



2014
Vol. 28, No. 6

Patients Rights Council

Update

Brittany Maynard and the assisted-suicide campaign that went viral

Brittany Maynard captured the world's attention in only a matter of days after posting her heart-wrenching story online in early October. She was 29 years-old, newly married, extremely attractive, very articulate, and, tragically, terminally ill—diagnosed earlier this year with end-stage brain cancer and given only six months to live.

“Because the rest of my body is young and healthy,” she wrote in an article to CNN, “I am likely to physically hang on for a long time even though cancer is eating my mind. I probably would have suffered in hospice care for weeks or even months. And my family would have had to watch that.” “I did not want this nightmare scenario for my family,” she added, “so I started researching death with dignity.” [CNN.com, 10/7/14]

Maynard opted not to undergo the radiation treatment prescribed by her doctor because of the possible side effects and decided that doctor-prescribed suicide was the best option “for me and my family.” However, she never used the word “suicide” when she talked about her decision. In fact, she vehemently denied that taking drugs intentionally prescribed to end her life would be suicide. “There is not a cell in my body that is suicidal or that wants to die,” she told *People Magazine*. [People, 10/6/14] Instead, Maynard called what she had chosen by the usual assisted-suicide euphemisms, “aid in dying” or “death with dignity.”

But Maynard lived in California, where multiple measures to legalize assisted suicide had been repeatedly rejected by the voters and the legisla-

ture. So Maynard, her husband, her mother, and stepfather all moved to neighboring Oregon, where assisted suicide is legal and where Compassion & Choices—the former Hemlock Society—is the main facilitator for lethal drug deaths.

The campaign

Compassion & Choices (C&C) has a long history of using the highly emotional stories of terminally-ill patients to advance its assisted-suicide legalization efforts. Unlike most of those cases, however, Brittany was a different breed—young, charismatic, and appeared very much in control of everything except her cancer. C&C recognized her potential for spreading the assisted-suicide message, especially to a whole new, younger generation—one that highly values concepts

(continued on page 2)

Also in this Update

“When a political campaign is masked as a personal decision” <i>Rita L. Marker</i>	3
“The changing meaning of courage in the face of pending death” <i>Wesley J. Smith</i>	4
Assisted-suicide advocacy group obtains petition names “under false pretenses”	5
Updates on states targeted for assisted-suicide legalization	5
News briefs from home and abroad	7

Terminal diagnosis: other perspectives on dying & hope

In early October, Brittany Maynard told *People Magazine* that she had been diagnosed with stage IV glioblastoma, an aggressive type of brain tumor. “I’ve discussed with many experts how I would die from it,” she said, “and it’s a terrible, terrible way to die.” She further explained that she had opted for doctor-prescribed suicide because it was a “less terrifying” way to die. [People, 10/6/14] She had undergone surgery but later rejected both radiation therapy and hospice care because of possible side-effects and personally unacceptable suffering. [CNN.com, 10/7/14]

As her story went viral, other patients with the same brain cancer came forward and shared their personal views on dying. While no two cancer cases are identical, it is instructive

to know how other patients face their predicted deaths.

In 2010, 24-year-old Heather Knies was also diagnosed with stage IV glioblastoma and given only 6 months to live. She underwent surgery followed by chemotherapy and radiation treatments. Today she is a wife, mother, and is cancer-free. Knies said she was “heartbroken” over Maynard’s decision to end her life. “She [Maynard] didn’t want to go through it [treatment] and everyone has the right to choose. I just want people to know there’s another choice,” Knies said. “I just want anyone faced with a deadly disease to know if you put up a fight, you have a chance of winning, too,” she explained. [azfamily.com, 11/3/14]

(continued on page 2)

Brittany Maynard and the assisted-suicide campaign that went viral, continued from page 1

like personal “autonomy” and “choice,” concepts that C&C found—after years of polling and message testing—best advanced its lobbying and campaigning efforts. As C&C President Barbara Coombs Lee told NBC’s *Today Show*, “The movement has spent 20 years preparing itself for Brittany Maynard to give it real life.” [*Today*, 11/18/14]

According to Mickey MacIntyter, C&C’s chief program officer, it took C&C only a “few short weeks” after initially meeting Maynard to put together “a campaign to introduce Brittany to America—online, in print and through social media.” [C&C, email message, 10/9/14] And the online and print media were all too happy to cover the story and support the agenda.

People Magazine was the first to carry the story on October 6, entitled in part, “Why I’m Choosing to Die on My Own Terms.” CNN followed the next day with an article authored by Maynard, titled, “My right to death with dignity at 29.” Both articles contained an array of photos of Maynard and her husband, Dan Diaz, on their wedding day and other pictures taken in healthier times—courtesy of C&C and the website it created, thebrittanyfund.org.

Also posted on that website was a video of Maynard and her supportive family—the first in a series—explaining why she opted to end her life. The video went viral almost immediately. Soon Maynard’s story was headline news worldwide.

The website serves two purposes: to gain public approval for “aid in dying” and to provide a convenient conduit for increased donations directly to C&C’s coffers. The goal is to use the “Brittany Fund” to wage expensive campaigns and lobbying efforts to legalize doctor-assisted suicide in targeted states nationwide, but especially in California, Maynard’s home state.

Maynard’s plan

On the first day of the C&C campaign, Maynard revealed that she planned to

end her life on November 1 in the bedroom she and her husband shared. He, of course, would be there, along with her mother, stepfather, and best friend. She also said there was a chance that she would change her mind.

In a video C&C released on October 30 (but filmed on October 13), Maynard appeared to be putting off her target death date. “I still feel good enough and I still have enough joy and I still laugh and smile with my family and friends enough that it doesn’t seem like the right time right now,” she said. “But it will come, because I feel myself getting sicker.”

The headlines around the world mirrored the one in Maynard’s local California paper, “Terminally ill Brittany Maynard delays ending her life.” [*San Francisco Chronicle*, 10/30/14]

But on November 2, a short message appeared on C&C’s website: “We’re sad to announce the passing of a dear and wonderful woman, Brittany Maynard.” Tragically, she followed her plan after all and, on November 1, took the lethal drugs she had been prescribed.

C&C and Maynard: desired results

There is no doubt that C&C hit the public relations mother-lode, using Brittany Maynard as its spokesperson and developing and orchestrating an assisted-suicide campaign based on her emotional story. “Brittany Maynard is transformative for our movement,” Coombs Lee told *Time Magazine*, “I’ve never felt this energy or seen this level of engagement in any of our campaigns.” [*Time*, 11/1/14]

As for Maynard—a vivacious, adventurous, young woman who lived life passionately, who revered personal control and autonomy, but who felt her cancer had stripped all that away—C&C and its campaign gave her a reason to focus beyond her immediate situation and feel that she still had a purpose in life. She often talked about wanting to leave a legacy, something by which she would be remembered—and C&C, for its own reasons, made that happen.

We will be seeing a lot more of Brittany Maynard at strategic times in the future. C&C spokesman Sean Crowley told reporters, “We shot a lot of video with her,” adding that there will likely be more videos released in the future. [*People*, 11/19/14]

But beyond C&C’s political strategies, we are still left wondering about a different Brittany Maynard legacy—the hope-filled one that could have resulted from a different choice. ■

Terminal diagnosis.... continued from page 1

Stephanie Thigpen was seven months pregnant when she was diagnosed with stage IV glioblastoma and given a year to live. She had to undergo an emergency C-section followed by brain surgery. As she recovered in the hospital, she would look at the picture of her newborn son and say, “I can do this, and I will do this.” She had a tough battle, but she is now cancer-free. Her son is now 4 years-old, and she recently gave birth to a little baby girl. Her message to Maynard: “Just because they give you a deadline, doesn’t mean you have to take it.” [kdvr.com, 10/27/14]

Maggie Karner also has stage IV glioblastoma, but she has no intention to cut short her life. She wrote a letter to Maynard, saying in part, “Brittany, if you take your own life, the world will lose some of its beauty....” “No one is judging, but people are watching,” she wrote. “Let’s choose life for as long as we’ve got.” [fox2now.com, 10/30/14] Karner is concerned about the effect of Maynard’s message on other patients battling to live.

That’s also the worry of Denis Strangman, an Australian man whose wife died from brain cancer. He wrote an open letter to Maynard asking if she has considered how her public campaign will affect the hope of fellow brain cancer patients. “If your story does not make them feel that they should kill themselves, it can certainly make them worry that this idea is lodging itself more firmly in the minds of their friends, relatives, and society itself.” [Mercator.net, 10/24/14] ■

When a political campaign is masked as a personal decision

by Rita L. Marker

Imagine that you are standing in line at your supermarket pharmacy. As you wait to pick up your prescription, the pharmacist hands the person ahead of you a bottle filled with capsules. The prescription bottle contains a strong barbiturate sometimes used to temporarily treat insomnia or to calm a person for surgery. But this bottle doesn't contain the usual instructions to take one capsule. Instead it directs that person to take the entire bottle of capsules, all at the same time.

Then, you overhear the pharmacist explaining, "Open each of these capsules. Put the powder from them into a glass. Then, mix it all into a sweet beverage and drink it very quickly to cause death."

Unimaginable? No. That type of prescription has been available in Oregon since 1997.

In early October, Brittany Maynard, a beautiful 29-year-old with terminal brain cancer, announced plans to end her life by taking a massive, lethal dose of drugs prescribed by an Oregon physician. She had selected November 1 as the day she would die, although, she said, that could change.

But it didn't. Instead, she became one of the more than 40,000 people who commit suicide each year in the United States.

Unlike most suicide cases, however, Maynard had reached national and international celebrity status in the month prior to her death, starting with an October cover story in *People* magazine. This explosion of coverage was due to a public campaign facilitated by Compassion & Choices (the former Hemlock Society) to legalize Oregon-style doctor-prescribed suicide in every state.

The organization had established the Brittany Maynard Fund to raise

money for political campaigns to legalize doctor-assisted suicide in targeted states across the country. And, to strengthen the resolve of the young woman for whom the campaign was named, Compassion & Choices posted "Brittany's Card" on its website. "Let's get 1 million people to sign Brittany's card," stated the message, adding, "Sign the card and let Brittany know you support her bravery in this very tough time."

But sending a message came with a catch. In a startling note of hucksterism, the site stated that "By signing Brittany's Card, you agree to receive periodic communication from Compassion & Choices."

All the media coverage was not about a personal decision but rather an orchestrated campaign aimed at changing laws that affect everyone.

Assisted-suicide advocates came out swinging against those who voiced concern over Maynard's tragic story and suicide, claiming that hers was a personal decision that should be respected. But they failed to acknowledge that all the media coverage was really not about a personal choice. Instead, it was about the orchestrated public campaign aimed at changing laws that would personally affect everyone. And so this should raise concerns and calls for discussion.

The campaign used assisted-suicide advocates' poll-driven lan-

guage to claim that her death was not a suicide, but rather "death with dignity." That's a perfect example of using verbal engineering to accomplish social engineering. Another part of the campaign claimed that Oregon's "death with dignity" law works well, is abuse free, and contains rigorous patient safeguards.

Yet the facts tell a different story.

Laws such as Oregon's, give health-insurance companies a surefire way to lower health care costs: tell the patient you'll pay for drugs that will end her life, but not those which would extend her life. That has happened to some Oregonians who had health insurance.

One of those people was Barbara Wagner, a 64-year-old retired school bus driver. When her doctor diagnosed her with terminal cancer, she was hopeful when he gave her a prescription for a drug that would likely slow the cancer's growth and make her more comfortable. However it didn't take long for her hopes to be dashed. Shortly thereafter, she was notified by letter that her insurance wouldn't cover her life-extending prescription but that it would cover her assisted suicide.

Certainly, spending a few hundred dollars for deadly drugs is the least expensive treatment for cancer.

As Derek Humphry, the cofounder of the Hemlock Society, has written, "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."

Then there's the claim that Oregon's law has careful safeguards to protect patients, including the requirement that a patient must knowingly and willingly request the drugs. How-

(continued on page 6)

The changing meaning of courage in the face of pending death

by Wesley J. Smith

Michael Landon, the hugely popular television star of *Bonanza*, *Little House on the Prairie*, and *Highway to Heaven*, died in 1991 at age 54. Landon's last act—if you will—was widely hailed as his best: He publicly announced his diagnosis with terminal pancreatic cancer, appeared on the *Tonight Show* to openly discuss his likely death with Johnny Carson—almost unprecedented back then—and gave several interviews announcing his determination to persevere, for example, telling *Life*, “If I'm gonna die, death's gonna have to do a lot of fighting to get me.”

I remember it well: Landon's grit and determination inspired the nation. When he died a few months later, his unshrinking “courage” led the obituaries. “Goodbye Little Joe,” in the July 15, 1991 issue of *People*, exemplified the media's approach:

As word of his condition spread, thousands of letters of encouragement and sympathy arrived daily. Scores of friends visited the house and stood vigil at the gates of the ranch. “I have X amount of energy,” said Landon, “and what I have, I want to spend with my family.” Landon's youngest children, Sean, 4, and Jennifer, 7, were “emotionally distraught,” says longtime friend and business partner Kent McCray, “but Michael passed his strength along to them.” According to colleague John Warren, Landon also spent time videotaping his last wishes to family and friends....

If his friends and family had solace, it was in Landon's extraordinary calm. Says Flynn of his old friend's last hours: “It was like

going off a diving board. He knew it was coming, and he was brave to the last.”

Attitudes have changed about disease and death since Landon died—and in my view, not for the better. Indeed, the way things are these days, many might secretly consider Landon a chump for choosing to live until his natural end.

If that seems harsh, consider how the international media made brain cancer patient Brittany Maynard an international celebrity because she announced plans to commit assisted suicide—legal in Oregon to where

**Brittany Maynard
was the perfect icon
for the contemporary
emotive age:
young, pretty, newly
wed, tragically dying,
and transgressive for
wanting to kill herself
rather than face
the rigors of
late-stage
brain cancer.**

she moved from California so she could obtain a lethal prescription. True to her word, she died at age 29.

The Maynard media feeding frenzy was orchestrated by the George Soros-funded assisted-suicide advocacy group Compassion and Choices (formerly known as the Hemlock

Society). C&C's press release [10/6/14] applauded Maynard's “courage to tell her story as she is dying and alert all Americans to the choice of death with dignity” as “selfless and heroic.”

It is odd how enthusiastically the media has jumped through the “courage” and “heroic” hoops. There have been more than 700 assisted suicides in Oregon, and *none*—not even the first one—received the slavish attention being devoted to reporting Maynard's intentions.

More, it is striking how the reporting about Maynard parallels the media's approach to reporting Landon's “courage” twenty-three years ago. For example, *People*—which once applauded Landon for fighting to the end—now has the mirror-opposite take. It even made her the *cover story* on an October issue:

For the past 29 years, Brittany Maynard has lived a fearless life—running half marathons, traveling through Southeast Asia for a year and even climbing Mount Kilimanjaro.

So, it's no surprise she is facing her death the same way. On Monday, Maynard will launch an online video campaign with the nonprofit Compassion and Choices, an end-of-life choice advocacy organization, to fight for expanding Death with Dignity laws nationwide.

Let this fact sink in: *The desire to commit suicide made Maynard an international celebrity*. Partly, that's because she was the perfect icon for the contemporary emotive age:

(continued on page 6)

Assisted-suicide advocacy group obtains petition names “under false pretenses”

Iowa resident Katie Buck says she was “duped” by the assisted-suicide activist group Compassion & Choices (C&C), who added her name and zip code—without her knowledge or consent—to a petition in favor of legalizing doctor-assisted suicide. She was very upset when she found out how her name and zip code were being used because she personally opposes precisely what the petition supports.

So Buck produced a video, titled “A Petition Without Choices” and posted it online. It details how C&C “used sympathy to steal information for political gain.”

After Buck read an article on Brittany Maynard’s heartrending story, she followed a link in the article to The Brittany Fund website created by C&C. Prominently placed on the home page was a section called “Sign Brittany’s Card.” Below that it read, “Let’s get 1 million people to sign Brittany’s card. Add your name and wish her well. Let her know how much you care.” Then there was a place to put a name, email address, and zip code, followed by, “Sign the card and let Brittany know you support her bravery in this very tough time.”

Moved by compassion, Buck signed the card thinking that she was simply adding her name to a likely huge list of others sending their best wishes and prayers to Brittany. Buck became

concerned when she began getting emails from C&C promoting assisted suicide, so she called the group’s Denver office. Her suspicions were confirmed.

According to Buck, C&C “tricked me... to put me on a petition saying that I am in favor of legalizing physician-assisted suicide in my state.” And they listed her by her zip code—a sure sign that the petition is intended to be a lobbying tool for prescribed-suicide legalization. As the C&C representative on the phone told Buck, the petition will be “an ongoing thing” to show lawmakers increasing numbers of supporters.

What concerns Buck is that “Brittany’s Card” and the “Condolence Card” for the family posted after Brittany’s death were used as a national ploy to get huge numbers signatures “under false pretenses.” “There is no way that legislators can look at this petition and say that it accurately represents the citizens of their state,” she said.

Buck recommends that others, who signed the cards and object to C&C using their personal information to advance its lobbying efforts, call C&C’s Denver office and insist that their names be removed from the petition. The number is 800-247-7421. [“A Petition Without Choices,” posted online on 11/25/14 at <http://vimeo.com/112825086>] ■

Updates on states targeted for assisted-suicide legalization

- On November 13, 2014, the **New Jersey** State Assembly passed the “Aid in Dying for the Terminally Ill Act” (A 2270), an Oregon-style, prescribed-suicide bill that was reintroduced in February after it died in the last legislative session due to a lack of interest. This time, the measure passed just barely, getting the minimum 41 votes required. The vote (41-31) was the result of intense lobbying by Compassion & Choices (C&C) and the bill’s sponsor, Assemblyman John Burzichelli, who had to pull the bill from a scheduled Assembly floor vote in June due to a lack of votes. It looked like the bill would again meet the same fate, but in the early morning hours before the November vote, supporters managed to garner the votes that were needed. [politickernj.com, 11/13/14] The bill now goes to the Senate where it will face an even tougher battle. But even if it were to pass, Gov. Chris Christie is on record saying that he opposes the bill and would veto it.
- Using the occasion of what would have been Brittany Maynard’s 30th birthday

to advance its political campaigns, C&C claimed that, in the wake of Maynard’s assisted suicide, legislators from **California** and 11 other states “have pledged” to introduce bills to legalize doctor-prescribed suicide. Those states, C&C said, are **Colorado, Indiana, Illinois, Iowa, Minnesota, Nevada, New Mexico, Pennsylvania, Rhode Island, Wisconsin, and Wyoming**. [C&C Press Release, 11/19/14]

Of those states, only **Pennsylvania** currently has an assisted-suicide bill (HB 2548) pending in the legislature. It was introduced in the House by Mark Rozzi on October 15, 2014, and referred to the Judiciary Committee the same day. No further action has been taken. In addition, Sen. Daylin Leach reportedly plans to reintroduce his 2013 “death with dignity” bill next year. [People, 11/7/14; WESA-FM, 11/28/14]

In **Wyoming**, Rep. Dan Zwonitzer has indicated that he plans to sponsor an assisted-suicide bill next year. “It’ll be a scaled-down version of what they’ve

done in other states but just allow a patient who’s terminally ill with six months to request medicine so they can die on their own terms instead of having to go into hospice,” he said. [Billings Gazette, 11/20/14]

Last January, way before Maynard became a news item, **Nevada** State Sen. David Parks and Sen. Tick Segerblom announced within days of each other that they independently would introduce Oregon-like bills in the next legislative session. There’s been no further word on the status of those proposals. [mynews3.com, 1/24/14; rgi.com, 1/29/14]

In **Colorado**, Rep. Lois Court and Rep. Joann Ginal said they are currently drafting a bill modeled after the Oregon law. They plan to introduce it during the 2015 session that begins in January. [Coloradoan, 11/20/14; AP, 11/20/14]

So far, in the remainder of the states C&C cited, no specific legislators have announced their intentions to introduce assisted-suicide measures. ■

When a political campaign is masked by a personal decision, continued from page 3

ever, once the lethal prescription is provided, there are no safeguards. There's no requirement that the patient knowingly and willingly takes the deadly overdose. There's no way to know if the patient was tricked or forced into taking them.

Nonetheless, assisted-suicide activists say the state's annual reports—based on information from doctors who prescribed the fatal drugs—show that there have been no problems with the law. This, too, is a claim, not evidence.

According to the *American Medical News*, Oregon officials in charge of issuing the annual reports have acknowledged that "there's no way to know if additional deaths went unreported." Indeed, the official summary accompanying one annual report noted that there is no way to know if information provided by the prescribing physicians was accurate or complete.

Without doubt, there is much to consider before jumping on the Compassion and Choices public-relations bandwagon.

What if you found out your elderly mother's doctor prescribed assisted-suicide drugs for her, even though she didn't have serious physical symptoms but wanted to die because she was worried about being a burden on you? Oregon's official reports indicate that fear of being a burden is a major reason many people give for wanting assisted suicide, while few people reportedly request the lethal drugs because of pain or fear of pain.

What if your daughter who had cancer and a history of mental illness was given a prescription for assisted suicide after a psychiatrist evaluated her mental status by a brief telephone conversation? In Oregon, a "psychiatric evaluation" by phone was considered sufficient in at least one of the very few cases where an evaluation was even reported.

Or, what if your son's long-time doctor refused to prescribe assisted suicide for him, but an assisted-suicide advocacy group referred him to a doctor he had never seen before, and that doctor prescribed the lethal

drugs? In Oregon, most assisted-suicide deaths are facilitated by Compassion and Choices or its affinity groups, which have networks of doctors willing to assist suicides.

When all is said and done, the debate was not about Brittany Maynard and how she chose to die. It was—and is—about whether laws will be changed to affect how you and your loved ones could be pressured into taking a deadly overdose under the label "death with dignity." ■

Rita L. Marker, J.D., is the executive director of the Patients Rights Council. She is a member of the California Bar Association, the District of Columbia Bar Association, and is admitted to practice before the United States Supreme Court. An earlier version of her article appeared in *American Thinker*, 10/31/14.

**The changing meaning of courage in the face of pending death, continued from page 4**

young, pretty, newly wed, tragically dying, and transgressive for wanting to kill herself rather than face the rigors of late stage brain cancer.

But that alone doesn't explain why she received the kind of attention usually reserved for movie stars, rock stars, or presidential politicians. She was featured in *Time*, the *New York Times*, the *Los Angeles Times*, *USA Today*, CNN, PBS, ABC, CBS, NBC, and on, and on—just do a Google search, the list doesn't end. I mean, you know you've hit the big time when Rosie O'Donnell lauds you on *The View*! [10/10/14]

But what if Maynard followed Landon's path? She would still have been young, pretty, newly wed, and tragical-

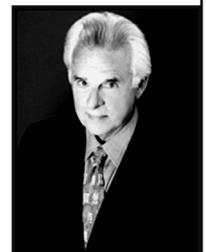
ly dying—but there would have been no cover stories in *People* or applause from Rosie O'Donnell. There would be no plans to introduce a "Brittany's Law" to increase hospice participation as there are plans afoot to use her death as a crowbar to legalize assisted suicide across the nation. In fact, we would never have heard of her.

That speaks volumes about the state of our culture: If assisted suicide now defines "courage" and equates with "death with dignity," doesn't that strongly imply that people who choose to "fight against the dying of the light," like Landon, are undignified and perhaps less courageous?

Maynard wasn't nihilistic. She was just scared. Those who used—

and are using—her tragedy for their own purposes—policy advocacy, ratings, Internet hits, etc.—can't say the same. The words of Canadian journalist Andrew Coyne keep ricocheting around my brain: "A society that believes in nothing can offer no argument even against death. A culture that has lost its faith in life cannot comprehend why it should be endured." ■

Wesley J. Smith, J.D., is a senior fellow at the Discovery Institute on Human Exceptionalism and a consultant for the Patients Rights Council.





News briefs from home & abroad . . .

- **Switzerland:** A Swiss study, published in the journal *European Psychiatry*, found that “witnessing death by assisted suicide impacts the mental health of family members and friends.” Researchers conducted a cross-sectional survey of 85 family members or close friends who witnessed an assisted suicide facilitated by the organization Exit Deutsche Schweiz in Switzerland, where the practice is legal if done for “unselfish” motives. Researchers assessed the respondents 14 to 24 months after the assisted suicide. The results showed that about 20% of those surveyed had full or partial post traumatic stress disorder (PTSD), 16% had symptoms of depression, 6% exhibited anxiety symptoms, and 4.9% experienced “complicated grief.” “Witnessing the unnatural death of a significant person,” researchers concluded, “seems to have a strong impact on the bereaved, which may lead to severe mental health problems....” [*European Psychiatry*, 2/11/11]

PRC consultant Wesley J. Smith put the study’s findings in perspective. “By way of comparison: 11% of American soldiers serving in Afghanistan have PTSD, and 20% of Iraq veterans,” he wrote. “So, witnessing assisted suicide would appear to be equivalent in upset to serving in war zones.” [Human Exceptionalism Blog, *National Review*, 11/24/14]

- **Canada:** On October 15, 2014, the Supreme Court of Canada heard arguments in *Carter v. Canada*, a case challenging the constitutionality of the country’s longstanding laws prohibiting euthanasia and assisted suicide. *Carter* is the second such challenge to Canada’s Criminal Code in a little over 20 years. In the first challenge, *Rodriguez v. British Columbia*, the Supreme Court upheld the constitutionality of the statutes. But during the October hearing, the plaintiffs in *Carter*, along with the British Columbia Civil Liberties Association, argued that times have changed and these laws unfairly discriminate against people with disabilities

who cannot end their lives without assistance, thereby condemning them to “horrific suffering... akin to torture.” Lawyers for the federal government countered that the court’s ruling 21 years ago still applies and that an absolute ban on euthanasia and assisted suicide is necessary to protect vulnerable patients. A ruling by the Supreme Court is expected next spring. [*Canadian Medical Association Journal*, 10/16/14; *Vancouver Sun*, 10/16/14]

- **The Netherlands:** According to a headline in the *Netherlands Times* (online), Dutch Minister of Public Health Edith Schippers believes “[e]uthanasia should lead to organ donation.” Schippers, along with doctors from Erasmus Medical Centre in Rotterdam and the University Hospital in Maastricht, is developing a protocol for doctors and people who want to donate their organs after they are euthanized. While Schippers said that the protocol is not intended to become a “hunt for organs” or to increase the number of available organs, most of those involved with the protocol said it will. “An estimated 5 to 10% of people who are euthanized could be considered for organ donation,” said Dr. Gert van Dijk, a medical ethicist from Erasmus Medical Centre. “Five percent does not seem like much, but this still means 250 to 500 potential organs every year.” Dr. van Dijk further explained that the number of available organs could even double. [*Netherlands Times*, 11/26/14; *Bioedge*, 11/29/14]

About a month ago, one euthanasia case helped to pave the way for the new euthanasia/organ protocol, particularly for the Dutch media. Dicky Ringeling, 61, wanted to be euthanized and donate her organs after being diagnosed with an aggressive form of MS. After she died and her organs harvested and transplanted into waiting recipients, headlines across the country praised her as a “real heroine” who died but saved five lives. [*Dagelijkse Standaard*, 10/18/14]

(continued on page 8)

Want to keep more up-to-date?

It’s easy!

Just fill out this form and send it in ➔
or contact us on our website, patientsrightscouncil.org

We’ll email you periodic updates, news alerts,
and keep you informed on the PRC’s work protecting
patients’ rights.

And be assured that we will protect your privacy and will
never sell or share your email address with other
organizations or individuals.



Mail to: PRC, P.O. Box 760, Steubenville, OH 43952

**Please add my email address to the
PRC’s Email Alert List**

Name: _____

Email Address: _____

News briefs from home and abroad, continued from page 7

One very real ethical concern regarding coupling euthanasia with organ donation is that vulnerable patients, who view their lives as having little if any value, will decide that being euthanized and gifting their organs is the best way to give their lives the meaning they so want.

- **United Kingdom:** For the first time in the history of British jurisprudence a judge has ruled that a severely disabled person—who was not terminally ill, not on life support, and was breathing on her own—could be dehydrated to death. The person was Nancy Fitzmaurice, 12, who was born blind with hydrocephalus, meningitis, and septicemia. She was being nourished through a tube. According to her mother, the 12-year-old was in agony after a routine kidney stone operation last May. “Nancy was screaming and writhing in agony for 24 hours a day

and it broke my heart to see her like that. Not being able to help her or ease her suffering was too much to bear,” the mother said. “She wasn’t my angelic child anymore, she was just a shell. I wanted to have beautiful memories of Nancy, not soul-crushing ones,” the mother added. So she and Nancy’s father went to the hospital ethics committee requesting an end to Nancy’s suffering and her life. The hospital took their case to the High Court. On August 7, after reading the mother’s pleas, Justice Eleanor King instantly ruled that it was in the best interest of both mother and daughter to withhold all Nancy’s fluids. Doctors began dehydrating her the same day. The mother said that Nancy died horribly two weeks later, adding, “I would do it all again—it just was for Nancy.” [*Western Daily Press*, 10/26/14; *Metro.co.uk*, 10/28/14; *STV*, 10/28/14] ■

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.

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 © 2014 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.

