



More charges filed against Final Exit Network

New charges have been filed in Arizona against the Final Exit Network (FEN), a national network of volunteers who travel around the country to assist the suicides of its members. Earlier this year, four FEN suicide facilitators were arrested in Georgia in connection with the death of a non-terminally ill man and charged with felony assisted-suicide, tampering with evidence, and violating the Georgia RICO Act. (For more on this case, see *Update*, 2009, no. 2.)

The new Arizona indictments center on the assisted suicide (by helium asphyxiation) of Jana Van Voorhis, 58, in April 2007. Van Voorhis had a long history of mental illness dating back to her high school days when she was admitted to a psychiatric hospital. The year before she died, her psychiatrist, Dr. Michael Fermo, wrote in her medical record that Van Voorhis was “increasingly becoming psychotic, claiming the roof rats have been overtaking her home, sneaking into her house and attacking her.” According to her sister, Viki Thomas, any physical ailments Van Voorhis had were more imaginary than real. “She called her doctors constantly with lists of aches and pains,” Thomas said. One doctor even “fired” her as his patient and wrote in his notes that she “believes she has holes in her belly, feet, and liver.” [*Phoenix New Times*, 8/23/07]

But, the two FEN volunteer “exit guides” charged with facilitating Van Voorhis’ death were not troubled by her state of mind. Senior exit guide Wye Hale-Rowe, from Colorado, told a reporter shortly after the suicide that she didn’t think Van Voorhis was seriously mentally ill. “Jana was in the throes of what we call existential suffering,” she explained. “Even though their physical pain may be managed, just being alive is a burden.” The other exit guide indicted for Van Voorhis’ death is Frank Langsner from

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Washington State: First deaths under new assisted-suicide law revealed

Since Washington’s “Death with Dignity Act” took effect on March 5, 2009, there have been two known assisted-suicide deaths.

The announcements of the deaths came from the assisted-suicide advocacy group Compassion & Choices (C&C), formerly the Hemlock Society. C&C was the main force behind the passage last year of the assisted-suicide ballot measure, Initiative 1000, and considers itself the “steward” of the new law—the same role it has assumed in Oregon in regards to that state’s assisted-suicide law. C&C readily admits that, in 2008 alone, it facilitated 88% of Oregon’s assisted suicides. [*Oregonian*, 3/4/09]

According to C&C’s press release, Washington’s first death was that of Linda Fleming, 66. She had been diagnosed with stage IV pancreatic cancer only a month before her induced death, and the “disease progressed rapidly and her pain worsened.” She said that pain medications were “making it difficult to maintain the state of mind I wanted to have at my death.” Fleming died on May 21, 2009, after ingesting the lethal drug overdose her doctor prescribed. Present at the time were her daughter, her dog, her doctor, and a C&C Client Support volunteer. [C&C of WA, Press Release, 5/22/09]

C&C of Washington’s executive director, Robb Miller, called Fleming’s assisted death “a form of comfort care.” [*Peninsula Daily News*, 5/24/09] When asked if he knew that Fleming—who was divorced—had had financial problems, that she had been unable to work due to a disability, and was forced to declare bankruptcy in 2007, Miller said he was unaware of all that, but that her case presented “none of the red flags” that would cause C&C to reconsider supporting her suicide request. [*New York Times*, 5/23/09]

The second known assisted-suicide death was also announced by C&C of Washington, but, this time, the person was not identified. The group told Associated Press that the family wished to remain anonymous, and no further details would be released. [AP, 6/3/09]

C&C often issues press releases as a tactic to make the public and health care professionals more comfortable with assisted-suicide practice and to

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Overview: Attempts to legalize euthanasia/assisted suicide in the U.S.

When Oregon became the first state in the U.S. to legalize physician-assisted suicide (PAS), advocates predicted that there would be a rapid “domino effect,” and other states would soon follow Oregon’s lead. But that didn’t happen.

It took 14 years before another state legalized the practice, and, even then, only after advocates spent more than a year preparing for the campaign and eventually raising almost five million dollars to insure the victory they so desperately wanted. Paid consultants determined that Washington State offered assisted-suicide advocates the best chance of success. It was demographically most like Oregon and, therefore, most likely to favor assisted suicide. Their prediction proved correct.

But, since Oregon legalized PAS in 1994, other states have rejected assisted-suicide measures, many multiple times. In fact, between January 1994 and June 2009, there were 113 legislative proposals to legalize assisted suicide introduced in 24 states. All were either defeated, tabled for the session, or languished with no action taken.

Moreover, of the six ballot initiatives to legalize assisted suicide and/or euthanasia—Washington State (1991), California (1992), Oregon (1994), Michigan (1998), Maine (2000), and Washington State (2008)—only the Oregon initiative and the 2008 Washington initiative passed.

For a complete listing, by state, of all the U.S. ballot initiatives and legislative measures, see: <http://www.internationaltaskforce.org/usa.htm> ■

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Scottsdale, Arizona. Apparently, he believed Van Voorhis when she claimed to have serious physical conditions. He told police in 2007 that her “illnesses” included a lesion on her liver, possible breast cancer, and other serious problems. [*Phoenix New Times*, 8/23/07]

The two other FEN officials indicted in the case are regional coordinator Roberta Massey and FEN medical director Dr. Lawrence Egbert, who is also charged in the Georgia case. Egbert has approved all of the estimated 200 FEN suicide deaths since the group formed in 2004. In the Van Voorhis case, Egbert approved her suicide assistance request after speaking with her on the phone, not in person. [*Phoenix New Times*, 8/23/07, 2/25/09]

Commenting on the Van Voorhis case, FEN’s president, Jerry Dincin, said, “We didn’t even know she had a mental illness. She gave us the medical records that indicated that she had severe enough problems that she didn’t want to live anymore, and our medical director agreed.” Dincin, a retired psychologist, added that those medical records indicated that she had a physical illness, but did not disclose what it was. [*Arizona Republic*, 5/15/09]

FEN exit guides Langsner and Hale-Rowe have been indicted for manslaughter and conspiracy to commit

manslaughter. Massey and medical director Egbert face only the conspiracy charge.

According to Maricopa County Attorney Andrew Thomas, when the two exit guides arrived the night of Van Voorhis’ death, “they made sure to park their vehicle in the garage and not on the street” to avoid detection. Then, after she was dead, they “arranged the victim in a sleeping position” and put the equipment used to kill her (helium tanks, exit bag, tubing, and valve) in three trash bags that they dropped in three different, “pre-selected office trash sites in the area.” [Press Release, Maricopa County Attorney, 5/14/09]

It was a procedure straight out of FEN’s step-by-step exit guide training manual. The manual—confiscated by Arizona police during their investigation—also tells would-be guides that they are “special” people, and they should “keep a sense of celebration” about the deaths they help bring about. The manual suggests that, after the suicidal member is dead, the two exit guides assigned to the case should “go to a restaurant to quietly celebrate.” Exit guides, the manual states, are “attracted” to FEN’s suicide service “because of a compassionate interest.” “Sometimes that means to ‘hear’ a desperation that the member does not know how to communicate and softly

voice it for them.” [Quotes from AP, 4/22/09]

Langsner made a somewhat similar comment after Voorhis’ death. He told police that to help people end their lives successfully, “You help get them in a frame of mind that they want to do it.” [*Phoenix New Times*, 8/23/07]

After obtaining data from FEN’s computers, the FBI, the Georgia Bureau of Investigation, and local police departments are also investigating possible FEN deaths in Connecticut, Ohio, and other states. [AP, 5/29/09; *Hartford Courant*, 5/30/09; *Columbus Dispatch*, 6/15/09]

According to Derek Humphry, co-founder of the Hemlock Society and chairman of FEN’s advisory board, defense lawyers will argue that FEN volunteers merely provided “information and moral support,” and that their activities are protected by the First Amendment’s free speech clause. [Humphry, Assisted Suicide Blog, 6/14/09] But ITF Associate Director Wesley J. Smith disagrees. “The allegations are that these defendants did more, such as hold down the hands of the person dying and clean up the scene to cover up the induced death,” he explained. “If either—or both—of the allegations are true, then the FEN defendants went way beyond mere speech into the realm of action.” ■

ITF submits “friend of the court” brief in Montana Supreme Court appeal

The Montana Supreme Court will hear an appeal later this year on the decision handed down by District Court Judge Dorothy McCarter that single-handedly legalized physician-assisted suicide (PAS). Her December 5, 2008, ruling took effect immediately, putting patients at risk. When the state attorney general’s office appealed the decision, McCarter refused to stay her ruling until after the state’s highest court ruled on the matter. The result is that PAS is currently legal in Montana—at least until the supreme court rules otherwise.

The case, *Baxter v. Montana*, was spearheaded by Compassion & Choices (C&C) and challenged Montana’s law banning assisted suicide. McCarter sided with C&C, finding that the law violated the rights to privacy and dignity guaranteed in the Montana Constitution. (For more on this case, see *Update*, 2009, no. 1.)

The ITF has submitted an *amicus curiae* (friend of the court) brief to the Montana Supreme Court in support of overturning McCarter’s ruling. The brief—submitted by attorneys Rita Marker, ITF’s executive director, and Nickolas Murnion, a Montana lawyer—was written on behalf of the

ITF, suicide prevention specialist Herbert Hendin, M.D., and constitutional law expert Professor Yale Kamisar. The brief addresses claims McCarter made in her ruling that PAS practice in Oregon is working well, abuse free, and has improved the quality of health care in Oregon. Here are some excerpts:

- The District Court mistakenly declared that “abuses can be controlled by state law,” citing the “numerous requirements to avoid such potential abuses” in Oregon’s law. Oregon’s “laboratory” results are inconclusive, at best, since what takes place in that laboratory is shrouded in secrecy, precluding the possibility of knowing whether there are individuals whose lives have ended mistakenly or under pressure. [ITF Brief, p. 4]
- Oregon’s annual official reports convey the notion that assisted suicide in the state has not resulted in any problems or abuses. However, information in those reports is questionable at best since it is based on self-reports by the same doctors who carry out assisted suicide... Furthermore, Oregon officials in charge of formulating annual reports have conceded “there’s no way to know if additional deaths went

unreported” because the Oregon Department of Human Services “has no regulatory authority or resources to ensure compliance with the law.” [p. 6]

- Oregon Department of Human Services admits that “approximately one year from publication of the Annual Report, all source documentation is destroyed.” Therefore, even if investigations were provided for under the law, there would be no way to check on information that had been submitted after one year had elapsed. [p. 11]
- When assisted suicide is a legally-accepted, inexpensive medical treatment, the force of economic gravity can lead to increased pressure on patients to request, and doctors to prescribe, assisted suicide. [p. 16]
- Among the claims made by those who support Oregon’s law is that a high percentage of patients are in hospice care and that pain control has been enhanced... Since Oregon’s law went into effect, effective pain management has actually decreased due, at least in part, to understaffing and underfunding for effective symptom management. [pp. 9-10]

The complete brief is available at www.internationaltaskforce.org. ■

Washington State: First deaths under new assisted-suicide law revealed, *continued from page 1*

encourage more doctors to write lethal drug prescriptions. In Washington, most physicians and health-care facilities have refused to participate in assisted suicide due to ethical and other reasons. [AP, 3/2/09; *Yakima Herald-Republic*, 3/3/09]

Washington State’s Department of Health (DOH), the agency responsible for compiling annual assisted-suicide reports, maintains a count on its web site of the number of official reporting forms it has received relative to the various steps involved in the assisted-suicide process. [DOH web site: www.doh.wa.gov/dwda/formsreceived.htm]

As of June 22, 2009, 14 patients have submitted forms requesting assisted suicide. In addition, the DOH has received 14 “Attending Physician’s Compliance” forms, 14 “Consulting Physician’s Compliance” forms, 13 “Pharmacy Dispensing Record” forms, and five “Attending Physician’s after Death Reporting” forms. In other words, 14 prescrip-

tions for life-ending drugs have been written for 14 death-requesting patients, after their attending physicians and consulting physicians deemed them qualified for assisted suicide. The drugs have been dispensed to 13 of the patients.

While five “after death” report forms have been submitted, there is no way to know whether those deaths were all assisted suicides, since the form is also used to report the natural deaths of patients who had received lethal drugs, but opted not to take them.

In addition, the DOH reports that it has received two “Psychiatric/Psychological Consultant’s Compliance” forms, which means that two patients were referred for a psychological consultation before receiving their lethal prescription.

The DOH is barred by the new law from revealing the names of patients, doctors, pharmacists, and other health care workers involved in assisted-suicide deaths. ■

Assisted suicide debate rages in the United Kingdom

The U.K. is currently embroiled in heated debate over assisted suicide—a debate fueled by assisted-suicide proponents who use the media to personalize the issue with compelling “hard cases.” The goal is to pressure parliament to define and change the existing law prohibiting assisted suicide.

The British House of Lords is currently considering two assisted-suicide proposals. Both deal with clarifications of and/or amendments to Britain’s Suicide Act of 1961, which prohibits aiding, abetting, and procuring another’s suicide. Violators could face up to 14 years in prison.

Debbie Purdy case

The first issue before the House of Lords is a petition by 46-year-old multiple sclerosis patient Debbie Purdy, a member of the Swiss assisted-suicide group Dignitas. Purdy wants firm assurance that her husband will not be prosecuted if he accompanies her to Dignitas to die. She was unsuccessful in previous attempts before Britain’s High Court and Court of Appeal. The courts ruled that only parliament could give her the assurance she wants since the existing law would have to be changed.

Purdy, a very charismatic woman and well liked by the public and the media, presented her case before a five-member House of Lords panel on June 2, 2009. Her lawyer, Lord David Pannick, argued that unless Purdy knows that her husband will not be prosecuted, she will be forced to go to Switzerland alone while she still has the capacity to travel. That would force her to die sooner than she would want. [*London Times*, 6/2/09; *Telegraph*, 6/2/09; Reuters, 6/2/09]

ITF Associate Director Wesley J. Smith called the lawyer’s argument “nonsense.” “Nobody is forcing Purdy to fly to Switzerland to kill herself,” he said. “That she might wish to do it someday does not make it a ‘necessity.’ Indeed, accede to this sophistic argument and the whole potential for suicide prevention flies out the window.”

Coroners & Justice Bill

Some high-profile parliament members want to change the law to remove any threat of prosecution for those who accompany loved ones abroad to die in countries where assisted suicide is legal. They are attempting to add an amendment to an already proposed amendment to the Suicide Act. The Coroners & Justice Bill Amendment was originally crafted to put a stop to web sites that encourage vulnerable people to commit suicide. Now Lord Charlie Falconer, the former lord chancellor and justice secretary, has authored an additional provision that would exonerate those who accompany an ill person to other jurisdictions to die if two “medical practitioners” have certified that the person is terminally ill and has the mental capacity to choose to die. In addition, the person must have made a written declaration that he or she wants to die, and that declaration must be witnessed by an “independent witness” who is “unlikely to benefit in any way from the death.” [Falconer, “A More civilized approach to suicide,” *London Times*, 6/3/09]

But Dr. Peter Saunders, the head of the Care Not Killing Alliance, accused Lord Falconer of hijacking the Coroners & Justice Bill. “Lord Falconer’s amendment is a recipe for the abuse and exploitation of vulnerable people,” he warned. “It is dangerously naïve to suppose that people who are helped to commit suicide are always ‘loved ones.’” [*Daily Mail*, 6/3/09, 6/6/09]

Dignitas

According to British pro-assisted suicide group Dignity in Dying, decriminalization of suicide tourism is needed because Dignitas has already assisted the suicides of 113 British citizens. (Another two deaths were facilitated by EX International, a new Swiss suicide group.) Almost 800 Britons are members of Dignitas (indicating an intent to end their lives sometime in the future). Thirty-four are already approved by Dignitas for an imminent death. [Dignity in Dying, “Report: A law out of step,” 6/1/09] Dignitas’ records reveal that some of those who died had non-terminal conditions such as Crohn’s disease, rheumatoid arthritis, and paralysis. [*Guardian*, 6/21/09] ■

Petition to close Dignitas after healthy man dies

More than 17,000 Swiss protesters have signed petitions to close down Dignitas and tighten Switzerland’s assisted-suicide law. Organizers hope that putting Dignitas out of business will also put an end to the country’s reputation for being the suicide tourism capitol of the world. Authorities in Zurich are backing the call for the federal government to change the law, but neither the Zurich officials nor the protesters want assisted suicide to be made illegal. Instead, they want the practice available to only those who have lived in the country for one year. [*Austrian Times*, 5/27/09] But the Federal Cabinet is divided on the issue and has called for the public to submit comments on the matter. The government is deliberating two options: a stricter assisted-suicide law or an outright ban on suicide clinics. [World Radio Switzerland, 6/18/09]

The controversy over Dignitas escalated after the March 14, 2009, death of Andrei Haber, 62, a physically healthy Swiss man who was severely depressed over a series of failed relationships and an unpleasant divorce. When shocked relatives and friends complained to authorities, Judge Philippe Barboni investigated the case and determined that Dignitas committed no crime, since Swiss law allows assisted suicide as long as it is done without selfish motives. [*National Post*, 5/16/09] ■



News briefs from home & abroad . . .

- If Canadian MP Francine Lalonde gets her way, both euthanasia and assisted suicide will be legal in Canada. Her third attempt to legalize both practices is Bill C-384, which would amend the country's Criminal Code to allow doctors to aid "a person to die with dignity." To qualify for this death service, a person needs to be 18 or older and *either* terminally ill *or*, "after trying or expressly refusing the appropriate treatments available," continues "to experience severe physical or mental pain without any prospect of relief." Regarding mental capacity, the person isn't required to be competent, only to "appear to be lucid" at the time he or she requests death. [Bill C-384, § 222 (7)]

The wording of the bill leaves qualification for the killing option wide open. The person need not even be physically ill. Mental illness will suffice. Even if there are appropriate, effective treatments available that the person has refused, the individual is still eligible for an induced death. And there is no definition of "terminally ill." It could be interpreted to mean a projected life expectancy of six months, a year, five years, or longer—or, as Jack Kevorkian defined it, having "any disease that curtails life for even a day." [Kevorkian, speech to National Press Club, *USA Today*, 10/28/92]

When Lalonde officially introduced her bill on May 13, 2009, she told the House of Commons, "The time has come for this Parliament to find a way to decriminalize medical assistance in dying, which is of such vital importance to those whose suffering can no longer be relieved except by this ultimate compassion." Her statement prompted one Canadian commentator to write, "But when you read the small print, her bill includes depressed 18-year-olds who refuse 'appropriate treatments' like say, refusing to take their Prozac. So killing off depressed teens who refuse their meds is now 'ultimate compassion.' The euphemism is nauseating." [Licia Corbella, "Legalized euthanasia leads to no choice, ever," *Calgary Herald*, 5/16/09]

- Independent Scottish Parliament Member Margo MacDonald has gotten the required number of her peers to back her proposed assisted-suicide bill. She needed 18, but managed to get 21 fellow parliament members to sign on. "I'm not claiming everyone who signed it agrees with me because the whole purpose of having the bill is to take one step at a time—getting the bill, having it investigated, analysed and decided on," she told the press. "That's quite a long process and it should be because it's a very serious new law I'm pro-

posing." The final version of her bill, "**The End of Life Choices (Scotland) Bill**," has yet to be drafted. The next step is to consult with parliament officials for help in writing the final draft. The bill would likely then go the Health Committee later this year. [*The Scotsman*, 4/24/09; *The Herald*, 4/25/09] MacDonald, who has **Parkinson's disease**, has indicated that her bill will have three categories of patients who would be eligible for assisted suicide: (1) those who are terminally ill; (2) those with progressive or degenerative conditions, such as Parkinson's disease; and (3) those who are totally dependent on others as a result of trauma from crashes or sports injuries. [*The Scotsman* 3/25/09; BBC, 3/25/09]

- In May, Tasmania Parliament Member Nick McKim introduced his "**Dying with Dignity Bill 2009**," a measure to legalize assisted suicide. At the time, he was extremely optimistic that the bill would easily pass the House of Assembly. "The Upper House," he said, "will be a little bit more difficult." But, in June, it became apparent that his bill wouldn't have the clear sailing he had hoped. Instead, it will be referred to a select committee for study. "What I am worried about is this committee giving weak-minded Lower House members an excuse to vote against my bill," he told reporters, "and I am also worried it will not report in any timely way." [ABC, 5/26/09; *The Mercury*, 6/8/09] A poll of state politicians, conducted by the *Sunday Examiner* newspaper, found that McKim's bill would likely be defeated by a slim margin. [*Sunday Examiner*, 5/31/09]
- Amelie Van Esbeen, a 93-year-old Belgian woman, was not ill, but wanted to die. Her doctors in Belgium refused her request for euthanasia because she wasn't qualified under the country's 2002 euthanasia law that requires the patient to be suffering from a "serious terminal illness" or "constant and unbearable pain that cannot be relieved." So the woman went on a hunger strike. After 10 days of not eating, Van Esbeen again requested euthanasia. This time a different doctor granted her written request and helped her die on March 24, 2009. Apparently, being on a hunger strike qualifies as a terminal condition. Her death has added to the controversy in Belgium over euthanasia and assisted suicide (both legal) for minors, people with dementia, and those not terminally ill. A recent survey found that 76 children had been euthanized in the past

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two years—22 of them were babies. [Expatica Belgium, 4/4/09]

- In the Netherlands, the number of reported euthanasia and assisted-suicide deaths in 2008 rose by nearly ten percent over the previous year. The 2008 reported death toll was 2,331 as opposed to 2,120 induced deaths in 2007. According to Jan Suyver, head of the Dutch committee overseeing euthanasia practice, there will likely be a twenty percent rise in reported cases in 2009. “Five months into 2009, the rise in reported cases is double that of last year,” he said. [Expatica, 5/30/09; German Press Agency, 5/29/09] The Netherlands formally legalized euthanasia and assisted suicide in 2001, but had allowed both practices to occur since 1973.

- Australia’s Dr. Death, Dr. Philip Nitschke, has been on the road proffering his latest invention, a do-it-yourself kit to test the quality and potency of the barbiturate Nembutal. Used primarily for putting down animals, Nembutal is Nitschke’s drug of choice for human euthanasia. But the drug is banned for human use in many countries, including Australia. So Nitschke tells the elderly and not-so-elderly that the drug is both available and cheap in Mexico. But not all Mexican vendors are reputable, so his euthanasia test kit is needed to make sure that people have the real thing and the potency is truly deadly. “People want reassurance they’ve not just bought a bottle of water,” he said. Nitschke launched his kit in the U.K. and is planning to bring it to the U.S. in September. [The Australian, 4/20/09] ■

The International Task Force on Euthanasia & Assisted Suicide is a human rights group formed in 1987 to meet the urgent need for individuals and organizations who oppose euthanasia to work together to: provide information on euthanasia and related issues; promote and defend the right of all persons to be treated with respect, dignity and compassion; resist attitudes, programs and policies which threaten the lives of those who are medically vulnerable.

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Executive Director: Rita Marker, J.D.
 Assoc. Director: Wesley J. Smith, J.D.
 Editor: Kathi Hamlon

International Task Force

P.O. Box 760
 Steubenville, OH 43952 USA
 1-800-958-5678

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