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Patients Rights Council

Update

Doctor-prescribed suicide activists thwarted in legislatures across the US

According to the assisted-suicide activist groups Compassion & Choices (C&C) and the Death with Dignity National Center (DWDNC), 2015 was supposed to be their triumphant year when prescribed-suicide became legal in states across the country.

They said the momentum was in their favor thanks to 29-year-old, brain cancer patient Brittany Maynard, a charismatic California resident who uprooted her family and moved to Oregon so she could legally end her life under the state's assisted-suicide law. Maynard became the poster patient for doctor-assisted suicide legalization after C&C blitzed the media and social networks with Maynard's story of a newlywed's life tragically cut short by cancer and her choice to take control of her death.

The Maynard campaign was, by all measures, a huge public relations suc-

cess. Largely because of it, activists were able to introduce a record 33 bills to legalize doctor-assisted suicide in 25 states plus the District of Columbia. But so far this year, despite all the hype and money spent on lobbying efforts and media campaigns, activists have come up empty.

Bills in 11 states (Colorado, Connecticut, Kansas, Maine, Maryland, Montana, Missouri, Nevada, Rhode Island, Utah, and Wyoming) have officially died in legislative committees.

Measures in the remaining 14 states (Alaska, California, Delaware, Hawaii, Iowa, Massachusetts, Minnesota, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Tennessee, and Wisconsin) have been stalled at various points in the state's legislative process or tabled for further study. However, with the exception of New Jersey's bill, the currently stalled

measures could possibly be considered again during the 2016 legislative session. (See table on page 2.)

The Washington, D.C., bill, titled the "Death with Dignity Act of 2015," was the subject of a nine-hour hearing in the Council of the District of Columbia's Health and Human Services Committee on July 10. The committee is expected to vote on the measure sometime in the fall. If it were to pass in the full Council, it would also need congressional approval and be signed by the D.C. mayor. [*Washington Post*, 7/10/15]

Spotlight on California

California presents a do-or-die dilemma for assisted-suicide activists. It's the only remaining West Coast state that has not legalized assisted suicide, and has refused to do so multiple times. In addition, all the other states

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Dutch & Belgian induced-death practices out of control

Euthanasia laws in the Netherlands and Belgium took effect in 2002. What has occurred since that time is alarming to many inside and outside those countries.

The Netherlands: A judge in Utrecht ordered the euthanasia death of an 80-year-old woman with dementia despite her doctors' objections that she was not capable of consenting to a lethal injection. It was her family who said she wanted to die. The judge reprimanded the doctors for not respecting the woman's wishes. She was euthanized the next day. [*Daily Mail*, 5/18/15]

The Dutch law states that only physicians can legally engage in euthanasia and assisted

suicide. Yet a Dutch appeals court in Arnhem disregarded the law and cleared all criminal charges against Albert Heringa for assisting his mother's suicide in 2008. The court said he had an "unwritten moral duty" to help his mother die. [AP, 5/13/15; *Jurist*, 5/14/15]

In June, the Dutch Pediatric Association (NVK) called for expanding the law to allow euthanasia for children under 12-years-old if their suffering is unbearable and hopeless and they understand what a euthanasia request means. If they don't understand, then it should be up to the doctor and the child's parents to decide if the child lives or dies. [dutchnews.nl, 6/19/15, 7/3/15]

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with similar bills are watching closely to see what California does—especially since California was Brittany Maynard’s home state and her committed-to-the-cause family tearfully lobbied lawmakers, testified at hearings, and gave multiple interviews to the media. Essentially, C&C made

the Golden State a prime target and pulled out the stops to achieve its goal. (The group even filed two state lawsuits to challenge the constitutionality of California’s law banning assisted suicide in the hope that the courts would take less time than the legislature to legalize prescribed death. [*San Francisco Chronicle*, 2/11/15])

Status of State Bills to Legalize Assisted Suicide Considered in 2015

State	Bill	Current Status	Carry over to 2016?
AK	HB 99	Heard in one committee. No further action taken.	Possible
CA	SB 128	Passed Senate; pulled from Assembly Health hearing due to lack of votes	Possible
CO	HB 15-1135	Died in House Judiciary Committee	No
CT	HB 7015	Died in Joint Judiciary Committee	No
DE	HB 150	Tabled (stalled) in House Health & Human Development	Possible
HI	HB 1255	Referred to 3 House committees; no action taken	Possible
IA	HF 65	No action taken by House Human Resources Committee	Possible
KS	HB 2150	Died in Health & Human Services Committee	No
ME	SB 452	Defeated in Senate	No
MD	HB 1021 & SB 676	Bills died when committees decided not to take a vote	No
MA	H 1991	No action taken by Joint Public Health Committee	Possible
MN	SF 1880	No action taken by Health, Human Services & Housing	Possible
MT	SB 202	Died in Senate; failed to meet cross-over deadline	No
MO	HB 307	Died in House when legislature adjourned	No
NV	SB 336	Died in Senate Health & Human Services Committee	No
NJ	A 2270 & S 382	Passed Assembly, but no Senate floor vote scheduled	No
NY	A 2129, S 3685, S 5814	All bills failed to pass committees by end of session	Possible
NC	H 611	Died in House; failed to meet cross-over deadline	Possible
OK	HB 1673	No action by Public Health Committee prior to adjournment	Possible
PA	HB 943 & SB 549	No Action taken by each chamber’s Judiciary Committee	Possible
RI	HB 5507	Tabled for further study by Health, Education, & Welfare Committee	No
TN	HB 1040 & SB 1362	Deferred for Summer Study by Health Committee	Possible
UT	HB 391	Tabled for further study by Health & Human Services Committee	No
WI	AB 67 & SB 28	No action taken by Health & Human Services Committee	Possible
WY	HB 119	Died in committee	No
WA-DC	B21-0038	Heard in Health & Human Services; vote expected in Sept.	-

The California bill, “End of Life Option Act” (SB 128), was easily approved by three Senate committees and passed the largely Democratic Senate by a vote of 23 to 15 on June 4. “We are thrilled with the Senate vote,” said C&C’s California Campaign Director Toni Broaddus, “and [are] optimistic that the Assembly will respond to the voices of dying Californians by passing this legislation before its Sept. 11 deadline.” [C&C Press Release, 6/4/15]

But the Assembly was not as accommodating as the Senate. The bill’s sponsors had to pull SB 128—not once, but twice—from scheduled hearings in the Assembly Health Committee due to a substantial lack of votes. According to the *Sacramento Bee*, the newspaper took a survey of Health Committee members prior to the second scheduled hearing on July 7. Fifteen out of the 19-member committee responded to the survey, and only four said they were planning to vote for the bill. [*Sacramento Bee*, 7/7/15]

Immediately, the bill’s supporters blamed the Catholic Church for turning Assembly members against the measure, and the media followed suit. But individual Democratic committee members indicated that was not the case and cited reasons other than religion for their opposition. “I’m uncomfortable based on the impact this [bill] will have on poor people in a health care system that cuts corners in the name of costs,” said Assemblywoman Lorena Gonzalez. Assemblyman Sebastian Ridley-Thomas said, “Medicine is organized to promote wellness, not death.” Assemblyman Miguel Santiago, who also opposed the bill, explained, “My feelings regarding SB 128 and the issue of aid in dying have been impacted by my life experiences and are personal to me.” Assemblyman Freddie Rodriguez said he couldn’t reconcile SB 128 with his experience as a former emergency medical technician. “It’s just something I couldn’t come to grips with in this bill.” [*LA Times*, 7/7/15; *Vallejo Times-Herald*, 7/7/15; *Chico News & Review*, 7/16/15]

According to Tim Rosales, political consultant for the broad-based coalition Californians Against Assisted Suicide, opposition to SB 128 from the disability and medical communities and advocates for the poor, all secular groups, helped legislators to see how assisted suicide would play out in California if legalized. “These are not just concerns coming from the right or center right, these are concerns coming from the left and center of the political spectrum,” he explained. [*Wall Street Journal*, 7/7/15]

After most of the media reported that SB 128 was dead for this year, proponents vowed to ramp up their efforts and employ new strategies to pass the measure. Since SB 128 was technically not voted down in the Assembly, it can be considered again in 2016. But C&C might try to speed up the process by bypassing the Health Committee altogether using a “gut & amend” maneuver: taking a bill the committee has already approved, gutting it, and inserting the language contained in SB 128. C&C might also begin gathering signatures this fall to put an SB 128-like initiative on the November 2016 ballot. ■



News briefs from home & abroad . . .

- **Belgium:** (cont. from p. 1) As is the case in the Netherlands, Belgium's euthanasia and assisted-suicide practices are out of control. A recent study, published in the *Journal of Medical Ethics*, found that Belgian doctors are ending the lives of thousands of patients each year without those patients' consent—in spite of the fact that Belgium's euthanasia law stipulates that a patient's death request must be voluntary and well considered. Patients 80 and older who are not competent to request death, have incurable diseases, and whose quality of life is considered poor by doctors are most often the ones involuntarily euthanized. According to Prof. Raphael Cohen-Almagor, the study's author, "The decision as to which life is no longer 'worth living' is not in the hands of the patient but in the hands of the doctor." "The Belgian population should be aware of the present situation," Cohen-Almagor warned, "and know that, if their lives may come to the point where physicians think they are not worth living... they might be put to death." The incidence of involuntary euthanasia deaths outnumber voluntary euthanasia cases. [*Journal of Medical Ethics*, 6/3/15]

Another alarming development involves a physically healthy, 24-year-old Belgian woman, fictitiously referred to as Laura, who is currently planning her funeral after Belgian doctors decided she was qualified for euthanasia. She told the Belgian press that she wants to be euthanized because she's had suicidal thoughts since she was in kindergarten. "I just never wanted to live," she said. "Life, that's not for me." A friend of Laura's—another depressed and suicidal young woman who was in the same psychiatric facility as Laura—was euthanized 18 months ago. [*Newsweek*, 6/29/15; *Daily Mail*, 6/27/15]

- **Colombia:** Ovidio Gonzalez, a 79-year-old man with a painful type of cancer that deformed his face, has become Colombia's first, legal euthanasia death—but not without considerable controversy. Just 15 minutes before he was to be eu-

thanized, the hospital's medical committee cancelled the procedure, saying the patient did not legally qualify under euthanasia guidelines and regulations hastily issued last April by the country's Ministry of Health (MOH). While the Colombian Constitutional Court had legalized euthanasia in 1997, the congress never passed a law to regulate the practice. After years of inaction, the high court ordered the MOH earlier this year to come up with the needed regulations, but gave the agency only 30 days to do so.

Oncologist Juan Paulo Cardona, a member of the committee that stopped Gonzalez's planned euthanasia, said that the patient did not meet the MOH's requirements because he is not expected to die soon from his cancer. But, days later, the MOH strongly urged the doctors to go ahead and euthanize Gonzalez and "not to make the situation even more painful for the patient and family."

Rodrigo Uprimny, a constitutional law expert and head of the legal research center Dejusticia, said the MOH "norms clearly state that any patient with a terminal illness and expected to die soon can apply for euthanasia." Acknowledging that "to die soon" can have many different interpretations, Uprimny suggested that "dignity" was the important factor in euthanasia qualification. Medical committees that determine whether a patient's case qualifies "could determine whether or not the remaining time entails dignified conditions."

To Dr. Gustavo Quintana—known in Colombia as "Dr. Death" because he has quietly assisted the suicides of over 200 patients—the patient's wishes are all important. "If the Constitutional Court has clarified to us that death is a right, why do we create obstacles to a patients' autonomous decision and desire to end his or her life?" he asked. "The wish to die cannot be judged because it is a decision that affects one person, as an individual," he added. [*Colombia Reports*, 7/1/15; *worldcrunch.com*, 7/3/15]

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- **Canada:** The Canadian government has appointed a 3-member panel to consult with the public and key stakeholders involved with the right-to-die case that resulted in the Canadian Supreme Court's ruling that legalized both euthanasia and assisted-suicide. The ruling, issued last February, was stayed by the court for 12 months to allow the Federal Parliament and provincial legislatures to pass laws to establish guidelines and regulations related to both practices. The creation of the panel five months after the court decision, is the first action toward that goal taken by the government. The government said it expects the panel to submit a final report after the scheduled October 19 federal election, which would leave only three months for laws to be passed before the court's deadline. If no laws are passed, the country will have no uniform guidelines regulating induced-death practices. Canadian Justice Minister Peter MacKay has indicated that, if the current government is re-elected in October, they will request a deadline extension, but several legal experts doubt that the Supreme Court will grant that request. [*Globe & Mail*, 7/17/15]

Some in the country are not happy with the panel and claim that it is biased against induced death. "Two of the three people on this panel were federal witnesses opposed to physician-assisted dying during the [Supreme Court] case," argued Josh Paterson, director of the BC Civil Liberties Association. "Whatever advice this panel might provide," he added, "it is clear that Parliament must not enact a law that creates barriers for those who wish to access their constitutional right to physician-assisted dying." Wanda Morris, CEO of Dying with Dignity Canada, also voiced her alarm and called the panel "neither fair nor non-partisan." [*Global News*, 7/20/15; *ipolitics.ca*, 7/17/15]

The two panel members of concern to both pro-euthanasia activists are panel chairman Harvey Max Chochinov, a psychiatry professor and research chair in palliative care at the University of Manitoba, and Catherine Frazee, the former co-director of Ryerson University's Institute for Disability Research and Education. The third member, Benoît Pelletier, is a constitutional law expert at the University of Ottawa and a former Quebec cabinet minister.

- **Germany:** On July 2, the German Bundestag, the country's lower house of parliament, debated several competing bills dealing with assisted suicide. The bills were introduced because of a perceived need to stop German citizens from going to Switzerland to die in assisted-suicide clinics run by groups like Dignitas and EXIT.

One bill would remove all legal restrictions on assisted suicide and allow the Swiss groups to open clinics in Germany. Another measure would formally criminalize all

forms of assisted suicide, and another would deregulate the assisted-suicide process but make it a crime, punishable by a 3-year prison sentence, for anyone to charge a fee for the service, which is allowed in Switzerland, Belgium, and the Netherlands. This bill appears to have the most support. The Bundestag hopes to pass new assisted-suicide legislation by November. [*Deutsche Welle*, 6/9/15, 7/2/15; *The Local*, 6/18/15]

- **Scotland:** On May 27, members of the Scottish Parliament (MSPs) resoundingly rejected a bill to legalize assisted suicide by a vote of 82 to 36. It was the second time that MSPs have voted on such a bill. The first time was in 2010 when the vote was 85-16. [*Scotsman*, 5/27/15]

- **United Kingdom:** The House of Commons will be debating an Oregon-style bill to legalize prescribed suicide on September 11. It is the first time that the UK Parliament's lower house will be considering an assisted-suicide measure. The bill is virtually the same one Lord Charles Falconer carried in the House of Lords that failed to pass last year before the deadline. Prime Minister David Cameron has already informed the House of Commons that he does not support the bill because it would place pressure on the frail and elderly to end their lives. [*Express & Star*, 6/10/15; *Telegraph*, 6/9/15; *ITV*, 6/9/15]

An attempt to use the courts to overturn Britain's law banning euthanasia and assisted suicide has failed. After British courts rejected their claims that the ban violated the rights of disabled people, plaintiffs Jane Nicklinson (the widow of "locked-in" patient Tony Nicklinson) and Paul Lamb (paralyzed by an injury) made their final appeal to the European Court of Human Rights, which unanimously ruled the case inadmissible on July 16, 2015. [UK Human Rights Blog, 7/20/15; *Scottish Legal News*, 7/16/15] ■

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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