



2011
Vol. 25, No. 3

Patients Rights Council

Update

Jack Kevorkian: It was never about the patient's best interest

Jack Kevorkian now knows death first hand. On June 3, at the age of 83, he personally experienced the natural dying process in his hospital room in Royal Oak, Michigan, as nurses played his favorite music by Johann Sebastian Bach over the intercom. His was not an induced death, unlike the 130 people—by his count—whose lives were ended with his “help.”

Kevorkian had a long history of being obsessed with death—the deaths of others, that is. His nickname, “Dr. Death,” dates all the way back to 1956 when, as a young intern, he would go around the hospital photographing the eyes of patients as they died. Not long after, he wrote a paper advocating surgical experimentation and organ harvesting on live death-row inmates (under anesthesia) since they would be executed anyway. Prisons across the country either ignored or rejected outright his ghoulish proposals.

Kevorkian’s medical career could hardly be called successful. He once told a gathering at Washington, DC’s National Press Club that “people were just frightened to death of me,” and “it was hopeless to get a position.” [Speech given 10/27/92] In 1989, he even applied for a job as a paramedic and was turned down. [*Detroit Free Press Magazine*, 2/3/91]

As an unemployed pathologist—with no clinical experience with live patients other than during his internship and military service in the 1950s—Kevorkian switched his attention to creating suicide machines that sick and disabled individuals could use to end their lives under his supervision. Those who came to him had a broad array of medical conditions, such as neurological illnesses, cancer, dementia, paralysis, and mental illnesses, yet he had no formal training in any of those fields of medicine. But that didn’t seem to be a

concern. What mattered most to Kevorkian was that he had somehow struck a chord, and the attention he so craved would finally be his.

Over time, however, the two major Detroit newspapers began to question Kevorkian’s “professionalism.” In 1997, seven years into his assisted-suicide campaign, the *Detroit Free Press* published its two-part investigative report on the 47 known deaths at that time. The paper found that Kevorkian consistently ignored rules and safeguards he, himself, established for “professional” assisted-suicide practice. In at least 19 cases, the paper wrote, “Kevorkian has failed to consult psychiatrists, even when dealing with depressed people.” In at least 5 of those cases, “the people who died had histories of depression.” Moreover, Kevorkian failed “to consult with pain specialists and other medical experts, even when the need was

(continued on page 2)

Also in this Update

Kevorkian:
A Dark Mirror on Society
Wesley J. Smith 2

No action on Vermont
prescribed-suicide bill 3

FBI probe shuts down
suicide kit business 3

What family is all about
Jason Negri 4

News briefs from
home and abroad 6

Poll reveals disabled people’s fear of assisted suicide

A poll commissioned by Scope, a leading British disability organization, found that 70 percent of disabled people are fearful that changing the law to allow assisted suicide would create pressure on those with disabilities to end their lives prematurely. More than one in three (35%) said legalizing the practice would put pressure on them personally to die, and over half (56%) said allowing assisted suicide would be detri-

mental to “the way that disabled people are viewed by society as a whole.” [Scope NDPP Survey, 2-3/11]

Richard Hawkes, Scope’s chief executive, said, “Disabled people are already worried about people assuming their life isn’t worth living or seeing them as a burden, and are genuinely concerned that a change in the law could increase pressure on them to end their life.” [Scope Press Release, 5/9/11]

The assisted-suicide debate in the UK has increased in intensity this year. At the same time, the government is proposing substantial cuts to the aid many disabled people need to live. “Sounds a little like the United States,” blogged Stephen Drake, research analyst for the US disability group Not Dead Yet. In the UK, “[t]hey’re fighting battles that may be just as imminent for us within a very short time.” [NDY News & Commentary, 6/14/11] ■



Kevorkian: A Dark Mirror on Society

by Wesley J. Smith

The death of Jack Kevorkian by natural causes has a certain irony, but it is not surprising. His driving motive was always obsession with death. Indeed, as he described in his book *Prescription Medicide*, Kevorkian's overriding purpose in his assisted-suicide campaign was pure quackery, e.g., to obtain a societal license to engage in what he called "obitriatry," that is, the right to experiment on the brains and spinal cords of "living human bodies" being euthanized to "pinpoint the exact onset of extinction of an unknown cognitive mechanism that energizes life."

So, now that he is gone, what is Kevorkian's legacy?

He assisted the suicides of 130 or so people and lethally injected at least two by his own admission (his first and his last); as a consequence of the latter, he served nearly ten years in prison for murder. But I think his more important place in contemporary history was as a dark mirror that reflected how powerful the avoidance of suffering has become as a driving force in society, and indeed, how that excuse seems to justify nearly any excess.

Thus, while the media continually described him as the "retired" doctor who helped "the terminally ill" to commit suicide, at least 70 percent of his assisted suicides were not dying, and five weren't ill at all according to their autopsies. It. Didn't. Matter. Kevorkian advocated tying assisted suicide in with organ harvesting, and even stripped the kidneys from the body of one of his cases, offering them at a press conference, "first come, first served." It. Didn't. Matter. And as

noted above, he wanted to engage in ghoulish experiments. It. Didn't. Matter. He was fawned over by the media (*Time* invited him as an honored guest to its 75th anniversary gala, and he had carte blanche on *60 Minutes*), enjoyed high opinion polls, and after his release from prison was transformed by sheer revisionism into an eccentric Muppet. He was even played by Al Pacino in an HBO hagiography.

Kevorkian was disturbingly prophetic. He called for the creation of euthanasia clinics where people could go who didn't want to live anymore. They now exist in Switzerland and were recently overwhelmingly supported by the voters of Zurich in an initiative intended to stop what is called "suicide tourism." Belgian doctors have now explicitly tied euthanasia and organ harvesting. In the U.S., mobile suicide clinics run by Final Exit Network zealots continue unabated despite two prosecutions, as voters in two states legalized Kevorkianism as a medical treatment.

Time will tell whether Kevorkian will be remembered merely as a kook who captured the temporary zeitgeist of the times, or whether he was a harbinger of a society that, in the words of Canadian journalist Andrew Coyne, "believes in nothing [and] can offer no argument, even against death." ■

Wesley J. Smith, J.D., is a legal consultant for the Patients Rights Council, a senior fellow at the Discovery Institute, and a consultant to the Center for Bioethics & Culture. His article appeared in *National Review Online* on 6/3/11 and is reprinted with his permission.



Jack Kevorkian, continued from page 1

clearly indicated." Another Kevorkian rule—that there must be a 24-hour waiting period between patients' final death requests and their deaths—was also often ignored. According to the investigation, "At least 19 patients died less than 24 hours after meeting Kevorkian for the first time." [Emphasis added.]

One of the investigation's most revealing findings had to do with Janet Adkins, who had been chosen by Kevorkian to be his first "patient." He selected her "without ever speaking to her, only with her husband." Kevorkian also spoke with her doctor, Dr. Murray Raskind, who had been treating Adkins in Seattle for Alzheimer's. According to

the *Free Press*, "Raskind told Kevorkian that Adkins was not competent to make a life-and-death decision. Kevorkian gave her a lethal injection anyway, writing later that his opinion was based solely on conversations with Adkins' husband. ["Suicide Machine, Part 1," *Detroit Free Press*, 3/3/97]

After Kevorkian's death, the *Detroit News* ran an editorial echoing some of the *Free Press's* earlier findings and debunking Kevorkian's persistent claims that he carefully screened and counseled patients before ever agreeing to help them die:

That is simply not true. Those whose suicides he assisted included Rebecca

Badger, whose diagnosis of multiple sclerosis was found by Oakland County's medical examiner to be mistaken; Frank Long, who had a 30-year history of treatment for mental illness; Judith Curren, who had improperly been given anti-depression medication by her own husband; and Roosevelt Dawson, a 21-year-old quadriplegic who was dead in Southfield within a few hours of his release from a hospital in Grand Rapids. Their deaths indicate he failed to double-check the medical histories of those who came to him, or simply disregarded them. [*Detroit News* Editorial, 6/4/11]

(continued on page 3)

No action on Vermont prescribed-suicide bill

Despite all their polling and other research—all pointing to a slam-dunk victory in Vermont—and despite their huge war chest—amounting to hundreds of thousands of dollars—national and local doctor-prescribed suicide advocates were unable to advance their Oregon-style bill during the first of Vermont's 2011-2012 legislative sessions. Neither the House bill (H.274) nor the Senate bill (S.103) was even heard in a committee. There was absolutely no movement of any kind, thanks to a coalition of the state's disability community, the Vermont Alliance for Ethical Healthcare, and others opposed to assisted suicide.

Prescribed-death advocates, however, are gearing up for the second session next year. Democratic Governor Peter Shumlin has renewed his pledge to get the bill passed and signed into law, and proponents still have a sizable war chest to mount an effective campaign. But 2012 is an election year, and, given the strong opposition coalition, proponents will likely find their lobbying efforts even more difficult than they were this year. ■

FBI probe shuts down suicide kit business

When a Eugene, Oregon, newspaper ran a lengthy article on the tragic suicide of 29-year-old Nick Klonoski, a Eugene native, things began to happen. People were outraged that this popular college graduate with incredible potential, who had periodic chronic fatigue with bouts of depression, was able to order and receive a "helium hood kit" by mail, a kit made expressly to cause death. Klonoski's brother, Zach, put it this way: "They made money off my brother. They gave him the tools to take his own life without knowing him, without knowing anything about him. For \$60, they blew his life apart."

The helium hood kit was manufactured by the GLADD Group, a two-person California business run by 91-year-old Charlotte Hydorn. The \$60 kit consists of a large plastic bag—custom sewn by Hydorn to fit tightly around the suicidal person's neck—and vinyl tubing that connects the bag to a helium canister, which the person has to buy on his or her own. Also included are instructions from the suicide man-

ual *Final Exit* by Derek Humphry, co-founder of the Hemlock Society (now called Compassion & Choices) and a developer of the helium suicide method. According to Humphry, Hydorn sells more than 100 kits a month to clients around the world. [*Register-Guard*, 3/20/11; ABC News, 5/2/11]

News of Klonoski's suicide prompted a full FBI investigation and a raid on Hydorn's home. Agents seized her computer, all her records, all completed suicide kits (even those sent to the post office awaiting delivery), all material used to make them, and even her sewing machine. Using her list of clients that have already received kits, police in the clients' local areas are sending officers to check personally on their wellbeing. Hydorn, who claims no wrongdoing, is effectively out-of-business, for now. [AP, 5/26/11; NBC News, 6/27/11]

Oregon lawmakers also responded by passing a bill banning the sale of suicide kits and authorizing the arrest of offenders operating in other states. [OR Public Broadcasting, 6/17/11] ■

Jack Kevorkian, continued from page 2

Since his death, Kevorkian has been eulogized as a "hero," a "freedom fighter," and a "compassionate visionary." He has also been called a "murderer," a "quack," and—as the American Medical Association called him in 1995—a "reckless instrument of death." [*Bloomberg*, 6/3/11; *NY Times*, 6/3/11; *Detroit Free Press*, 6/10/11; *Philly Magazine*, 6/13/11]

How people viewed Kevorkian usually depended on whether they were willing to scratch the surface of his image, honed over the years by his lawyers, mindless reporters looking for sensational stories, and Hollywood screen writers. (The HBO movie "You Don't Know Jack," probably should have carried the disclaimer, "And you still won't know Jack after seeing this.")

The best way to get to know Jack is through his writings, which, according

to PRC legal consultant Wesley J. Smith, reveal Kevorkian's "grotesquely utilitarian" goals. [tothesource.org, 6/8/11] In his book, *Prescription: Medicine*, Kevorkian wrote:

I feel it is only decent and fair to explain my ultimate aim... It is not simply to help suffering or doomed persons kill themselves—that is merely the first step, an early distasteful professional obligation that nobody in his or her right mind would savor... What I find most satisfying is the prospect of making possible the performance of invaluable experiments or other beneficial medical acts under conditions that this first unpleasant step can help establish.... [*Prescription: Medicine* (1991), p. 214]

Kevorkian had described those "invaluable experiments" and

"beneficial medical acts" in a 1986 article published in the journal *Medicine and Law*. He envisioned a process by which "subjects" (including infants, children, and the mentally incompetent) would be used for experiments "of any kind or complexity." If the subjects survived the experiments, he wrote, "death may be induced" by "removal of organs for transplantation" or by "a lethal dose of a new or untested drug to be administered by an official executioner." [*Medicine and Law* (1986), pp. 194-195]

Kevorkian never publicly retracted any of his published writings. ■

Editor's note: For more facts about the real Jack Kevorkian, visit:

<http://www.patientsrightscouncil.org/site/jack-kevorkian>



What family is all about

by Jason Negri

“Time to brush your teeth!” Sue Doherty called. But knowing that Marie would need her help, Sue sighed and made her way to the bathroom to begin the bedtime ritual. “First, we use the toilet. Next, let’s wear this nightgown—isn’t it pretty? Now we wash our hands and face,” she said, pantomiming a scrubbing motion. “I’ll put the toothpaste on the brush if you want to brush your own teeth. Okay, let me check. Good job!” Sue smiled encouragingly, gave Marie a kiss, and shepherded her off to bed.

It’s a familiar scene to anyone who has small children. Except the last time Sue did this for one of her own daughters was some thirty years ago. Marie is Sue’s mother.

When the youngest of their four daughters had finally left the nest, Mike and Sue Doherty were looking forward to having some time for themselves, maybe traveling a bit, and doting on grandchildren. But life took a different turn for them, as it has for so many others, when they took in Sue’s nonagenarian parents, Herman and Marie Liedel.

They were not alone. According to a 2008 poll by *USA Today*/ABC News/Gallup, over forty-one percent of American baby boomers are providing some care for their elderly parents, and eight percent say that their parents live with them in their home. And many more expect

that they will be providing assistance to their parents as they age.

“They initially moved in with us in the mid-90’s,” recalls Suzanne. “My father had Alzheimer’s, and it started to become too much for my mother to care for him and for herself. She began mixing up their medications, and it became apparent that they needed some help.” Having her parents living in the house with them made it more convenient for Sue to give them the care they needed, of course. She worried less about them when they were right there under her watchful eye. But the live-in arrangement was also demanding, and it took its toll. There were nights when Sue would collapse onto her bed, exhausted, and wonder, “What would it be like to just have myself to take care of?”

The demands increased when Herman developed pneumonia and was hospitalized. At that time, Mike and Sue realized that he needed twenty-four-hour supervision, so they explored local nursing homes and transferred Herman to one straight from the hospital. There were few options, and being unfamiliar with “the system,” and under time constraints to find a facility, Mike and Sue chose a nursing home that seemed fine and was convenient for them to visit. However, Sue soon became dissatisfied with the treatment her father was receiving.

It was apparent that Herman was not being properly cleaned, and he developed bedsores. The home was understaffed and could not adequately care for the residents. One night when Sue and her mother were visiting Herman, she counted only three nurses on site, trying to care for over sixty resident patients.

Alzheimer’s gradually deprived Herman of his ability to swallow, so Sue asked about inserting a feeding tube so that her father could continue to eat and drink. A nurse at the facility told her that a doctor would come around “in two weeks” to assess Herman’s need for a feeding tube. Despite Sue’s pleading and demands, the nurse coldly refused to do any more. Sue mentioned the situation to a doctor friend, who visited Herman and put in the feeding tube himself.

Herman lived for eight weeks with the feeding tube, and Sue and her mother visited him every day. Then, one day, they returned from lunch to find that Herman had died in his sleep. “In some ways, because he had struggled for so long, his death was a relief,” Sue admits. I didn’t cry for him at that time, but the tears came later, when I missed him.”

Sue and Mike knew that Marie would eventually have to go into a nursing home as well. Now armed with the knowledge they had gained from their experiences with

Herman, they searched and found St. Anne's—half an hour away and expensive, but with a wonderful and caring staff. They put Marie on the two-year waiting list to get in, and continued caring for her in their home.

Shortly after, Sue herself was in need of back surgery, so she lined up her daughters to come and help take care of their grandmother for the month she'd be recovering. Then, the day before Sue's surgery, St. Anne's called and said they had an opening. They brought Marie for a trial night while Sue recovered from her surgery. She loved it, and never asked about coming back.

After almost three years, in August of 2010, Marie had a stroke that left her unable to talk or swallow. She went to a hospital, where doctors hesitated about putting in a feeding tube for her. Mike and Sue talked to the hospital ethicist, who said that Marie's condition had so deteriorated that she was in the "dying process," and her body wouldn't absorb the nutrients. Putting in a feeding tube would actually be a burden to her, they explained. She was getting hydration through her IV, so Sue agreed to forego the feeding tube.

This decision caused problems with one of Sue's sisters, who thought that they had condemned their mom to death by not demanding the feeding tube. But Sue knew that she had made the right decision, that when the dying process begins and the body is unable to absorb nutrition, inserting a feeding tube is actually counterproductive.

Indeed, Sue's body kept shutting down and soon, even the fluids

from the IV were backing up, and her veins were collapsing.

Before her stroke, Marie's Alzheimer's had become very bad. Strangely enough, after the stroke, she became more lucid for a time. Sue asked her if she wanted to go, if it was time. Her mom nodded; she knew she was dying. Sue told

Over forty-one percent of American baby boomers are providing some care for their elderly parents, and eight percent say that their parents live with them in their home.

her that she was loved, adding, "We will miss you, but it's okay for you to go." The relief on her mom's face, Sue said, was beautiful. She returned to St. Anne's and received hospice care there until the end. She was asked every day if she was hungry or thirsty and always said no. Her mouth was swabbed as needed, she received Communion every day, and she received visits from her children and grandchildren. After a time she began to sleep a lot, and was no longer able to speak, but she did sit up and give Sue a last long hug of thanks.

On September 2, Marie came out of a deep sleep, looked ahead at

something or someone unseen, then looked around the room, smiling and laughing. A nurse said she was in transition—moving to the next life. She had seen it before in other patients. "This most awesome experience," as Sue describes it, lasted for fifteen minutes.

Sue wasn't at her bedside when Marie passed. She had stepped out of the room for a moment, but she had felt a sense that her mother "wasn't there" anymore. "I started to cry," she recalls, "but then I asked myself, 'Why am I crying? Mom has achieved her goal. No more worries, concerns or pain. She made it; released from this life. This is the happiest day of her life.'" Sue told the staff not to be sad, and never cried for her mom again.

Today, almost a year later, Sue thinks back to the years she spent taking care of her parents. If she has regrets, they're only over her own failures. "You never think you did enough for them; you always second-guess yourself," she admits. "Sometimes I wasn't as patient with mom as I should have been." But despite the difficulties, having her parents in her home was "a blessing" to her, and an example to her own children. She saw it as a privilege and also as "payback" in a sense, for their raising her for eighteen years. "You don't abandon your parents when they need you," Sue explained. "That's what family is all about." ■

Jason Negri, J.D., is the assistant director of the Patients Rights Council.





News briefs from home & abroad . . .

- **Gallup's 2011 Values and Beliefs poll** found that the most divisive moral issue in America today is doctor-assisted suicide. The poll, conducted May 5-8, 2011, surveyed 1,018 adults nationwide. When asked about the moral acceptability of doctor-assisted suicide, respondents 45% said it is acceptable and 48% said it is morally wrong. The number of people who think the practice is morally acceptable has fallen from a high of 53% in 2004 to a low of 45% in 2011. [Gallup.com, 5/31/11]
- Another poll—conducted in May by the **Suffolk University Political Research Center** in Boston—is believed to be the first time a nationwide survey has linked health care costs for seniors with end-of-life choices. Since rising health care costs and proposed cuts in Medicare are currently being hotly debated, the survey asked, “To help save health care costs, do you believe mentally-able seniors should be able to end their own lives?” Of the 1,070 respondents, 375 (35%) said YES, 566 (53%) said NO, and 129 (12%) said they were undecided. [Question 43, Suffolk University National Survey, 5/10-17/11]

Researchers were surprised by the results. “The wording of the question directly links the economic piece to end-of-life, so I thought there would be various slices of no’s that outweighed the yes’s,” remarked **David Paleologos**, director of the university’s Political Research Center and a pollster for more than 25 years. “For me, it was an amazing finding that over a third said that this should be an option for mentally-able seniors,” he added. Other previous end-of-life choices polls have not singled out seniors as a group for a death option and always contained questions that clearly linked the “right to die” to terminal illnesses, not costs. [Boston Globe, 6/6/11]

It should be noted that the Suffolk University polling question did not stipulate that seniors had to be physically ill or suffering in anyway, just that they be “mentally able.”

- The **Orlando Sentinel** recently published a commentary by one of its columnists, **Mike Thomas**. “We need a physician-assisted suicide law in **Florida**,” Thomas wrote. “Only we should go beyond the laws approved by voters in **Washington** and **Oregon**.” What Thomas meant by “go beyond” was that Florida, with its large senior population, should not only legalize doctor-prescribed suicide for the terminally ill, but for those with Alzheimer’s disease and other forms of dementia as well. In the past, according to Thomas, Florida’s nursing homes—where the state’s dementia patients usually end up—were simply warehouses

with “countless cases of neglect, infected sores, sexual abuse, malnourishment and deaths.” Now that the Florida Legislature is proposing “deep cuts” in Medicaid funding for nursing home patients, on top of federal Medicare cuts for the nursing homes, those “hellhole” warehouses are likely to return, especially for dementia patients. “I’m not arguing that we pour unlimited funds into nursing home,” he opined. “Our plundering of the next generation has to stop somewhere.” [“Law should allow choice of death over dementia,” *Orlando Sentinel*, 4/25/11]

The rationale underpinning Thomas’ commentary—as well as the responses to the Suffolk University polling question—was predicted by **Derek Humphry** (*Final Exit* author and Hemlock Society co-founder) and **Mary Clement** in their book, *Freedom to Die*:

Similar to other social issues, the right-to-die movement has not arisen separate and distinct from other concurrent developments of our time. In attempting to answer the question Why Now?, one must look at the realities of the increasing cost of health care in an aging society, because *in the final analysis, economics, not the quest for broadened individual liberties or increased autonomy, will drive assisted suicide to the plateau of acceptable practice*. As technology advances, as medical costs skyrocket out of control, as chronic diseases predominate, as the projected rate of the eighty-five-and-older population accelerates, as managed care seeks to cut costs and as Medicare is predicted to go bankrupt by 2007, the pressures of cost containment provide impetus, whether openly acknowledged or not, for the practicalities of an assisted death. [*Freedom to Die: People, Politics, and the Right-to-die Movement*, 2000, p. 339 (paperback); emphasis added.]

- A recently published **Time Magazine** article echoed Thomas’ call for dementia patients’ right to die. Referring to recent research advances that would make it possible to detect the beginning of Alzheimer’s disease before the onset of any symptoms, **Erik Parens** and **Josephine Johnston** (both research scholars at the **Hastings Center**) wrote that early detection would help patients and their families “plan for the future”—a future that “could include patients planning their own deaths.”

We cannot ignore competent people who say they would rather die than no longer recognize their children or the partner with whom they built a life. Nor should we dismiss those who say that they can’t themselves afford to pay for years of nursing home care, don’t want their children saddled with that expense, or would

rather that the money be used for their grandchildren's education.... Fear should not keep us from trying to imagine whether we can honor the truly informed requests of people who believe that the way of dying that fits best with their understanding of a good life, is to leave before Alzheimer's fully takes hold. [*Time Magazine*, 6/8/11]

- An article, published in the *Seattle Weekly's* "Health and Welfare" section, explicitly instructed readers on how to make and use their own "helium-hood" suicide kit. (See page 3 for more on the kit.) The article also reported that the **Oregon House of Representatives** had passed a bill outlawing those kits. Then the author, **Curtis Cartier**, wrote this: "Oregonians with an unshakable desire to end their lives are therefore encouraged to seek out more traditional methods of suicide." ["How to Kill Yourself With a Suicide Kit," *Seattle Weekly*, 6/13/11]

Editor's comment: *Has legalized assisted-suicide in both Oregon and Washington so altered the thinking there that a newspaper feels justified in openly teaching people how to kill themselves and encouraging Oregonians to use "more traditional methods of suicide" in lieu of a mail-order kit? Many would call this and the calls for induced deaths for dementia patients (see p. 6) classic examples of the slippery slope.*

- Dementia patients are clearly an endangered species in the **Netherlands**. In 2010, 21 early-stage dementia patients were reported euthanized by lethal injection, up from 3 such deaths reported in 2006. Over the last year, public hearings have been held to instruct seniors—even those who are healthy—about their "right" to die, particularly as it applies to a future dementia diagnoses. "That

people are putting themselves forward for death so early suggests that there has been quite a bit of pressure put on them," observed **Phyllis Bowman** of the British group Right to Life. [*Daily Mail*, 6/29/11] A national poll, conducted by the hospitals of **Utrecht, Groningen, and Rotterdam Universities**, found that 1 in 3 Dutch doctors are willing to terminate the lives of early-stage dementia patients. [Radio Netherlands Worldwide, 6/26/11]

- According to a report, published in the journal **Applied Cardiopulmonary Pathophysiology**, doctors in **Belgium** are harvesting organs from euthanized patients, organs that doctors say are superior in quality to those obtained from brain-dead patients or those who have suffered cardiac arrest. Approximately 25 percent of Belgian lung donors and 3 percent of heart donors have died by lethal injection. Doctors are quick to say that all the euthanasia and organ procurement procedures were performed in a hospital with the patient's consent and on the day requested by the patient. Donor patients who have debilitating neurological or muscular conditions, like multiple sclerosis, have organs suitable for transplantation. Cancer patients do not. [Pabst Publishers Press Release, 6/10/11; Mercator.net, 6/13/11; *Daily Mail*, 6/14/11]

"Given that half of all euthanasia cases in Belgium are involuntary, it must be only a matter of time before the organs are taken from patients who are euthanized without their consent," warned **Dr. Peter Saunders**, head of **Care Not Killing**, a British coalition of diverse groups and individuals opposed to euthanasia. "Doctors there are now doing things that most doctors in other countries would find absolutely horrific." [*Telegraph*, 6/14/11]

(continued on page 8)

The legacy you leave could save lives...

Did you know that one of the most *effective* ways you can support the work of the Patients Rights Council is through a **planned gift**?

Many tax-advantaged financial tools can be used to support the PRC and its fight against euthanasia and doctor-prescribed suicide. At the same time, these tools can bring certain advantages to both you and your family. For instance, you could:

- Make a tax-free gift from your IRA.
- Gift appreciated securities to the PRC, which could cost you less than the tax deduction you would receive.
- Make the PRC a beneficiary of your will, revocable trust, or retirement plan—costing you nothing during your lifetime.

- Gift assets that you no longer need or want—perhaps a vacation home, land, or a life insurance policy.

Get creative—for example, by selling property to the PRC at a charitable discount, deeding your home to the PRC while you continue to live there, or even by making a gift that pays you income for the rest of your life.

If you believe in our mission and want to support us with a planned gift, please contact:

Jason Negri, Assistant Director
Patients Rights Council
P.O. Box 760
Steubenville, OH 43952
Phone: 800-958-5678
jnegri@patientsrightscouncil.org

News briefs from home and abroad, continued from page 7

- Nowhere has the issue of assisted suicide been more hotly debated than in Great Britain—thanks to continued flame-stoking by the BBC and the advocacy group **Dignity in Dying** (DID). Since 2008, the BBC has aired five programs, all in favor of legalizing assisted suicide. The most controversial was broadcast on June 13, after weeks of all the hype and fanfare the BBC and DID could muster. The program, “**Choosing to Die,**” hosted by science fiction writer **Sir Terry Pratchett**, showed the actual death of millionaire **Peter Smedley**, 71, at the suicide clinic **Dignitas** in **Switzerland**. Smedley, who had ALS (Lou Gehrig’s Disease), was still in an early stage of the disease. He was accompanied by his resigned wife and cheered on by Pratchett, who has early-stage Alzheimer’s and is a generous patron of DID. Earlier in the show, Pratchett interviewed **Andrew Colgan**, 42, who had MS and also died at Digni-

tas. His death was not shown. It was later revealed by his brother that something went wrong, and it took over 90 minutes for Colgan to die—a fact that the BBC and Pratchett neglected to mention. [*Times*, 6/13/11; *Daily Mail*, 6/14/11 & 6/26/11]

At the same time the BBC and DID are pushing assisted suicide, the scandalous state of elder care in the UK is coming to light. The care provided by the **National Health Service** (NHS) in some areas is so bad that doctors are having to write prescriptions for drinking water so that elderly patients don’t die of thirst in the hospital. A recent report by the **Care Quality Commission** indicates that over 800 die of dehydration every year and another 300 die of malnutrition. In some hospitals, staff routinely ignore elderly patients’ calls for help. [*Daily Mail*, 5/27/11] ■

The Patients Rights Council (formerly the International Task Force on Euthanasia & Assisted Suicide) is a human rights group formed in 1987 to promote and defend the right of all patients to be treated with respect, dignity and compassion and to work with individuals and organizations to resist attitudes, programs and policies which threaten the lives of those who are medically vulnerable. To those ends, the PRC compiles well-documented and up-to-date information on a whole range of end-of-life issues, including health care advance directives, futile care policies, health care reform, and doctor-prescribed death.

The *Update* is available to the general public; suggested minimum donation is \$25.00 [U.S.] a year. Add \$3.00 for foreign postage.

Executive Director: Rita Marker, J.D.
 Assistant Director: Jason Negri, J.D.
 Consultant: Wesley J. Smith, J.D.
 Editor: Kathi Hamlon

Patients Rights Council
 P.O. Box 760
 Steubenville, OH 43952 USA
 800-958-5678 or 740-282-3810
www.patientsrightscouncil.org
 Copyright © 2011 Patients Rights Council

Return Service Requested

Dated Material

Nonprofit
 Organization
 U.S. Postage Paid
 Steubenville, OH
 43952
 Permit No. 65

Patients Rights Council
 P.O. Box 760
 Steubenville, OH 43952
 U.S.A.

