



Right to Die Society of Canada

NEWSLETTER

Vol.:No. 1:1 - 3:3 (Jan. 2009 - Sep. 2011)

NEWS IN CANADA

1) On October 26, 2009 the Royal Society of Canada announced the commissioning of an expert panel on End-of-Life Decision-Making. The 6-member panel includes an expert from Scotland and one from the Netherlands, in addition to Canadians. The chair is Udo Schuklenk, an ethics professor at Queen's University. The panel hopes to release its report in 2011.

2) Francine Lalonde's right-to-die bill C-384 received its first hour of debate on October 7, 2009 and its second hour on April 23, 2010. In the vote after the second reading it was defeated 228-59.

Although most of the 59 supporters were among Lalonde's fellow members of the Bloc Quebecois, 13 non-Bloc MPs voted in favour of the bill. They were:

André Arthur, Portneuf / Jacques-Cartier (Indep.)

Mauril Belanger, Ottawa / Vanier (Lib.)

Lawrence Cannon, Pontiac (Cons.)

Olivia Chow, Trinity / Spadina (NDP)

Denis Coderre, Bourassa (Lib.)

Jean Crowder, Nanaimo / Cowichan (NDP)

Libby Davies, Vancouver East (NDP)

Martha Hall Findlay, Willowdale (Lib.)

Raymonde Folco, Laval / Les Iles (Lib.)

Megan Leslie, Halifax (NDP)

John McCallum, Markham / Unionville (Lib.)

Massimo Pacetti, St.-Léonard / St.-Michel (Lib.)

Josée Verner, Louis-St.-Laurent (Cons.).

3) Starting in September 2010 the Quebec government held hearings in ten cities, concerning laws and policies about aid in dying. There was unprecedented public interest – over 300 groups and individuals asked to be heard. Support for change is higher in Quebec than in any other part of the country, and support among doctors is on a par with support among laypeople.

4) Where r-t-d enthusiasm is concerned, British

Columbia follows quite closely on the heels of Quebec. In early 2011 three initiatives were announced, two by Farewell Foundation and one by BC Civil Liberties Association. Both groups are hoping the Supreme Court will rule that the laws forbidding euthanasia and assisted suicide are unconstitutional because they violate our Charter of Rights and Freedoms. Similar challenges have succeeded in Colombia and in Montana.

NEWS OUTSIDE CANADA

Australia

Australia has separate right-to-die organizations in its various states and territories, along with the nationwide group Exit International (headed by Philip Nitschke). In 2010 the regional groups formed a national alliance and set up a website called YourLastRight.com. Part of the impetus may have been a generous bequest from Clem Jones, a former Lord Mayor of Brisbane; the bequest was simply "to advance the right-to-die cause in Australia", instead of being earmarked for any particular organization.

France

Right-to-die bills came before the National Assembly in 2009 and the Senate in 2011. Getting accepted for the Senate was a "first" for France. The debate took place on January 25, 2011. Of the 337 Senators, 312 voted. 142 were in favour, and 170 against – a more cheering result than ours!

Germany

1) Another breakthrough happened in Germany. The Bundestag had been discussing advance directives ("living wills") for 6 years. The proposal favoured by the majority party (the Christian Democrats) made numerous restrictions and left the

final decision in the doctor's hands. In 2009 a much more user-friendly proposal, put forward by a Socialist, won support 317 to 240. It makes living wills the ultimate authority concerning their authors' treatment.

2) A court challenge is happening in Germany too. In November 2010 a German widower asked the European Court of Human Rights to overturn his country's ban on "active assisted suicide", maintaining that it infringes Article 8 of the German constitution.

Korea

The family of a 76-year-old woman in a vegetative state had asked the hospital to take her off life support, in accordance with wishes she had expressed while she was still competent. The request was refused and the family sued in the Seoul Western District Court, which ruled in their favour. The Seoul High Court also ruled in their favour but the hospital appealed and the case went to the Supreme Court. In the spring of 2011 that court made a landmark decision, ruling that the hospital had to stop keeping the woman "alive" against her wishes.

United Kingdom

1) On International Human Rights Day (December 10) in 2009 the Society for Old Age Rational Suicide was founded by about a dozen activists and humanists. As its first project it commissioned a telephone poll in the region of Brighton and Hove, the south-coast city where the Society is based.

Respondents were asked whether mentally competent very elderly adults, suffering from various non-terminal health problems, should be legally allowed to have a physician-assisted suicide. 67% said Yes, 18% said No, and 15% were undecided. (In the Netherlands a similar society, called Uit Vrije Wil (Out of Free Will), was started in February 2010. Dutch r-t-d groups such as NVVE have been speaking out for many years on behalf of certain categories of people who are not being well served by the current law, including people who want to "leave the stage gracefully" at the end of what they consider to be a completed life.)

2) MS sufferer Debbie Purdy had long been asking the British government to say whether or not her husband would risk prosecution if he accompanied her

to Dignitas. (If he would be at risk, she would have to go earlier than she otherwise would, while she could still make the trip unaccompanied.) Finally she got support in a July 2009 decision from the Law Lords, who ruled that the Director of Public Prosecutions had to clarify the policy about opening a prosecution for assisting with a suicide. Keir Starmer, the DPP, issued interim guidelines and then opened a public consultation in which 4500 submissions were considered. The final guidelines were made public on February 25, 2010. They focus on characteristics of the person(s) who might be charged, rather than on characteristics of the aided person (such as being terminally ill). Somewhat worryingly, the list of factors suggesting prosecution includes "The suspect was acting in his or her capacity as a person involved in the management or as an employee (whether for payment or not) of an organisation or group", though the criterion ends ". . . a purpose of which is to provide a physical environment (whether for payment or not) in which to allow another to commit suicide". On the other side, non-prosecution is suggested in cases where the suspect was wholly motivated by compassion, and/or where the suspect only gave assistance reluctantly, in the face of the aided person's determined wish to die. And as always with prosecution decisions of any kind, there must be consideration of whether a prosecution would be in the public interest. In the cases of Dr. Michael Irwin and Dr. Libby Wilson, it was announced that a prosecution would not be in the public interest (on July 25 2010 and August 23 2010 respectively).

3) Author Terry Pratchett and businessman Bernard Lewis, in connection with the r-t-d group Dignity in Dying, launched a Commission on Assisted Dying in November 2010. It is chaired by Lord Falconer, who had been Secretary of State for Constitutional Affairs in Tony Blair's government. Like Pratchett, he supports choice in dying, but he has vowed to make the Commission's work impartial – "Judge us at the end by the quality of our report."

United States

1) In January 2010 the Montana Supreme Court ruled that "nothing in state law prevents patients from

seeking physician-assisted suicide" and assisted suicide "is not illegal". The result is a situation similar to that in Switzerland (since 1942) and Colombia (since 1997). No governing legislation has been passed, however.

2) In the US, the Dying With Dignity National Center tracks and supports law-reform efforts in the various states. In their preface to a list of recent efforts they say this: "Death With Dignity legislation is introduced consistently each spring in states around the country . . . While many bills are drafted each year, the majority fail. Some consider it a failure that most bills do not end up becoming law, but we view these bills as a testament to the growing support of the Death With Dignity movement." The list that follows mentions 2011 initiatives in Arizona, Hawaii, Idaho, Maryland, Massachusetts, Montana, New Hampshire, Pennsylvania, and Vermont.

WHAT WE'VE BEEN UP TO

Visit to Hospice Windsor

(Report by Ruth von Fuchs)

In November of 2009, Jean Echlin of Hospice Windsor invited me to represent RTDSC at a meeting of the hospice's committee on euthanasia. Jean and I have had a quite amicable relationship for many years, even though it could be said that we are in opposite camps, Jean being fairly active in the Euthanasia Prevention Coalition.

I took the train to Windsor on November 12 and joined the committee members plus some guests for lunch at 1. It was quite a large gathering – over a dozen people.

After lunch I distributed some handouts I had brought, and talked briefly about the essential points in each. Then the floor was opened for questions and discussion.

The exchanges were polite, though strong feelings were often evident, on both "sides". I don't think any minds were changed but some assumptions and preconceptions may have been disposed of.

World Federation Conference

(Report by Ruth von Fuchs)

The 2010 conference of the World Federation of Right to Die Societies was held in Melbourne, Australia, October 6 - 9. RTDSC (the Federation's only member group that is actually called a right-to-die society!) was represented by three people:

Susan Bracken, one of our Advisors

Jim Preece, V-P of our Vancouver "cell"

Ruth von Fuchs, President.

An Australian delegation had travelled to Oregon, making some personal connections and filming some interviews. Two of the "connections" made presentations at the conference.

George Eighmey, a former Executive Director with Compassion and Choices of Oregon, spoke on the afternoon of the first day. He talked about what a right-to-die group does after it has succeeded with its legislative goal. Public education is a major activity, since awareness of the new possibilities is likely to be insufficiently or unevenly distributed among the citizens, and misunderstandings may linger because of propaganda used by the "anti" side during the campaigns,

Two Canadians were part of the Thursday program. Susan Bracken urged people to contact movers and shakers in the media and the arts so that the right to die would more frequently be a theme for films, plays, TV programs and so on. (She herself had written a romance novel with a self-chosen death woven into its final chapters.) Russel Ogden shared what he had learned from his observation of several carefully-planned unassisted exits.

The second "Oregon connection", Prof. Barbara Glidewell from Portland's Center for Ethics in Healthcare, spoke during the first half of Friday afternoon. Her presentation reached more than just the conference delegates because the Friday sessions were open to the public, and well over a hundred people attended. She went into great detail about how the Oregon system works, bringing it "up close and personal". Her depth of knowledge and warmth of personality made her a wonderful ambassador for the death-with-dignity movement.

Friday afternoon ended with a panel composed

of three palliative-care experts. All were excellent examples of the thoughtful and sensitive practitioners which the field can contain. The Belgian panelist, Prof. Jan Bernheim, encouraged us greatly by showing how aid in dying has been integrated into palliative care in his country.

Zoomer Show

(Report by Ruth von Fuchs)

The Canadian Association of Retired Persons (CARP to its friends) publishes a magazine called *Zoomer* and also stages a fair or exposition called the Zoomer Show. The current management of CARP is quite interested in the right to die – Dr. Richard MacDonald, from Final Exit Network, has twice been invited to be part of CARP's IdeaCity conference – so we decided to find out the extent to which a similar interest exists among CARP members and other people attending the Zoomer Show.

We therefore reserved a "table for two" at the 2010 show, which was held on the weekend of October 30-31. Susan Bracken shared the table with me, and promoted her novel "*A Courageous Battle*".

Exhibitors were grouped into 6 categories: travel (28 booths), health (36), lifestyle (56, including us), money (18), anti-aging (3) and faith (6).

Our booth was not the only reminder of the fact that zooming eventually ends; Dignity Memorial, and the Mount Pleasant Group of Cemeteries, also had a presence. Most of the visitors to the show, however, were not concerned with "deathstyle". I gave away about a hundred flyers, but in the weeks that followed we did not receive a single completed membership form. Probably we will not repeat the experiment (and the expenditure) next year.

Victoria Chapter Meeting

(Report by Brenda Hurn)

Our meeting on November 13 2010 began with a brief overview of r-t-d events around the world (Australia, England, Vermont, and other places). A report on the conference of the World Federation of Right to Die Societies was also given.

A member who had attended Philip Nitschke's

October workshop in Vancouver outlined the information that was presented.

A letter from another member, who was unable to attend, was read out. The writer said the current political climate indicated that this would be a good time to mount an awareness campaign of some sort.

Our member who customarily gives a brief demo of the helium method was next on the agenda. As usual he was very good and patient in answering questions. A lively general discussion followed.

Then came the unpleasant task of announcing that in spite of several exploratory meetings, we had not been able to form a group to carry on. Evelyn and I always managed well, but without her it was just too much for me on my own.

But next came the happy task of thanking all the members who had helped in so many ways: setting up the room, signing people in, maintaining membership records, and speaking to community groups.

I do believe in the right to die, and am hopeful because there is sufficient world interest to make it happen . . . one day!

Coordination With DWD Canada

(Report by Ruth von Fuchs)

During its first decade or so, RTDSC kept itself quite separate from Dying With Dignity. There were important differences of philosophy and policy, especially concerning member support. DWD did not educate people about the helium method, and the education it did provide was restricted to people who were within six months of death. RTDSC did teach the helium method, and instead of the terminal-illness criterion it used the European criterion (intractable and intolerable suffering).

In recent times, however, the situation has changed. DWD realized that the helium method had some good points, and has begun giving information about it to support-program clients for whom it may be a suitable option. In 2010 the DWD board had a thorough discussion about the terminal-illness criterion, eventually rejecting it and replacing it with "a progressive incurable physical illness".

There had always been people who belonged to both groups. RTDSC encouraged this by giving a 50% discount on the membership fee to anyone who belonged to another r-t-d group, whether it was a Canadian one such as DWD or AQDMD (Association québécoise pour le droit de mourir dans la dignité) or an international one such as Scotland-based Exit or Australia-based Exit International.

One of our Advisors, Wanda Morris, not only joined DWD but became a Board Member in 2009 and Executive Director in 2010. In November of that year she invited me to join the DWD Board. I canvassed our (other!) Advisors and they all approved, so I accepted. Now Wanda and I are each the head of one group and an advisor to the other.

We consulted a charities lawyer about how the two groups could achieve efficiencies by working together. He explained that DWD would endanger its status as a charitable organization (able to issue tax receipts) if it got any cosier with RTDSC (a non-charity and therefore able to engage in any kind of political activity including "partisan" activity such as endorsing a particular party or candidate). There must be no common newsletter, no merged mailing list, etc.

"Specialization" would be a fairly good name for the relationship model that we settled on. A major DWD focus is the Client Support Program, which provides information and support for members who want to control the time and manner of their death. This will be kept as a primary activity. However, charities can spend up to 10% of their resources on political activity (of a non-partisan kind), so DWD can still engage in a certain amount of this work, as their members want to do.

RTDSC had been founded (by John Hofsess) to do the heavy-duty political work (e.g. person-specific, party-specific) that a charity like DWD is forbidden to do. We propose to keep this as our major activity and engage in it whenever it seems likely to be fruitful. But as time went by, John and others began to fear that legislators would not pass enlightened laws in time to benefit current members of right-to-die groups. RTDSC therefore added a focus on providing information and support, similarly to DWD. We will keep this as our secondary focus.

FOOD FOR THOUGHT

(Column by Ruth von Fuchs)

Right-to-die laws and proposals usually refer only to people who could be described as adult because they have reached a minimum age such as 18. Unfortunately, there is no minimum age for the ability to suffer.

Intractably suffering babies have historically been frequent victims of "euthanasia by neglect" – they have been exposed to infection and then left untreated, or they have had nourishment withheld from them. Adequate comfort care has not always been provided while their slow deaths proceeded – doctors have feared the hysterical cries of "Baby-killer!" which would erupt if a colleague decided to announce that a certain drug had been administered at a level high enough to hasten death.

Older children also have endured age discrimination. In its issue for 3 February 2000, the *New England Journal of Medicine* reported a study on the types of care given to children who are terminally ill with cancer. The authors wrote "For most children with cancer, the primary goal of treatment is to achieve a cure. Considerations of the toxicity of therapy, the quality of life, and growth and development are usually secondary to this goal . . . Children who die of cancer receive aggressive treatment at the end of life. Many have substantial suffering in the last month of life."

Our differential treatment of young sufferers probably has its roots in the process of evolution. To speak anthropomorphically for the sake of clarity (following the example of Richard Dawkins' book title "*The Selfish Gene*"), our genes want us to make new homes for them, by reproducing. We are supposed to stick around until we have done our duty in this regard.

In our heads we know that a baby with extreme spina bifida, or a terribly brain-damaged adolescent like Tracy Latimer, is never going to fall in love and start a family. But along with all our other genes we have genes that speak of a duty to procreate, and in our hearts we hear the voices of these genes.

Sometimes we need to challenge those voices. However, we should not have to feel – as we

currently do – that "it's now or never". In such a situation we end up making momentous decisions on behalf of babies whose future we are basically guessing about. If we allowed euthanasia or assisted suicide for people under 18, we could wait and see.

The parents of Nicky Chapman, Baroness of Leeds, were advised by doctors to let her die in infancy because she would never have a decent quality of life. The advice was rejected; Chapman's parents did wait and see. What they and their daughter saw was that the doctors had been wrong – in spite of having certain disabilities, Chapman considered her quality of life to be just fine. But there are other babies whose lives do not unfold so well. In many of these cases the child and/or the parents know, after far less than 18 years have passed, that death would be a blessing. Such children would be very grateful if we drafted a careful but caring policy to permit their release.

PRACTICALITIES

Residency Requirements

The death-with-dignity laws in Oregon and Washington can only be used by residents of the state in question. However, at the World Federation conference in Australia one of the RTDSC delegates had a long talk with one of the guest speakers from Oregon, and learned that people can qualify as residents without becoming American immigrants. Someone from Canada could move to OR or WA and live there for a reasonable amount of time, becoming able to prove their status through a document such as a rent receipt or a utility bill. They might have to pay their medical expenses themselves (depending on what kind of insurance they had) but they could find a supportive local doctor through the Compassion & Choices chapter for the state they had chosen.

It is important to remember two restrictions: people must be within 6 months of death, and they must be able to self-administer the medication (the U.S. laws permit only assisted suicide, not euthanasia).

DNR Confirmation Forms

Ontario and BC now allow people to avoid being automatically resuscitated when someone calls 911. The Ontario form lists 7 procedures that will not be performed. Perhaps more importantly, it lists 9 examples of "interventions or therapies considered necessary to provide comfort or alleviate pain" that will be performed if needed. The BC form comes with a companion page providing many helpful facts and pointers for patients and their family members.

Doctors can order the Ontario form by calling 416-327-0329 and asking for Form #4519-45 (08/01) [catalogue #7530-5678].

Copies of the BC form are available from the Government Distribution Service (fax # 250-952-4442). The form's number is HLTH 302.1/No CPR/Review 010418. Useful related links include <http://www.medicalert.ca/nocpr/> and http://www.healthlinkbc.ca/no_cpr.stm

Lateral Thinking re. Helium Method

There are three main sources of information on the helium method of self-deliverance:

1)

The 2010 edition of *Final Exit*, by Derek Humphry. It is best to buy this from the author, via finalexit.org or ERGO, 24829 Norris Lane, Junction City OR, USA 97448-9559. Copies bought from a bookstore or via amazon.com are missing some of the content that buyers get when they go to the source.

2)

The 2010 edition of *Five Last Acts*, by Chris Docker. If you can access the internet (from home, at a public library or at an internet café) you can order the book via amazon.com. If you cannot access the internet you could send an inquiry to Exit, 17 Hart St., Edinburgh EH1 3RN, Scotland UK. You may need to become a member of Exit.

3)

Peaceful Pill Handbook, by Philip Nitschke. The best way to access this text is by subscribing to the version called the "digital edition" or the "e-handbook". It is updated regularly and subscribers are notified

whenever new material is made available for reading or downloading. If you can only use a paper copy, inquire from Exit US Store, P.O. Box 4250, Bellingham WA, USA 98227. The first print edition dates from 2006, but newer versions may be available.

Books and e-books are the efficient way to start one's self-education about exit options. But people who want very detailed and up-to-date information are wise to connect with some well-informed human beings. A good way is to join a right-to-die or death-with-dignity group and learn from its volunteers or staff members, getting a "preview" of the next editions of the books.

For example, one of these staffers has recently had an insight with respect to the long-running argument about an Australian flow-control device "versus" manual control (described somewhat vaguely in the books) in which the tubing is put directly onto the tank's metal nipple. He realized that it was not necessary to choose one approach and reject the other – one can use two tanks and two tubes, for "the best of both worlds".

Pill-Taking Practice Idea

A second new idea relates to methods that involve taking drugs.

Usually the drugs are ground up or emptied out of their capsules, then mixed into some "vehicle" with a pudding-like texture (e.g. baby-food fruit).

However, some drugs taste so horrible that they might provoke vomiting if they were ingested in this way. The authors of *Guide to A Humane Self-Chosen Death* say that chloroquine is in this category, and at least one tricyclic antidepressant also is pretty vile.

When taste-tests have suggested that a certain drug should be swallowed whole, people need to practice swallowing many pills all at once, in a single spoonful of vehicle. (With chloroquine plus its required benzodiazepines, at least 100 pills must be taken, and with tricyclic antidepressants the total can be around 300. 100-300 mouthfuls of water would add up to much more than a pint, which is the maximum permissible quantity of liquid.)

Aware that practicing with the real drugs

would be wasteful and probably dangerous as well, an r-t-d worker came up with the idea of taking one pill to a health-food store or an Indian grocery store and buying some lentils or small dried beans which closely resemble it. A great deal of experimenting and practicing can be done with these, in perfect safety and at little cost.

IN MEMORIAM

(Tributes by Ruth von Fuchs)

Themis Anno (1933 - 2009)

Themis was my partner, in many senses of the word, from 1988 until his death. We started as dance partners, became housemates and "parents" (of three dogs plus numerous cats), then worked as a team for the right-to-die cause.

He contributed good business skills, having run an independent bookstore for many years. He also brought computer knowledge of a remarkable depth and breadth. (Before going into the book business he had been head of computer operations for the Canadian branch of the Four Seasons hotel chain.) Since he had several engineering courses under his belt, and also had an innate gift for understanding how things work, he was able to conduct some quite informative experiments concerning the helium technique.

Although English was not his native language – he was born in Greece and lived there until he was twenty – his love of books and reading had made him into a much-appreciated resource for me in my writing work. His sense of style was a useful complement to my own, and many times he helped me find "le mot juste".

Most importantly, he was someone I could always count on. Even when we differed on a certain subject, I knew that in the final analysis he would never let me down.

I wish we had found each other sooner – in 1988 he was 55 and I was 47 – but I am profoundly grateful for the 21 wonderful years that we did have together.

Evelyn Martens (1931 - 2011)

The Right to Die Society of Canada began in Victoria BC, under the leadership of John Hofsess. Many of the people who joined the new group were Victoria residents, and Evelyn was among them. One of her brothers had gone through a terrible dying process and she was determined to do whatever she could to let people have more choices at the end of life.

Soon she was playing quite an important role in the Society, sending information packages to inquirers and maintaining the membership database.

But these clerical tasks did not exhaust her capabilities. Her exceptional warmth and compassion were evident to those who contacted her by phone or e-mail or postal mail. She became very close to many of these people, answering their questions or just being a kind person with whom they could talk about their fears and their hopes.

Knowing that the law does not forbid providing companionship during a self-deliverance, Evelyn sometimes sat with members who did not want to be alone when they brought their life to a close. "Assistance", which the law does forbid, unfortunately means different things to different people. In June of 2002 Evelyn was arrested and charged in connection with the exits of two BC women.

She endured 2 ½ tense years before being acquitted. People and organizations in Canada and around the world contributed towards the cost of her legal defence, which was ably conducted by Catherine Tyhurst and Peter Firestone.

For many years the Victoria chapter of RTDSC benefited from the leadership of Evelyn and her close friend Brenda Hurn. But after Evelyn's daughter Millie died, she decided to move to Kelowna, where three of her remaining children lived.

She nevertheless spent most of 2009 in Victoria, providing palliative care for her sister Gwen.

In 2010, during a Christmas-time visit to her two sons who lived in Alberta, she developed very serious health problems. She was hospitalized, diagnostic tests were performed, and gall-bladder surgery was scheduled. But the night before the surgery was to be done she had a sudden collapse.

When the doctors said it was doubtful that she could recover to any significant extent, her son Ed spoke the words that he knew Evelyn would have wanted to speak, and death came soon afterwards.

Arrangements are being made for a bench to be erected in a Victoria park, bearing an engraved plaque commemorating Evelyn. The wording on such plaques is not allowed to reference any controversial topics but the family remembered some words of Wayne Dyer that Evelyn was fond of quoting: "Don't be a duck in the duck pond – be an eagle!". The plaque will therefore say

EVELYN MARTENS
"OUR EAGLE"
A WOMAN OF STRONG CONVICTIONS

As we went to press (October 12) Evelyn's son Bart received an e-mail from the secretary to the Director of Parks and Recreation Services in the township of Esquimalt:

"Bart, just wanted to let you know that your bench and plaque were installed at Esquimalt Gorge Park today. I have attached some pictures that our Parks Supervisor took and I think you will be very happy with the location."



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ISSN: (in process)