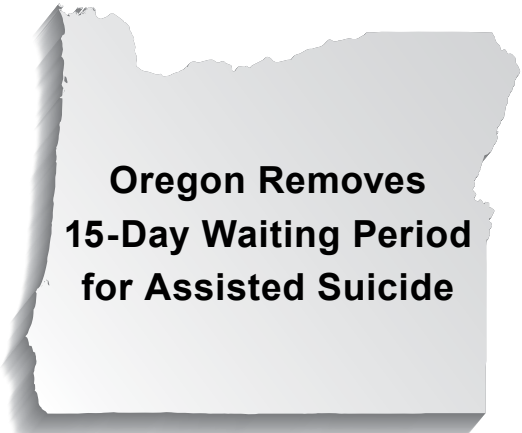
The doctor, who has now retired, argued that since the woman was mentally incompetent that she could not invalidate her previous request. [AP](#) reported:

The doctor testified that because the patient was not mentally competent, nothing the woman said around the time of her death was enough to invalidate the written statement. She said the patient could no longer fathom the meaning of such concepts as euthanasia and dementia.

Normally this statement would be considered a reason to oppose euthanasia for incompetent people, but in this case the doctor considers it a defense.

[Dutchnews.nl](#) stated that having dementia does not change the requirement that a doctor must verify the request for euthanasia.

The outcome of this case may influence Canadian euthanasia policies. The Canadian government is debating the [extension of euthanasia to incompetent people](#) who previously requested euthanasia while competent.



Oregon Removes 15-Day Waiting Period for Assisted Suicide

Oregon's Governor Kate Brown expanded the assisted suicide law by signing Senate Bill 0579 into law. This bill essentially eliminates the 15-day waiting period for assisted suicide, a safeguard that was designed to assure that the person has an opportunity to change their mind.

Proponents of the bill argued that it only applies to people with less than 15 days to live.

The assisted suicide lobby argued that assisted suicide laws have not expanded in Oregon therefore there is no fear of expansion in other jurisdictions. But previous to this bill, the [Oregon Health Authority had expanded assisted suicide by changing the meaning of terminal illness.](#)

As Swedish researcher Fabian Stahle wrote: "[So under Oregon's assisted death law one can achieve the status of being 'incurably' sick even if the disease can be treated!](#)"

Senate Bill 0579 waves the 15-day waiting period, meaning a person who is approved for assisted suicide can die within days, and if depressed, they lose the opportunity to change their mind.

New Jersey Assisted Suicide Law is Challenged in the Court



The New Jersey assisted suicide law was passed on March 25 and signed into law on April 12.

On August 14, Justice Paul Innes, a Superior Court of New Jersey judge, signed a [temporary restraining order](#) giving the New Jersey Attorney General Gurbir Singh Grewel until September 13 to respond to the order.

The assisted suicide law that went into effect on August 1 was therefore stopped on August 14.

On August 27, a New Jersey appellate court [lifted the temporary restraining order](#) that prevented the assisted suicide law from being in effect.

Judges Carman Messano and Arnold L. Natali JR decided that Justice Paul Innes erred by granting a temporary restraining order of the law and stated that the plaintiff, Dr. Joseph Glassman, did not satisfy the standard required to grant a restraining order. The restraining order was dissolved and the judges remanded the order to be decided by the trial court.

Lawyers for Dr. Glassman stated that they made an immediate appeal of the appellate court ruling to the New Jersey Supreme Court.

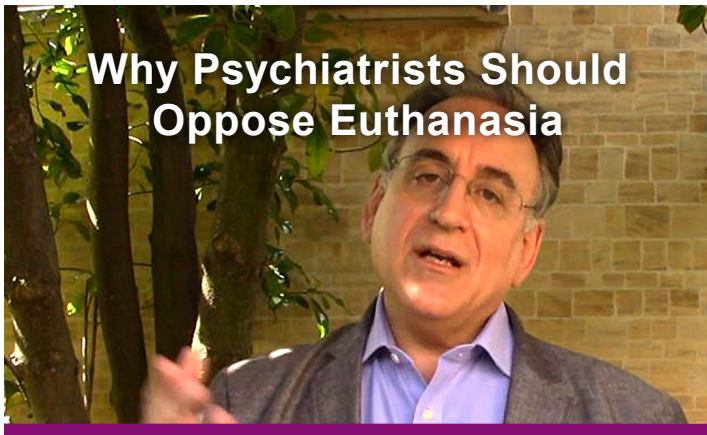


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Why Psychiatrists Should Oppose Euthanasia

Dr. Mark Komrad is a psychiatrist at Johns Hopkins. On July 7, 2018 he spoke with the Anscombe Bioethics Centre about why psychiatrists should oppose euthanasia for their patients. This is an explanation of the video interview which can be found on YouTube (youtube.com/watch?v=-BrNEkHVGtY).

What is the current situation concerning euthanasia or assisted suicide for psychiatric reasons?

Since 2002, the Netherlands and Belgium (Luxembourg in 2009) legalized euthanasia without a distinction between terminal and non-terminal conditions. These laws allowed for euthanasia for physical and psychiatric reasons.

This has led to some patients receiving suicide assistance rather than suicide prevention. As a psychiatrist, I disagree with these developments based on my Hippocratic tradition of medical ethics which is based on the value of not killing. The mighty tree of medicine grew from the Hippocratic tradition.

My concerns as a psychiatrist relate to the core values of psychiatry which focus on helping people in despair,

helping people who are demoralized, helping people who cannot see their way cognitively and emotionally to a better future, helping to mitigate suffering, taking the journey of suffering with them, listening to them intently, to help find meaning in suffering and to fundamentally prevent suicide.

Preventing suicide is core to the individual and social mission of a psychiatrist.

Euthanasia takes this mission of ours and stands it on its head. To be involved with causing death is an anathema and inversion of the fundamental ethos of psychiatry.

Euthanasia affects mental health care since our patients generally experience a lack of access to resources. Once you begin to make euthanasia an alternate path my fear is that the advocacy to treatment may disappear.

All of the work we are doing to open access to mental health care is threatened when short circuited by euthanasia and assisted suicide.

Euthanasia affects attitudes towards life because once the concept takes hold the lives of people with disabilities or certain mental or medical conditions are seen as somehow not as worth living.

I have a colleague in Belgium, whose father has a chronic condition and has chosen not to have euthanasia. I am told, when his father complains about his symptoms that some of his friends will say—you chose not to have euthanasia.

The sympathy that people would normally have, now people suggest that he doesn't deserve their sympathy.

The subtle changes to the collective psyche, as we open up to euthanasia and assisted suicide, leads us to accelerate down the slippery slope to the point where the train ends up going off the rails.

A photograph of a person's legs and feet running on a paved road. The person is wearing bright green running shoes and white socks. In the background, there are orange traffic cones and other runners, slightly out of focus.

Sponsor Alex's 10 km Run!

EPC Executive Director, Alex Schadenberg, will be participating in a 10 km run on **October 6**. Alex has been training for several months for this run.

This is a great opportunity to support the Euthanasia Prevention Coalition and encourage Alex as he works to uphold the equality of every human being.

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