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Patients Rights Council

Update

Assisted-suicide activists fail to pass bills in New England state legislatures

It's not been a good year for the national assisted-suicide activist groups Compassion and Choices (C&C) and the Death with Dignity National Center (DWDNC). Emboldened after their one and only legislative win to legalize doctor-prescribed suicide in Vermont in May 2013, both groups announced plans to take other New England states by storm. But that has not happened—thanks in large part to each state's coalition of disability rights, civil rights, patients' rights, religious, and health care provider groups, all opposed to assisted suicide.

Connecticut: C&C campaigned hard for the passage of HB 5326, Connecticut's second assisted-suicide bill in the last two years. The group financed

lobbying efforts, media ads, large legislature photo displays, and rallied its supporters. But, in the end, C&C had to concede defeat on March 25, 2014, after the bill failed to garner enough support to pass out of the Committee on Public Health. [CT Mirror, 3/25/14; Daily Reporter, 3/25/14]

Massachusetts: Likewise, in Massachusetts, C&C footed the bill for campaign efforts to pass HB 1998, including phone calls to voters. The bill was introduced in January 2013, just two months after Massachusetts voters defeated a similar ballot measure. C&C and DWDNC were counting on the back-to-back measures to generate more support in the legislature. Instead, on March 19, 2014, the Joint

Public Health Committee essentially killed the bill by sending it to a study committee, ensuring that no action would be taken on the bill during the legislative session. [itemlive.com, 3/19/14; C&C Press Release, 3/18/14]

New Hampshire: As reported in the last Update, the assisted-suicide bill HB 1325 and two other related bills were defeated in the House of Representatives in March. It was a clean-sweep defeat for C&C.

New Jersey: Two companion assisted-suicide bills, A 2270 and S 382, remain technically alive in their respective committees. But Gov. Chris Christie has voiced his opposition to both bills, so it's unlikely he would sign them into law. [The Times, 2/17/14] ■

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Status of 'aid-in-dying' bills in Quebec & Canadian Parliaments

In March, Quebec's Liberal Party leader, former neurosurgeon Philippe Couillard, stunned the province's lawmakers by his last minute objection to a vote on Bill 52—a loosely written euthanasia bill modeled after Belgium's law that was a shoo-in to pass. Couillard's objection prevented the final vote from occurring prior to the provincial parliament's scheduled recess. The bill officially died during the recess when Quebec Premier Pauline Marois dissolved the parliament and called for a new election on April 7, 2014. She wanted a landslide victory to make her minority government a majority power.

Her plan backfired, and the landslide victory went to Couillard's Liberal Party instead. After the election, Couillard stated that he intends to reintroduce Bill 52—despite comments he made last October that the bill was too broad and he could not support the measure. Pallia-

tive care specialists, including the renowned Dr. Balfour Mount, asked Couillard to reconsider. "It is impossible to legalize euthanasia without putting vulnerable patients at risk," they wrote. "As a physician, [Couillard] is conscious of the power imbalance between physicians and their patients, and how patients can be manipulated to consent even by well-meaning health professionals." [Montreal Gazette, 4/23/14]

On the national level, MP Steven Fletcher introduced two assisted-suicide bills (C-581 & C-582) in the Canadian Parliament's House of Commons. Saying that there needs to be open debate on the issue, Fletcher, a paraplegic, wrote, "Introducing these bills may not trigger that debate, as none of the parties particularly want to talk about it." But, he added, the two bills could be the "framework" for a future "parliamentary consensus." [Fletcher, "The right to die well," iPolitics Insight, 3/28/14] ■

Some patients diagnosed as “vegetative” may be conscious with hope of recovery

A new study, published in the medical journal *The Lancet*, found that about one-third of the patients judged to be “vegetative” had been misdiagnosed since they actually possessed some degree of consciousness and the potential for improving.

Researchers from Belgium’s University of Liège studied 126 patients, including 41 diagnosed with unresponsive wakefulness syndrome (the medical term for the vegetative state), four with locked-in syndrome (patient is fully conscious but completely paralyzed), and 81 in a minimally conscious state. The research team, headed by Dr. Steven Laureys, examined the patients using two functional brain imaging techniques—fMRI and positron emission tomography (PET)—and found that 13 of 42 (32%) behaviorally unresponsive patients “showed brain activity with (minimal) consciousness (i.e., activity associated with consciousness, but diminished compared with fully conscious individuals) on at least one neuroimaging test; 69% of these (9 of 13) patients subsequently recovered consciousness.” [*The Lancet*, 4/16/14]

“The consequences are huge,” Dr. Laureys explained. “These patients have emotions; they may feel pain; studies have shown

they have a better outcome [than vegetative patients]. Distinguishing between unconscious and a little bit conscious is very important.” [*Macleans*, 4/15/14]

Usually, patients who are diagnosed as being in a vegetative state for a year or more are given little to no chance of ever recovering. Unfortunately, such a diagnosis—or misdiagnosis—can be grounds for the withholding or withdrawing of needed medical treatment, including food and fluids. Such was the case with Terri Schiavo, who was judged to be in a vegetative state for 15 years and was dehydrated to death after a court ordered her nutrition and hydration stopped. [*NYTimes*, 4/15/14]

“I think these patients are kind of neglected by both medicine and society,” Dr. Laureys said. “Many of them don’t even see a medical doctor or a specialist for years. So I think it’s very important to ask the question, are they unconscious?” [*NYTimes*, 4/15/14]

Years ago, Kate Bainbridge was one of the first “vegetative” patients to have a brain scan. It showed her brain lighting up in response to family pictures. “I can’t say how lucky I was to have the scan,” she said. “[It] really scares me to think what would have happened if I hadn’t had it.” [*Macleans*, 4/15/14] ■

Effect of doctor-prescribed suicide on physicians’ responsibility to their patients

In a recent *Hastings Center Report* article, Dr. Thomas P. Duffy, a professor of medicine and hematology at Yale University School of Medicine, argues that there is a “subtler,” but very real, slippery slope associated with doctor-assisted suicide that directly affects physicians and the care they provide.

Dr. Duffy writes about his 64-year-old cancer patient who wanted “assistance in dying” even though she was on a very promising therapeutic plan. When Duffy told her such assistance was illegal, the woman asked for “enough narcotics to handle her pain.” He assured her that her pain would be controlled, and he prescribed enough narcotics for the ten days before her next appointment. She never made that appointment.

Dr. Duffy admitted that he thought she would take “matters into her own hands,” and the quantity of drugs he had prescribed “was enough to be lethal if ingested as a single dose.” “I knew what to expect,” he wrote, “but I did not pursue the subject with my patient or her husband.” His acceptance of her prema-

ture death, Dr. Duffy added, “represents a worrisome evolution for me in my professional responsibility for my patients.”

Although assisted-suicide advocates argue that Oregon’s experience with legalized “aid-in-dying” shows there is no “slippery slope” adversely affecting patients, Dr. Duffy disagrees:

[T]he slippery slope may be subtler and even more insidious and dangerous for the profession. A shift in how we care for patients is occurring in an environment where an enthusiastic embrace of death with dignity may cause some patients to die prematurely. We may acquiesce too easily and quickly when we sense that patients intend to end their lives. We ought to focus, I think, on guaranteeing that we will attend to their suffering on the way to possible recovery and on attempting to help them redefine their reasons for living. [Duffy, “Physician Assistance in Dying: A Subtler Slippery Slope,” *Hastings Center Report*, March-April 2014] ■

Elder care crisis is a global problem

According to a very alarming editorial in the medical journal *The Lancet*, elder care systems worldwide are “unable to address the soaring demand from fast growing numbers of older people, even in higher-income countries.”

In the UK, for example, public funding for elder care fell 15.4% (£1.2 billion) resulting in about 800,000 seniors receiving no support from public or private agencies. Calling the figures “catastrophic,” Caroline Abrahams, director of Age UK, said “Older people who need help and are now not getting it are being placed at significant risk and families who care for loved ones are experiencing intolerable strain.”

In the US, family care is crucial to the country’s elder care system, which is on the “brink of disaster.” Unpaid family caregivers are under “considerable strain providing such care,” the editorial said.

The problem is even worst in developing countries. For example in China, its one-child policy has resulted in far fewer younger family members to provide care. More financial and human resources are needed globally. [*The Lancet*, 3/15/14] ■



News briefs from home & abroad . . .

- Arizona:** On April 30, 2014, Arizona Gov. Jan Brewer signed into law HB 2565, an amendment to the state's statute on manslaughter. According to the bill's sponsor, Rep. Justin Pierce (R-Mesa), the measure will make it easier to prosecute people who assist the suicide of another by clearly defining what "assist" means. The amendment states that a person commits manslaughter by "intentionally providing the physical means that another person uses to commit suicide, with the knowledge that the person intends to commit suicide." [Arizona Revised Statutes, Section 13-1103] Pierce said there was a need to make the statute clearer because the national do-it-yourself suicide organization Final Exit Network (FEN), an old Hemlock Society spin-off group, is very active in Arizona. In 2011, four FEN members were prosecuted for assisting the suicide of Jana Van Voorhis, a physically healthy but mentally ill Phoenix woman. Two of the members pleaded guilty to lesser charges; the remaining two were acquitted because jurors were confused about the meaning of the word "aiding" in the old statute, which simply prohibited "intentionally aiding another to commit suicide." [Green Valley News, 2/19/14; AP, 4/30/14]
- Minnesota:** The Minnesota Supreme Court has ruled unconstitutional part of the state's assisted-suicide statute that says anyone who "intentionally advises, encourages, or assists another in taking the other's own life" can face 15 years in prison. [MN Statute §609.215(1)] The court found the statute to be too broad and said that, when one "advises" and "encourages," it is considered speech protected by the U.S. Constitution's First Amendment. However, the court upheld the statute's ban on "assisting" a suicide. The ruling reverses part of a lower court's 2011 conviction of former nurse William Melchert-Dinkel on two counts of assisted suicide. Melchert-Dinkel admitted that, for "the thrill of the chase," he trolled Internet chat-rooms for depressed individuals, posed as someone who was also depressed and wanted to die, instructed his prey how to commit suicide, egged them on so they would kill themselves, and suggested they have a webcam positioned so he could see them die. Mark Drybrough, 32, of Coventry, England, hanged himself in 2005 and Canadian Nadia Kajouri, 18, jumped into a frozen lake and died in 2008. The high court remanded the case to the lower court to decide whether there's enough evidence to convict Melchert-Dinkel of "assisting" those suicides. [Minnesota v. Melchert-Dinkel, Minn. Sup. Ct., A11-0987, 3/19/14; AP, 3/20/14; Courthouse News Service, 3/27/14]
- Belgium:** In April, two official complaints to Belgian authorities were filed against Dr. Wim Distelmans, a clinical professor of palliative care at Brussels University Hospital who is called the country's "father of euthanasia." The two separate complaints were filed by the children of patients who suffered from depression and were euthanized by Dr. Distelmans. Prof. Tom Mortier filed his complaint on April 9, stating that Distelmans had given his mother, Lieve De Troyer, a lethal injection, and her children were not informed of her euthanasia death until the following day. Distelmans had ended the life of Mortier's mother on the recommendation of only one psychiatrist. Other psychiatrists had refused to approve her death request because they felt her depression was treatable. Mortier had previously filed a complaint with the Belgian Medical Association.

The second complaint was filed by a woman, identified in reports only as Margo, stating that Distelmans euthanized her mother without ever treating her for depression or referring her for proper care. In her statement to the newspaper *De Standard*, Margo asked, "How could someone who has not even received treatment for depression get euthanasia?" She said that her mother would never have told Distelmans that she wanted to die. Like Mortier, Margo was not told ahead of time about her mother's death.

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Distelmans claims that both cases were in complete compliance with Belgium’s euthanasia law. But, since he is the chairman of the Euthanasia Control and Assessment Commission—the official group charged with judging whether doctors comply with the law—it is unlikely the commission would counter his claim. The fact that he practices euthanasia is in direct conflict with his role as the commission head. [Belga, 4/23/14; rtl.be, 4/24/14; *Global Dispatch*, 5/4/14; Mercator.net, 1/5/14]

In addition to these two cases, Distelmans has come under fire for other questionable euthanasia deaths, including his administering lethal injections to 45-year-old deaf twins who wanted to avoid the likelihood of blindness and his terminating the life of a 44-year-old who had undergone a botched sex-change operation.

● **Switzerland:** The claim that there is no slippery slope associated with assisted suicide flies in the face of recent documented cases in Switzerland. Earlier this year, Oriella Cazzanello, an 85-year-old, healthy Italian woman, paid almost \$14,000 to the Swiss death clinic Dignitas for an assisted suicide because she was aging and losing her looks. Her attorney found out about her demise when he received her death certificate. He had to break the news to her family. [ANSA, 2/20/24; *Daily Mail*, 2/20/14]

In April, another physically healthy woman, identified only as Anne, went to Dignitas for an assisted suicide. Anne was an 89-year-old retired British art teacher who said she could not cope with all the new modern technology (computers, smart phones, etc.) and how it has changed society. [*Daily Telegraph*, 4/7/14; *Mirror*, 4/6/14] ■

The Patients Rights Council is a human rights group formed 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.

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