

Silent Witness - You must be joking

Assisted Suicide -The Musical Malthouse Theatre till 9 April

Reviewed by Cameron Woodhead – The Age 3/4/7 page 24

In Dicing with Dr Death, euthanasia advocate Philip Nitschke tried his hand at stand-up at the Comedy Festival.

This year, actress, comedian and disability activist Liz Carr (probably best known here for her work on the BBC's Silent Witness puts an all-singing all-dancing counter-argument. Carr describes Assisted Suicide - The Musical as a "TED talk with show tunes" and if the musical theatre can be a bit amateurish, Carr's oratory is brilliant and persuasive.

I thought I knew where I stood on the assisted suicide debate, but her fierce intelligence, erudition and sardonic wit left me much less certain.

A Vaudevillian opening number lightly mocks the liberal handwagging Carr is up against, and the best song - a duet between Carr and the Pope - makes clear the bemusement this left-wing progressive feels at being surrounded by conservative allies.

It's a show that probes the rhetoric of "choice" in relation to suicide, exposes abuses in jurisdictions that have euthanasia laws, and reveals questionable tactics in the global "right to die" movement (including whitewashing "suicide" into less confronting euphemisms).

One strong objection Carr raises is that giving assisted suicide the imprimatur law, society and the medical profession will force disabled people, especially those in pain, to live with an exit sign over their heads.

An internal debate Carr has with her alter-ego reveals how she might avail herself of the "right to die" in a moment of weakness. Any "right to die" could morph into something more sinister, she argues, at least until the right of marginalised groups to live with dignity is thoroughly secured.

Carr is a better debater, and much funnier, than Nitschke. We can only hope Premier Daniel Andrews, and other parliamentarians, accept her invitation, to see the show ahead of the planned conscience vote on the issue.

"Isn't it better to not kill someone who wants to be killed, than to kill many who don't want to be killed?"

Liz Carr, disability rights activist, actress, comedian.

Termination of Pregnancy Law Reform Bill 2017 passes in the Northern Territory – See page 2

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NT PARLIAMENT VOTES FOR MORE ABORTION

The four tenacious MPs who voted against the bill – vote 20:4.



Mr Gerry WOOD (Nelson):

"I have asked that 'termination' means 'intentionally terminating the life of an unborn human'... because nowhere in this act does it specifically say what really occurs. ... the process... is that the life of unborn child, unborn human, is terminated."



Mr Yingiya Mark Guyula (Nhulunbuy):

The women's forum did not want to expand the availability of abortion because it could promote promiscuity and wreck our good marriage culture. More strongly, the women's forum did not support abortion at all. Abortion is not really required in our

society; this is because a child born in any circumstances can be adopted into an appropriate family, even in cases where people have a sexual relationship with the wrong kin. Shame is not on the child. Instead, they are placed into a family with the right kin relationship".



Hon Gerald McCARTHY (Barkly)

I have serious concerns about the health and safety of regional and remote women being prescribed RU486 in the absence of appropriate critical healthcare services, psychosocial allied health support and privacy within their own home... it is a possibility that a medical termination at 23 weeks could deliver a baby that is alive. If

that were the case—the what-if factor when you, as legislators, make this Territory law—would that child be euthanised or would they be left vulnerable to the elements to perish?



Mr Terry MILLS (Blain):

There was a sense this was accelerated and positioned in such a way to reduce the exposure to the community so more voices could weigh into it. It should not be a battle of ideology; it should be allowing a very difficult decision to be properly assessed and then adjudicated on.

Special commendation must be made to the tenacious work of Mary Collier (CEO) in pursuit of the defeat of this bill. Ed.

Termination of Pregnancy Law Reform Bill 2017 passes in the Northern Territory



– Mary Collier

Under the guise of 'contemporary' legislation the NT's 25 member Legislative Assembly swept through a "tick-box" abortion-to-23 week bill in Parliament late Tuesday 21 March 2017.

The **Termination of Pregnancy Law Reform Bill 2017** passed with a vote of 20 to 4.

Mr Gerry Wood (IND - Nelson), Mr Terry Mills ((IND - Blain), Hon Gerald McCarthy (ALP- Barkly) and Mr Yingiya Mark Guyula (IND - Nhulunbuy) opposed the bill.

The bill allows abortion up to 23 weeks (+ 6 days) and abortions may be provided in additional locations eg private hospitals, day surgery and clinics. The Northern Territory has only 5 gazetted medical facilities with surgical/ ICU facilities in case of emergency. Not surprisingly, this legislation will pave the way for Marie Stopes to open up abortuaries.

Not one of 17 amendments moved by Gerry Wood MLA was agreed to.

- Up to 14 weeks pregnancy:

Abortion approved if one doctor considers "appropriate" using RU486 medical abortion drug or surgery.

Woman's current and future medical, physical, psychological and social circumstances to be considered.

Restrictions relate to proximity of emergency services in remote areas e.g. woman to be within 2 hours of a gazetted clinic. The government will pay for transport - presumably in an emergency. Debate on who will assess road conditions – appears the practitioner will do this. An abortionist will carry a weather vane!

- From 14 weeks to 23 weeks pregnancy:

Abortion approved if one doctor has consulted with another doctor and considering her medical, social, psychological circumstances, both current and future. No need for 2nd doctor to examine the woman.

- Conscientious Objection:

A doctor with a conscientious objection to abortion must refer to a doctor who will comply.

Protests/witnesses:

A 150 metre 'exclusion' zone applies to all abortuary facilities. Penalties apply.

Four MLAs – Mr Gerry Wood (Nelson), Mr Terry Mills (Blain), Mr Yingiya Guyula (Nhulunbuy) and Hon Gerald McCarthy (Barkly) spoke impressively about the dangers of rural and remote use of RU486. MLAs spoke about the lack of consultation with Aboriginal people and said they were not given time to consult with their constituents.

The upper gestational limit is to be reviewed 12-24 months post enactment of the bill, meaning that abortion to birth without restriction is be on the horizon.

The passage of this bill is a stark reminder that stripping of the human rights of the unborn child is a consequence of the composition of the Parliament. In the Northern Territory there are 6 ALP EMILY's List women MPs who are committed to vote to enshrine abortion up to "due-date" into all Australia's states.

Sadly, but a reality, not even the amendment that the phrase "the life of an unborn human" was agreed to.

Letter from the President

Will Victoria Embrace "Mercy Killing?"



– Margaret Tighe

As we battle to hopefully turn back the tide towards legalised patient killing in Victoria which is being set in train by our illustrious Premier Daniel Andrews, we face numerous obstacles primarily from the media - the majority of whom are committed to legalising euthanasia.

It is hard to understand how there is so much ignorance and refusal to accept the undeniable evidence of what has occurred in those relatively few places in the world where euthanasia has been legalised, which has been brilliantly exposed by Daniel Mulino (Labor, M.L.C.) in his minority report to the Legislative Council's "Enquiry into End-of-Life-choices"

Also of salutary interest is the account of the deaths that occurred in the short space of time that the Northern Territory's euthanasia bill was in place in 1996. (see page 2)

Particularly frightening is the extract from a book by leading Melbourne euthanasia protagonist Dr Rodney Syme "Time to Die" contained in a review of two new euthanasia books by Miriam Cosic (Weekend Australian Review 25-26/3/2017)

Rodney Syme on his own admission has been given carte blanche to continue on his dying ways by revealing what he has done to the Coroner, apparently time and time again.

According to Cosic, Syme describes in gruesome detail of "how smelly incontinence, the sensation of constantly choking, the inability to swallow saliva, and the end of social conventions like sharing meals, drinks, even conversation, the mortifying feeling of ruining others' quality of life and much, much more, diminish a person's self esteem, indeed their very sense of humanity."

In other words – the embracing of the life not worthy to be lived! Put simply, some of these reasons for patient killing quoted by Dr

Syme are the very reasons people commit suicide. Yet we claim to be a community that tries to prevent suicide. We spend health care funds on suicide prevention.

Professor Patrick McGorry is given much prominence for his work in this field. "Beyond Blue" the organisation established to help people contemplating suicide was until recently headed by former Victorian Premier Jeff Kennett. I'm sure it helped to save many lives. Yet I believe he is in favour of euthanasia!!

What we are faced with now is a government sponsored plan to legalise physician assisted suicide.

They tell us that the euthanasia bill they plan will only apply to people who choose to have their lives ended. Will this mean that access to the suicide prevention hotline will not be available to all? Is it only going to apply to the young girl with depression? Are those who wish to have their lives ended because of "the end of social conventions like sharing a meal, drinks, even conversation" (to quote Dr Syme) to be encouraged to call "Beyond Blue" or Lifeline before they embrace physician assisted suicide?

Well – the outcome of this deadly plan is up to us and all others who are determined to say NO to legalised patient killing.
Margaret Tighe

"I do not doubt the sincerity of people on both sides of the euthanasia debate. It is a natural human response to want to ease the pain and suffering of loved ones.

However, as a Parliamentarian, I simply cannot take the view that the State should sanction the killing of human beings.

It is valid to ask whether the introduction of a form of euthanasia may go beyond those who are deemed terminally ill and lead to the deaths of people who consider themselves "burdens" on their families and society.

If the experience of euthanasia policies in other parts of the world is a guide, this is a very real danger.

Our priority at the moment should be on the palliative care of those who experience pain and discomfort in their lives, and continuing to give these people the best possible quality of life."



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Shutting up by shouting down

Margaret Somerville, Mercatornet 17 March 2017

When an anti-euthanasia speaker at a doctors' conference is prevented from speaking, you know that something is very wrong



Last month, I was a participant in a Q&A panel on “Voluntary Assisted Dying” at the Australian Medical Association Victoria Congress 2017. I was pleased to have been invited and hopeful that there would be a balanced discussion, but also somewhat concerned that might not be realized in practice, given the membership of the panel.

The panel participants included the well-known advocate of the legalization of doctor-assisted suicide Andrew Denton and the leader of the Greens, Senator Richard Di Natale, who also supports its legalization in certain circumstances. The chair was Dr Sally Cockburn, another supporter of the legalization of doctor-assisted suicide. I oppose legalizing both doctor-assisted suicide and euthanasia.

Unfortunately, my concerns materialized.

First, my participation in the discussion was limited in several ways. The chair told me that the question of whether or not legalizing doctor-assisted suicide or euthanasia was a good or bad idea, ethical or unethical, was not open for discussion.

She explained that the only topic to be discussed was the conditions which should apply for access to assisted suicide and how it should be regulated. In short, the panel was based on an assumption that legalizing assisted suicide was inevitable in Victoria, even though legislation has not yet been tabled in the Victorian Parliament, let alone debated or enacted. This assumption is a pro-assisted suicide/euthanasia strategy as it leads people to believe there is no point in discussing views opposing legalization.

...At the beginning of the event, that chair told the audience that they should text questions to her and that she would collate and present them; those who did not have an iPhone were told they should raise their hand and ask the question in person. She added that if the questioner spoke for too long or was presenting commentary or policy, rather than a question, the audience could shout “No, no, no!” and she would cut off the person.

It seems reasonable to assume this invitation was offered only in relation to an audience member asking a question. But when I prefaced an intervention by saying that I wanted to describe a case of euthanasia that showed its risks and harms, the chair interjected and said “No stories please”, and a substantial percentage of the audience immediately joined in to shut me down, shouting, “No, no, no, no stories”.

In 40 years of giving speeches on average around 25 to 30 times a year, I have never encountered such an incident. Moreover, bear in mind that I was an invited guest speaker sought out by the AMA to be a Q&A panellist at the congress and the audience were all, or almost all, medical doctors.

...In summary, my experience can be characterized as involving silencing and intimidation and a failure to respect freedom of speech.

...We should also always keep in mind in the euthanasia debate that whether we are pro- or anti- legalizing doctor-assisted suicide and euthanasia, we have a common goal of relieving suffering. Where we disagree is the limits on the means we may use to do this. As I've written elsewhere, I believe we should kill the pain and suffering, not the person with the pain and suffering.

The vignette that I describe has wide moral and ethical implications in relation to the quality and character of public debate, which is essential to a healthy democracy and maintaining a society in which reasonable people would want to live.

Perhaps one of the most disturbing aspects of this event is that it was an Australian Medical Association Victoria congress and, as I've noted already, almost everyone present, whether as speakers or in the audience, was a medical doctor. In secular, democratic, pluralist, multi-cultural societies like Australia, medicine is a major values-creating and values-carrying institution for society as a whole, because it is one of the few institutions to which we all personally relate. That means it must be open to taking into account the full range of people's commitments and values systems.

We need to ask whether, in the organization and conduct of this doctor assisted suicide-euthanasia panel, the AMA Victoria lived up to its responsibilities in this regard.



Professor Margaret Somerville

Margaret Somerville is Professor of Bioethics in the School of Medicine at the University of Notre Dame Australia. Until recently, she was Samuel Gale Professor of Law, Professor in the Faculty of Medicine, and Founding Director of the

*Centre for Medicine, Ethics and Law at McGill University, Montreal. Her most recent book is **Bird on an Ethics Wire: Battles about Values in the Culture Wars**.*

*“Kill the pain and suffering, not
The person with the pain and suffering”*

Northern Territory- Euthanasia safeguards failed



– Dr Katrina Haller

In 1995 the Northern Territory legalised euthanasia and in 1996 the Federal Government overturned it.

Psychiatrist and palliative care specialist David Kissane reviewed Nitschke's cases and made this assessment of the so-called "safeguard" of compulsory psychiatric assessment:

"Nitschke reported that all patients saw this step as a hurdle to be overcome. Alarming, these patients went untreated by a system preoccupied with meeting the requirements of the act's schedules rather than delivering competent medical care to depressed patients."

More than once I have urged Nitschke to study palliative medicine, to broaden his awareness of what can be done for people with advanced disease. When we look after such patients well, thoughts of euthanasia often fade. Then, in the words of one hospice patient who had asked me for euthanasia only the day before, but was now pain-free, "It's a different world, doc."

However, I would not use the argument against euthanasia that "palliative care can ease all suffering". We cannot ease all suffering in dying any more than we can ease all suffering in childbirth, even though we have made enormous progress.

Rejection of euthanasia is not dependent on perfecting palliative care for all patients.

Its rejection is on the grounds of injustice to the weak, as Kevin Andrews made clear on presenting his Euthanasia Laws Bill 1996, which overturned the NT's legislation: "The people who are most at risk are the most vulnerable, and a law which fails to protect vulnerable people will always be a bad law."

We must reject euthanasia both as a corruption of the doctor-patient relationship and as an insidious oppression of society's "unproductive burdens".



"There is no such word as abortion in aboriginal language"
Rosalie Kunoth-Monks, Northern Territory Australian of the Year 2014. Photo (Steve Pearce: IAD Press)

The Preston Report

13 March, 2017

Dear Friends,

I am happy to be able to report that the date for the appeal hearing of my conviction for breaching the "bubble zone" law in Tasmania seems to have been finally been set.... *Thursday 27 April and Friday 28 April 2017.*

...*Christopher Brohier and Simon Fisher will be drafting a submission to be filed and then served on the Solicitor-General so he can write, file and serve a submission in reply.*

Sincerely,

Graham

Rescue those being led away to death. Proverbs 24:11

TRUTH OFFENDS

A recent decision by the Victorian Supreme Court to convict a young woman Michelle Fraser of display of obscene figures in public places by showing photos of aborted babies is a damning indictment of the endorsement of abortion by those in authority in Victoria.

To quote Martin Iles, Director of the Human Rights Law Alliance, *"The world was awakened to the horrors of ISIS when we saw a young boy holding up a severed head on prime television... and to the shocking image of a drowned toddler on a Turkish beach, exposing the horrors of current refugee crisis." ... "Banning the overt communication of such truth would be a travesty, as it is in the present case with respect to abortions."*

Be at the Table or be on the Menu

– The Hon Nick Goiran, M.L.C., W.A.

**"Do Something Now.
If not you, who?
If not here, where?
If not now, when?"**

– Theodore Roosevelt



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Palliative care, euthanasia and physician assisted suicide

– Douglas Bridge, MJA, Issue 10 / 20 March 2017



Professor
Douglas Bridge

In his opinion piece in MJA InSight, Professor Emeritus Ian Maddocks proposes an integration of palliative care, euthanasia, and physician assisted suicide (EPAS). As palliative care practitioners, we know this supposed common ground is both a contradiction in terms and contrary to sound medical practice. From our experience of caring for people who are ill and vulnerable, legalising EPAS is unnecessary and unsafe.

...Dying can be traumatic, terrifying and painful for the patient, and challenging for the grieving family. In the face of inevitable death, some patients are willing to explore improbable alternative therapies, or burdensome or experimental treatments that may have a very low success rate.

...Good palliative care helps patients and families avoid both overtreatment and neglect of treatment. It enhances patient autonomy and decision-making capacity by improving symptom control and empowering patients to participate in their care. We affirm the patient's right to choose their therapy; decline futile therapy; choose the place of dying; choose who should be present; receive the best possible relief of symptoms, even, on rare occasions, deliberate palliative sedation (not terminal sedation); and refuse to prolong the dying process. Ideally, this should be readily available for all those with life-limiting illness.

Autonomy does not include the right to demand that a clinician kills the person. Contrary to public opinion, *the use of therapeutic doses of analgesia or sedation in order to relieve difficult and intractable discomfort does not hasten death* and is not a form of euthanasia. Appropriate end of life prescribing of analgesia is simply good clinical practice when the patient is actively dying.

Supporting people when they are dying is utterly different to intentionally causing them to die. What Professor Maddocks calls "a single effective intervention" is in fact an act of killing.

The term "voluntary assisted dying" conceals the true nature of what is proposed in the bill before the Victorian parliament. The patient's dying is not assisted; rather, a doctor is required to kill the patient or to help the patient commit suicide. The word "voluntary" attempts to emphasise the patient's autonomy. Ironically, EPAS legislation weakens patient autonomy by devaluing the final stages of life. Further, *overseas experience has shown that supposed safeguards within these laws do not effectively guard the autonomy of those most vulnerable to the extension of these laws.*

In an attempt to make EPAS publicly acceptable, its proponents sanitise the language, using euphemisms such as "voluntary-assisted dying" and "go gentle". However, the inconvenient truth remains that at the heart of EPAS, the action of the doctor is to

end a patient's life or assist patients to kill themselves. This has profound ramifications for all health professionals. "Do not kill" has been a core ethical principle of every civilisation and the practice of medicine; we violate it at society's peril.

Quality health care manages the causes of patients' distress rather than ending life. In our experience, requests to terminate life prematurely are uncommon and often a cry for help. *Such requests rarely spring from uncontrolled pain, but rather from despair, a sense of loss of control, or fear of being a burden to others.* Evidence shows that *a person's desire for hastened death changes over time and reduces when care is good.* It is illogical and immoral to even consider euthanasia legislation before ensuring there is universal access to palliative care.

The 1990 World Health Organization definition states that palliative care *affirms living and dying as a normal process, and "neither hastens nor defers death"*. Likewise, after extensive research and consultation, the Australian and New Zealand Society for Palliative Medicine (ANZSPM) *issued a position statement on EPAS in 2013.*

This statement affirmed that:

- the discipline of palliative medicine does not include the practice of EPAS; and
- ANZSPM opposes the legalisation of EPAS.

In the Netherlands, often quoted as a euthanasia success story, so many doctors have refused to kill their patients *that the government has established mobile euthanasia teams to perform EPAS across the country.* *Doctors in Canada are increasingly requesting to be removed from "assisted dying" lists.* The legalisation of EPAS results in great harm to vulnerable individuals, families, the community and *health professionals.*

Paradoxically, it is in dying naturally that many people find healing and realise what is truly important in their lives. They may experience profound personal growth and family reconciliation. Indeed, as Canadian surgeon, Professor Balfour Mount, who coined the term "palliative care" wrote: *"It is possible to die healed"*.

We write as an informal network of Australian and New Zealand practitioners in palliative care. We do not represent any particular organisation, institution or philosophy. Some of us have practised palliative medicine for more than 30 years. We acknowledge that death, like birth, can be distressing and messy. We are deeply concerned at the increasingly determined attempts to legalise the practice of EPAS.

We believe that these attempts may be sincere and well meaning, but unfortunately are based on ignorance and misunderstanding. The first step towards a clear understanding of the issues is to use clear, unambiguous terminology. Irrespective of whether EPAS is legalised in Australia or New Zealand, EPAS has no part in the ethical and professional practice of palliative medicine.

Professor Douglas Bridge is an Emeritus consultant at Royal Perth Hospital, clinical professor in the University of Western Australia's School of Medicine and Pharmacology, a consultant physician with WA Country Health Service, and is past president of the Chapter of Palliative Medicine, Royal Australasian College of Physicians. He writes on behalf of the following cosignatories:



Withdrawal of abortion bills a victory for common sense, women and society – Andrew Smith, 28/2/2017

The withdrawal of the Pyne abortion bills today ahead of a scheduled parliamentary debate tomorrow is a win for common sense, women and society, according to Cherish Life Queensland, "The bills faced certain defeat in Parliament because they were so flawed," Cherish Life President Julie Borger said.

... "Only 6% of Queenslanders support the extreme position of abortion at any stage of pregnancy and for any reason, which these bills would have legalised.

"These bills totally overlooked safeguards for women such as independent counselling, informed consent, cooling off periods and parental consent requirements, which the vast majority of Queenslanders support."

... "Often, there is not free and informed choice by women. There is a lot of coercion by parents, boyfriends, partners or husbands.

... Mrs Borger called on the Government to drop its plan to refer abortion law to the Queensland Law Reform commission and instead appoint a balanced and representative community advisory panel to review the whole issue.



W.A. - Update from Nick Goiran M.L.C.



Dear Friends,

It will come as no surprise to any of you that I am very disappointed with the results of Saturday's election. It is times like this that quickly bring into sharp focus the brutal nature of elections. The results in our Assembly seats in my own South Metropolitan Region are now clear. Sadly, three good friends have lost their seats. In 2008 I was elected to Parliament for the first time together with Peter Abetz & Joe Francis. ... Matt Taylor won the seat of Bateman in 2013. I am personally sad for each of these friends and especially for their families and staff.

I have had many questions posed to me about my own election. In short, although the counting for the Legislative Council elections are ongoing there is no doubt or danger regarding my position. It remains a great privilege to serve in our WA Parliament. This privilege is only heightened following the loss of my close friends and colleagues.

In amongst all of this, I remain absolutely committed to causes that are above politics and these events have only strengthened my resolve. The fact that 26 babies have survived abortions and were left to die with no medical intervention is an utter tragedy and injustice. I fully intend to advocate for all unborn children, starting with those who have miraculously survived their attempted abortion. In addition, it is my intention to re-establish the Parliamentary Friends of Palliative Care given the inevitable push for assisted suicide laws during this 4 year term in Parliament.

GOOD NEWS – Britain, The Tablet, 4 Feb 2017

A bill to ban late term abortions on the grounds of disability is to proceed to report stage, having passed the committee stage in the House of Lords, with near unanimous support from peers on 27 January. The bill, proposed by Lord Shinkwin, would remove a section from the 1967 Abortion Act that allows for abortion on the grounds of disability up to birth. The law would then state that no babies can be aborted after 24 weeks. There were a record 3213 disability-selective abortions in England and Wales in 2015, representing a 68% increase in the last 10 years.

"Meanwhile, Australia aborts children with any or no disability up to birth." – Ed

When you Die, Help Someone to Live

*When you make or update your Will, please include a Bequest to:
The Right to Life Australia ABN 12 774 010 375*

*Be remembered by your support of
the Right to Life of everyone,
Especially the most vulnerable*





News from around the World

CANADA News at SPUC, 16 March 2017

'Take my name off the list. I can't do any more' - Canadian doctors turning away from euthanasia



27 doctors have already asked to be removed from the list of those willing to participate in euthanasia, since it was legalised in Canada last June. Image: Martin Barraud

Doctors in Canada have been asking to be removed from the list of those willing to participate in "medical aid in dying", reports the National Post.

In Ontario, one of the few provinces to track the information, 24 doctors have permanently been removed from a voluntary referral list of physicians willing to participate in euthanasia. Another 30 have put their names on temporary hold. As of 17 Feb, there were 137 doctors on the list, though of those 30 would only be willing to provide a second patient assessment, and not administer a lethal injection or prescribe a life-ending dose of drugs themselves. While they are not required to give a reason, according to a ministry of health spokesman, a number said that they want "a reflection period to decide whether medical assistance in dying is a service they want to provide.

Just too distressing

"Dr. Jeff Blackmer, the Canadian Medical Association's vice-president of medical professionalism, said that for some doctors, the act was simply too distressing. "... We're seeing doctors who go through one experience and it's just overwhelming, it's too difficult, and those are the ones who say, 'take my name off the list. I can't do any more.'"

The act is performed out of care and compassion, Dr Blackmer said. "But for most (doctors), it doesn't make the psychological impact of that final, very definitive act, any less than it would be for anybody."

HAWAII

Assisted suicide bill defeated in Hawaii. The bill was a big fib.

23 March, 2017 Alex Schadenberg Executive Director - Euthanasia Prevention Coalition (abridged)

Hawaii assisted suicide SB 1129 was defeated 7 - 0. . Hawaii political leaders listened and understood that the assisted suicide bill was different than what the assisted suicide lobby was saying.

Margaret Dore's analysis: "Choice" is a Big Fat Fib

- The act is sold as providing a voluntary patient

choice, but doesn't even have a requirement of being voluntary, capable or consenting when the lethal dose is administered.

- People ... will lose their right to informed consent [and] to be told about alternatives for cure.
- The claim that self-administration is required is not true. The act says that a patient "may" self-administer the lethal dose. There is no language that administration "must" be by self-administration.
- Administration of the lethal dose is allowed to occur in private without a doctor or witness present. If the patient objected or even struggled, who would know?
- The death certificate is required to list a terminal disease as the cause of death. The significance is that prosecution will not be possible, no matter what the facts. The death will be a terminal disease (not murder) as a matter of law.



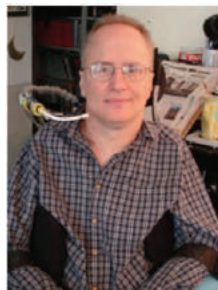
• Enactment will create the perfect crime to put older people in the crosshairs of their heirs and other predators.

• Elder abuse is already not a well-controlled problem. Schadenberg notes: *In the past few years Ohio, Georgia, Idaho, Louisiana, and Arizona have passed bills to strengthen protection from assisted suicide.*

NEW MEXICO

Assisted Suicide Bill - Deserved to Die.

Published by the Sante Fe New Mexican, 20 March, 2017. - By John Kelly, Director of the disability rights group Second Thoughts Massachusetts. (abridged)



John Kelly

Thanks to the state Senate's rejection of the assisted suicide bill, Senate Bill 252, residents of New Mexico can breathe easier. As Sen. Craig Brandt said ... "This bill is dangerous. Doctors make mistakes every day."

CBS News reported in 2014 that 12 million

Americans are misdiagnosed yearly. About 15 percent of people given less than six months to live are not "terminally ill."

...Senators warned that "undue influence" would lead to wrongful deaths. One out of every 10 older New Mexicans is estimated to be abused every year, mostly by adult children and spouses. A caregiver or

heir to an estate could help sign a person up, pick up the prescription and then administer the lethal dose without worry of investigation." With no official witness required at the death, we can't know whether someone self-administered the drugs.

Insurers routinely value their bottom line over people's health. Last summer, Californian Stephanie Packer received a letter from her insurer refusing to cover a prescribed course of chemotherapy. Her co-pay for assisted suicide? \$1.20.

What we disabled people see in legalizing assisted suicide is that some people receive suicide prevention, while others get suicide assistance, based on value judgments and prejudice.

...Protecting innocent people from misdiagnosis, insurers' bottom lines, suicidal depression and abuse is a cause that everyone can embrace.

WORLD

"Frequency of euthanasia and assisted dying is rising rapidly" - Daniel Mulino M.L.C. Vic.

