

HISTORIC SYMPOSIUM FOCUSES ON WINNING STRATEGY TO FIGHT EUTHANASIA AND ASSISTED SUICIDE

By Julie Grimstad

November 30-December 1, 2007, over three hundred people from various nations met in Toronto, Ontario for a history-making event, *The First International Symposium on Euthanasia and Assisted Suicide: Current Issues, Future Directions*. Hosted by the Euthanasia Prevention Coalition of Canada (EPCC), the symposium was co-sponsored by diverse groups from Canada, the United States and the United Kingdom as well as the Archdiocese of Toronto. With one thing in common—opposition to legalization of euthanasia and assisted suicide—disability rights advocates, medical and legal professionals, pro-life activists, people of various religious faiths and atheists came together to learn from the experts, find common ground and strategize.

Presenters exposed the new directions and strategies of the movement to legalize euthanasia and assisted suicide. According to Wesley Smith, who is a senior fellow at the Discovery Institute, attorney, international lecturer and author of several books on bioethics (just to name a few of his credentials), “The euthanasia movement has become much more sophisticated in the last few years.” The “crackpot element” is no longer driving the movement. It is now “a professional model” and “an elitist establishment movement” whose pitch is “just a little extra choice for people who are dying.”

The thread running through all the presentations was the urgent need to establish a common response to this world-wide threat. Many of the speakers were key participants in coalitions that defeated pro-euthanasia and assisted suicide legislation in the US and UK. They outlined the lessons they’ve learned.

Use the Right Language

One lesson learned is that “all social engineering is preceded by verbal engineering,” stated Rita Marker, attorney and executive director of the International Task Force on Euthanasia and Assisted Suicide. “The words used in a debate often determine the outcome of the debate.” Assisted suicide activists blame their failures on the use of the word “suicide” and insist on using what they call “value-neutral” terms. Marker advised symposium participants to always use the term “assisted suicide,” never terms such as “assisted dying” or “aid-in-dying.” The “s” word is powerful

Dr. Peter Saunders, of Care Not Killing Alliance in the UK, helped defeat the “Joffe” bill, an assisted suicide measure. As an example of effective use of language, he cited a disabled person’s sound bite: “We don’t want assisted dying. We want assisted living!”

Dr. Paul Byrne, a neonatologist and Clinical Professor of Pediatrics at Medical University of Ohio, insisted that the term “euthanasia,” which literally means “good death,” should not be used. The term “imposed death,” he said, is more accurate.

Emphasize Bad Consequences

Dr. Saunders, as well as the disability rights advocates who spoke, pointed out that changing the law will put pressure on vulnerable people to choose death rather than be “a burden” on others. Also, euthanasia and physician-assisted suicide (PAS) will be used to contain healthcare costs. Oregon pays for PAS as “comfort care” while refusing to pay for certain types of medical care for cancer patients.

In 2007, Dr. Robert Orr helped defeat a bill that would have legalized PAS in Vermont for persons with a life-expectancy of less than six months. “Inaccuracy of diagnosis,” he said, should be emphasized. He cited Art Buchwald, who was suffering from kidney failure and refused dialysis. He entered hospice in February 2006 expecting to die, but checked himself out several months later. Buchwald lived for nearly a year and wrote a book entitled “Too Soon to Say Goodbye.”

Dr. Orr outlined how, once legalized, euthanasia in the Netherlands slowly expanded from being permitted for patients who are competent and suffering to being imposed on “patients with no free will” and even infants with disabilities. The slippery slope is real.

Cheryl Eckstein, founder of Compassionate Healthcare Network (Canada) gave a rundown of Canadian “mercy-killing” cases. She said that the notion of “‘compassionate homicide’ is about as nonsensical as ‘loving rape.’” And Dr. Bill Toffler, national director of Physicians for Compassionate Care, lamented that his beautiful state of Oregon has “sadly become known for something that is deeply disordered.”

Personal Stories

As one participant said, “The shortest distance between a person and the truth is a story.”

Soft-spoken Alison Davis, representing No Less Human, a disability rights group in England, told her story. Because of her disability, she has constant pain and is dependent on morphine for relief. She told of times when she had wanted to die due to suffering and depression. If the UK had allowed assisted suicide, she expressed doubt that she would be here today. Davis emphasized the danger of legalizing euthanasia and assisted suicide: “Pain control is available, but it takes time and effort. Why bother if killing the patient is equally acceptable?”

Henk Reitsema, an articulate young man from the Netherlands representing Cry for Life, told the compelling story of his grandfather’s death by involuntary euthanasia in a Dutch nursing home. He said, “The way my grandfather died might be described as ‘palliation with the side effect of death,’” which is a common way of imposed death in his country.

We “seem to have made the suffering of pain the only crime worth punishing with the death penalty,” declared Reitsema.

The familiar story of Terri Schindler-Schiavo’s dehydration death in a Florida hospice was related by her brother Bobby Schindler. There was not a dry eye in the room as he described Terri’s last days and the suffering her family endured and continues to endure because of her cruel death.

Dr. Paul Byrne’s topic was “brain death.” He told of several cases that compelled him to begin evaluating whether “brain death” is true death, or not. The first was in 1975. Joseph, a premature infant, had been on a ventilator for six weeks and an EEG was interpreted as “consistent with cerebral death.” Dr. Byrne did not turn off the ventilator; rather, he continued treatment. Joseph is now married with children and works as a fireman and paramedic.

Get Involved

Euthanasia and physician-assisted suicide are now “medical treatment” in the Netherlands and Belgium. Switzerland does not penalize assisted suicide so long as it is not done for selfish motives, but physicians cannot be involved. In the U.S., PAS is legal only in Oregon. Opposition coalitions have defeated 89 efforts to legalize it in other states.

Compassion & Choices, the U.S. organization leading efforts to legalize PAS, has adopted the slogan “Oregon Plus One.” PAS promoters are determined to legalize assisted suicide in at least one more state in 2008. They are targeting Washington State in particular. Booth Gardner, popular former governor of Washington who now has Parkinson’s disease, is putting his popularity and considerable fortune behind the campaign to gather the 225,000 signatures needed by July to place a PAS initiative on next November’s ballot.

Rita Marker warned, “Any place that assisted suicide passes will affect the whole world.” Everyone who opposes assisted suicide, she said, “is a Washingtonian for the next year. You are important. Get involved.”

As one expert put it, our basic strategy is “We win. They lose.”

Conclusion

The sponsors and organizers, in particular Alex Schadenberg, executive director of the EPCC, deserve hearty congratulations for the shining success of this first of its kind symposium.

The event concluded Saturday evening with Mass celebrated by Toronto’s Archbishop Thomas Collins.

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