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Patients Rights Council

Update

Compassion & Choices reveals assisted-suicide strategies in targeted states

The national assisted-suicide activist group Compassion & Choices (C&C), formerly the Hemlock Society, is pulling out the stops to get more states to adopt its agenda and legalize doctor-prescribed suicide.

Currently, only Oregon, Washington, and Vermont have legalized assisted suicide by voter approval or legislative action. A court decision in Montana found that there was no explicit state law or policy banning doctor-assisted suicide, and another ruling in New Mexico, currently under appeal, legalized the practice in one county. In three of those states, C&C is actively recruiting patients and doctors to participate in assisted-suicide deaths under the guise of educating people about their “death with dignity” or “aid in dying” law.

C&C explained its strategies for targeted states in the latest edition of *Compassion & Choices Magazine*.

California: C&C’s most concentrated push for legalization is focused on California, the only West Coast state that has repeatedly rejected euthanasia and/or assisted-suicide measures (one voter initiative and six legislative bills) since 1992. C&C has developed a “smart plan”—likely with paid professional help—to bring California in line with Oregon and Washington. Campaign centers in Northern and Southern California have been established to recruit volunteers, host community meetings, build grassroots support, and meet with public officials to get favorable “death with dignity” resolutions passed. The goal is to legalize doctor-prescribed suicide in the Golden State within four to five years.

Colorado: C&C expects that an assisted-suicide bill will be introduced in the state legislature next year by State Rep. Lois Court. The activist group has already hired “communication and

lobbying experts” in Denver and is dispatching spokespersons to major events—especially senior citizen gatherings—to build public support.

Connecticut: The defeat of assisted-suicide bills as recently as 2009, 2013, and 2014 has not deterred C&C from continuing its push for legalization. C&C’s Connecticut team has convinced the state chapter of the National Association of Social Workers to add an “aid in dying” position question on its political candidate questionnaire. C&C has also initiated the “Ask the Question” campaign in Connecticut, a campaign that enlists supporters to question political candidates regarding their stand on doctor-prescribed suicide.

Maryland: Earlier this year, C&C challenged Maryland’s gubernatorial candidates to promise to pass assisted-suicide legislation if elected. Del. Heather Mizeur made headlines on

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Policies against giving CPR prohibited in US nursing homes

Last October, the Centers for Medicare and Medicaid Services (CMS) issued a memorandum emphatically prohibiting the establishment and implementation of policies that do not allow nursing home staff members to administer cardiopulmonary resuscitation (CPR) to patients experiencing cardiac arrest.

CMS issued the clarification on “No-CPR policies” after the national media reported on a California case involving an elderly woman in a senior living facility who was in respiratory distress. A nurse at the facility had called 911, but when the emergency dispatcher told her to perform CPR on the woman until the paramedics arrived, the nurse refused, saying that

the facility’s No-CPR policy prohibited it. The woman died. [*LA Times*, 3/5/13]

According to the CMS memo, “nursing homes must provide basic life support,” including CPR, to residents “in accordance with the resident’s advance directives or in the absence of advance directives or a Do Not Resuscitate (DNR) order.” Furthermore, “CPR-certified staff must be available at all times.”

CMS acknowledged that CPR is often ineffective in elderly patients, but said the number of younger and more culturally diverse residents in nursing homes has been increasing, making individualized care necessary. [Memorandum 14-01-NH, 10/18/13] ■

Belgian and Dutch euthanasia practice continues to expand and shock the world

The list of euthanasia-eligible patients in both Belgium and the Netherlands keeps getting longer as government officials and doctors continue to judge the mental distress of physically healthy individuals as constituting “unbearable suffering”—a requirement for an induced death in each country’s euthanasia law. The following two cases are “firsts” for both countries.

In September, a Belgian court agreed to the euthanasia death of Frank Van Den Bleeken, a 50-year-old convicted murderer and rapist. The country’s justice minister then approved the transfer of Van Den Bleeken from prison to a hospital where he will be given a lethal injection. No date for his death has been released.

Van Den Bleeken claimed his mental suffering while incarcerated without adequate psychiatric treatment was unbearable. Knowing that he would be a danger to society if released, he gave Belgian officials an ultimatum: transfer him to a Dutch penal facility capable of providing the specialized psychiatric treatment he needs to overcome his violent sexual impulses and behavior or allow him to be euthanized. Officials denied the treatment transfer earlier this year. Reportedly, after Van

Den Bleeken’s euthanasia request was granted, 15 other prisoners said they would consider euthanasia as a solution to their unbearable suffering as well. [*Expatica Belgium*, 9/15/14; AP, 9/16/14; *Independent*, 9/16/14]

Meanwhile, in the Netherlands, the End of Life Clinic in the Hague has euthanized a partially paralyzed woman in her 80s simply because she did not want to live in a nursing home. The clinic specializes in providing euthanasia for patients whose own doctors have refused the patients’ euthanasia requests.

In this unnamed woman’s case, clinic doctors decided that she must be suffering unbearably because twenty years ago the woman signed a statement that she did not want to live in a nursing home, a sentiment she repeated 18 months ago. An independent doctor also saw the woman and concluded that she was suffering unbearably based on her gestures and her repeated use of the term “kan niet,” meaning “I can’t go on any longer like this.” The official Dutch euthanasia review committee said the doctors had failed to exercise proper care in this case. [*Dutch News*, 8/27/14; *Trouw*, 8/27/14; *Bioedge*, 8/30/14] ■

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April 15 when she publically pledged her support and made doctor-assisted suicide part of her platform. She was defeated in the June primary, but C&C said it will continue to ask other candidates to pledge support for “end-of-life choice.”

Massachusetts: There have been numerous measures—a voter initiative in 2012 and six bills between 1995 and 2013—to legalize assisted suicide in Massachusetts, all of which have failed. Refusing to accept defeat, C&C has launched its “Six-Words Portrait Project” in the Bay State. Twenty-six state residents—described by C&C as “faith leaders, physicians, business people and several Massachusetts lawmakers”—have already written six-word statements on the reasons they support doctor-prescribed suicide. After sitting for a professional photo shoot, their pictures will be added to their respective statements for posters and other forms of advertising.

New Jersey: A current New Jersey assisted-suicide bill (A 2270) was scheduled for a full Assembly vote on June 26, but its sponsor, Assemblyman John Burzichelli, suddenly pulled it from the docket due to a lack of votes. He told reporters

that he will bring it up again for a full vote in the fall. C&C said it planned to continue its intensive legislative lobbying efforts and volunteer phone calls throughout the fall.

Montana: While the Montana Supreme Court ruled in 2009 that there was no state prohibition against doctor-prescribed suicide, the state legislature could still pass a law making the practice illegal. To guard against that happening, C&C has formed a new PAC, Montanans for Death with Dignity, to support political candidates who back assisted suicide and oppose those who don’t. Also, as part of their Montana education effort, C&C is meeting with doctors at medical conferences and in their individual practices “to make sure physicians are prepared to talk with their patients about end-of-life choices.”

Oregon: Even though assisted suicide has been legal in Oregon since 1997, C&C decided there is a need for more education on the subject. It has launched the “Oregon Access Campaign,” basically a campaign to promote the prescribed-suicide option. C&C claims that the campaign is simply an effort “to make sure we’re doing every-

thing possible to help Oregonians understand how the law works and how to access it.”

New Mexico: Last January, in a case filed by C&C and the New Mexico ACLU, Second District Judge Nan Nash ruled that terminally-ill patients have the right to obtain the means to commit suicide from their doctors—a judgment limited to only Bernalillo County. Now C&C is working with the ACLU “to monitor the legislative landscape for bills that could set back that vital ruling.” Legal teams from both groups are also fighting the state’s appeal of Judge Nash’s ruling. Meanwhile, C&C is continuing to pitch its agenda to New Mexico’s doctors and the public. [*Compassion & Choices Magazine*, Summer 2014]

Vermont: It’s been well over a year since Vermont legalized doctor-prescribed suicide, yet no patient has actually ingested prescribed lethal drugs. To remedy this, C&C has hired a new state director to travel around the state to promote the new law, encourage terminally-ill patients to consider assisted suicide, and generally get the public and doctors more comfortable with the law. [Vermont Public Radio, 9/10/14] ■



News briefs from home & abroad . . .

- Minnesota:** A majority of Minnesota Supreme Court justices have ruled that a professional guardian appointed to make medical decisions on behalf of an incompetent patient has the authority to order the removal of that patient's life-support without court review if all parties agree that the patient has no hope of recovery. The case involved 53-year-old Jeffers Tschumy, who suffered brain damage from a lack of oxygen after choking on a sandwich in 2012. Since he had no family and no advance health care directive, Joseph Vogel, a professional guardian with no prior knowledge of Tschumy, was appointed his legal guardian. A hospital ethics committee sought a court ruling on a guardian's legal authority after Vogel ordered the removal of Tschumy's life sustaining treatment. One dissenting justice wrote that he is afraid that the majority ruling will have far-reaching consequences. The state law, he said, does not give a guardian the power to order the death of a person. [MPR, 9/17/14; Courthouse News Service, 9/18/14]
- Canada:** The Canadian Supreme Court will hear arguments in *Carter v. Canada* on October 15, 2014. The case, originally brought by the British Columbia Civil Liberties Association and four other plaintiffs, challenges the constitutionality of Canada's law banning assisted suicide. Lawyers for the federal government said they will argue that an absolute ban on assisted suicide is necessary to protect society's most vulnerable people. "An absolute prohibition sends the message that all lives are valued and worthy of protection from those who may subtly encourage vulnerable people to terminate their lives," the lawyers said. [Global News, 9/2/14] The Supreme Court heard a similar case more than 20 years ago and ruled in support of Canada's assisted-suicide law. But some argue that a lot has changed since then.
- Belgium:** Tom Mortier, a professor at Leuven University College near Brussels, has filed a complaint with the European Court of Human Rights concerning his mother's euthanasia death at the hands of Belgium's foremost euthanasia advocate, Wim Distelmans. Mortier's mother, Godelieva De Troyer, was clinically depressed, not terminally ill. Her long-time doctor had refused her euthanasia request, saying her depression was treatable. She then went to Distelmans, an oncologist with no psychiatric training. After she gave a 2,500 Euro donation to his organization, Life End Information Forum, he agreed to euthanize her because of her "untreatable depression." Three other doctors with no prior history treating De Troyer concurred with Distelmans. She was given a lethal injection in April 2012. Her unsuspecting family was not notified of her death until the next day. "A person can claim that she should be able to do whatever she pleases, but that does not override the government's responsibility to protect the weak and vulnerable," said Robert Clarke, an Alliance for Defending Freedom lawyer who is representing Mortier before Europe's highest court. [MercatorNet, 9/4/14; Global Dispatch, 9/17/14]
- Switzerland:** The assisted-suicide industry is booming in Switzerland largely because the country lacks clear assisted-suicide regulations. According to a study published in the *Journal of Medical Ethics*, that's why there has been such an influx of "suicide tourists" in recent years. In fact, the number of foreigners going to Switzerland to die doubled between 2008 and 2012, with all but four of the 611 foreigners ending their lives at Dignitas, an assisted-suicide clinic in Zurich. They came from 31 countries in all, most from Germany (268) and the UK (126). Twenty-one (21) were from the US. Increasingly, people with non-fatal conditions—non-terminal neurological illnesses and rheumatic or connective tissue diseases—are making the one-way trip to die. [Journal of Medical Ethics, 8/20/14]

The suicide business is also booming for Swiss citizens. The assisted-suicide organization Exit, which does not accept

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News briefs from home and abroad, continued from page 3

foreigners, said it is receiving 60 to 100 new membership requests a day as opposed to less than 60 new requests a day 18 months ago. [Reuters, 8/11/14]

- **United Kingdom:** According to a recent UK Medix Poll, British doctors have hardened their opposition to assisted suicide, with fewer than one in five willing to actually help patients end their lives. The poll, taken July 18 to July 25 this year, surveyed 600 UK doctors by email. It found that 58% said they were opposed to assisted-suicide legalization. This was a 13 point increase from when Medix asked the same question a decade ago. Just 29% favored a change in the law, a 5 point decrease from the 2004 figure. Many of the doctors expressed being uncomfortable with the idea of physicians intentionally ending patients' lives. Only 19% indicated they

would offer the death service if the law changed; 56% refused all involvement; and the rest were unsure. [Medix, Euthanasia & Physician-assisted Suicide Poll, July 18-25, 2014]

The poll was timely since Britain's House of Lords is currently considering a bill by Lord Falconer that is modeled on Oregon's assisted-suicide law. The Lords conducted a marathon 10-hour debate on July 18, during which it became evident that they are deeply divided on the issue. The "Assisted Dying Bill" is in the committee stage where it will be further scrutinized.

Alistair Thompson, from Care Not Killing said, "Doctors know that [assisted suicide] is not needed, will take money away from palliative care, and it will damage the relationship they have with their patients." [The Times (London), 8/23/14] ■

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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