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Patients Rights Council

# Update

## New Jersey Senate hands assisted-suicide activists their first defeat in 2016

When California’s governor signed the doctor-prescribed suicide bill, End of Life Option Act, into law last October, Compassion & Choices (C&C) sent out two email messages to supporters. In the first message, C&C President Barbara Coombs Lee wrote that the group, which was the force behind the California win, intends to “bring the same financial and tactical resources we deployed in California to New Jersey, Colorado, Connecticut, Kansas Massachusetts, New York, North Carolina—and eventually everywhere people hope to make their own end-of-life decisions.” [C&C email, 10/5/15]

The second message contained an embedded video showing Coombs Lee, jubilant over the California victory, proclaiming, “I don’t think anything can stop us now!” [C&C video, “Brittany Maynard’s Legacy: One Year Later”; email sent 10/6/15]

But it didn’t take the New Jersey Senate long to prove Coombs Lee wrong. On January 12, 2016, the last day bills could be voted on in the legislature’s “lame duck” session, the “Aid in Dying for the Terminally Ill Act” (S. 382) died due to a lack of support. The bill’s sponsors never even brought the measure up for a full Senate vote.

The Assembly version of the bill had passed in November 2014. When it reached the Senate, the Senate Health, Human Services & Senior Citizens Committee reluctantly passed the measure in December 2014 by a vote of 4 to 3. The committee communicated members’ uncertainty about the bill by sending it on to the full Senate without “recommendation.” The bill’s co-sponsor, Senate President Stephen Sweeney, indicated at the time that the measure didn’t have the support it needed and that he and the other

sponsors would take the time to educate fellow senators on the issue. [NJ.com, 12/16/14]

Apparently, Sweeney’s educational effort failed to garner the support he needed before the end of the session in January 2016. Even with C&C and its coterie of paid lobbyists and volunteers working hard to turn senators into supporters, the lawmakers still saw the dangerous flaws in the bill.

“It became clear that this bill would have a detrimental impact on vulnerable populations and expose them to abuse, coercion and possible denial of health care because it costs more than suicide drugs,” said Senator Peter Barnes. “For that reason, there was never a groundswell of support for this bill, and, on balance, we heard from many more voices opposed to this bill.” [NJ Alliance Against Doctor-Prescribed Suicide, 1/12/16] ■

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## Canada: High court okays prescribed deaths before deadline

In February 2015, the Canadian Supreme Court ruled that the federal laws banning euthanasia and assisted suicide were unconstitutional, but stayed that ruling for one year to allow the Canadian Parliament and provincial legislatures to enact laws to regulate doctor-prescribed death. Since the court’s ruling, there was a general election and a change of government, delaying the introduction of new laws to address the issue.

With the February 2016 deadline just weeks away, the new federal government asked the court for a six-month extension in order to establish and standardize the needed regulations for all provinces.

On January 15, in a five to four decision, the court agreed to extend the deadline by

four months, not six. In addition, it granted an exemption for “individuals who wish to seek assistance in ending their life” during the four-month extension. These individuals could simply ask a superior court judge for permission. [Carter v. Canada, 1/15/16, at 1 & 6]

The court also exempted Quebec from the four-month added waiting period before euthanasia and assisted suicide become legal nationally. Quebec is the only province that legalized the death practices before the high court ruled in 2015. The province enacted its prescribed-death law on December 10, 2015. A spokesperson for the Quebec City health care agency has confirmed that at least one patient was given a lethal injection and died at a local hospital. [National Post, 1/15/16; Daily Mail, 1/18/16] ■

## Assisted-suicide group wants to “normalize” prescribed death in California – ASAP

While waiting for California’s new doctor-prescribed suicide law to take effect later this year, Compassion & Choices (C&C), the assisted-suicide activist group that heavily lobbied for the measure’s passage, is working overtime to “normalize” medically-induced death in the minds of doctors, pharmacists, and the general public. The goal is to make assisted suicide seem like a normal part of life and death so that everyone can feel comfortable with the new law—a law that, in reality, places the lives of poor, disabled, and elderly patients at grave risk.

In December, C&C conducted a town hall conference call for supporters to discuss the implementation of the California End of Life Option Act and C&C’s bilingual “California Access Campaign,” described as a “massive outreach effort” to educate the state’s residents about the law. C&C’s town hall moderators emphasized that “normalization” of assisted suicide as a

medical treatment is key to the success of the access campaign. Supporters need to contact doctors, express their personal support of the prescribed-suicide practice, and ask the doctors if they would support patients’ death requests. This, the moderators said, would create a demand for the death practice in the minds of physicians and identify which doctors would be willing to write prescriptions for intentionally lethal drugs. [C&C, Town Hall Conference Call, 12/9/15]

According to C&C, access to prescribed suicide is not ensured by just passing a law. There also has to be a “concerted effort on behalf of doctors, patients, and volunteers to make access a reality.” [C&C, Email Message to Supporters, 12/2/15]

To that end, C&C has partnered with the California Primary Care Association to educate doctors about the assisted-suicide practice guidelines that C&C developed and to inform doctors about the

group’s “Doc 2 Doc” and “Pharmacist 2 Pharmacist” consultation services that are available online.

C&C also has a toll-free hotline and website for anyone with questions about obtaining lethal drugs. [*Sacramento Bee*, 12/9/15; C&C Online News, 12/10/15]

But C&C is not happy about the long and uncertain wait before the assisted-suicide law can take effect. As a result of C&C’s questionable legislative maneuvering, the law was passed last September in a special session intended to deal only with health care funding. As such, it cannot be enacted until 90 days after that currently ongoing special session ends. While C&C is trying to pressure legislators to quickly end the session, lawmakers said they will keep the session open until they fulfill that special session’s purpose: “to find agreement on extending a healthcare tax and to provide additional funding for individuals with Developmental Disabilities.” [*Sacramento Bee*, 12/10/15] ■

### Is CA’s assisted-suicide law safer than Oregon’s?

Assisted-suicide supporters are claiming that California’s new End of Life Option law has more safeguards and is therefore safer than laws enacted in Oregon, Washington, and Vermont. The purpose of this claim is to assuage any concerns that legislators in other states may have about California-type bills slated to be introduced in their state legislatures.

But the claim is not true. In fact, one particular provision of the California measure goes further than the other assisted-suicide laws in preventing any effective investigation of patient abuse or other serious law violations.

That provision states that, while the State Department of Public Health must collect and review the data which is reported to the state after a patient dies from legally-prescribed, lethal drugs, the data collected “shall not be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding.” [End of Life Option Act, Sec. 443.19. (a)]

If, for example, a family member finds out that someone coerced or forced a loved one into signing an assisted-suicide request form and, when the lethal drugs were obtained, that same person forced the loved one to take them, the disclosure provision in the law prevents authorities from getting the needed data for an investigation into the loved one’s death.

Another added “safeguard” states that, 48 hours before the patient plans to take the lethal drugs, he or she must sign a “Final Attestation Form,” reaffirming that the patient really wants to die. After the patient’s death, a relative or other person is to give the form to the prescribing doctor. But witnesses to attest to the voluntary signing of the form by the patient are not required. A patient could be forced to sign the form or the signature forged, and authorities would never know. [End of Life Option Act, Sec. 443.11. (c)] ■

### Assisted suicide & missed chances

About the same time that 29-year-old Brittany Maynard—a stage-4 glioblastoma (brain cancer) patient—went public with her decision to end her life by taking assisted-suicide drugs in Oregon in 2014, another 29-year-old glioblastoma patient, given only four months to live, was enduring his worst physical and emotional suffering. Despite that suffering, J.J. Hanson, a Marine Corps veteran, husband, and father, opted not to follow in Maynard’s footsteps.

His doctor said his tumors were inoperable, that he should simply go home and enjoy the little time he had left. Instead, with the support of his wife Kristen, he sought out other opinions until he found a surgeon willing to remove most of the tumors. Then he underwent radiation, chemotherapy, and entered a clinical trial for a new experimental drug. Currently—twenty months later—his cancer is in remission.

“I can’t help but think about if I had the choice to request assisted-suicide drugs, and if I had used the drugs during those difficult moments,” he wrote. “I would have lost the opportunity to make memories with my wife and son,” he added. “My wife would be without a husband and my son without a father.”

Hanson is currently working to defeat prescribed-suicide bills in New York. [*Star Ledger*, 1/11/16] ■



## News briefs from home & abroad . . .

### ● USA

- According to a nationwide email survey of 15,800 physicians, 40% of doctors overall reported having biases against certain types of patients. The most common biases were toward patients with emotional problems (62%) and overweight patients (56% of male MDs and 48% of female MDs). Patients with chronic pain also triggered biases in many physicians. Doctors who had the most direct contact with patients were more likely to have biases. Those included emergency medicine physicians (62%), orthopedists (50%), psychiatrists (48%), ob/gyns (47%), and family medicine doctors (47%). Least likely to have patient biases were pathologists (10%), radiologists (22%), and cardiologists (22%). Twenty-seven percent (27%) of oncologists reported biases. Some specialists admitted that their biases could affect the treatment they provide. The survey was conducted by Medscape, a news and educational service for health care professionals. ["Medscape Lifestyle Report 2016: Bias & Burnout," 1/13/16; CNN, 1/19/16]
- Derek Humphry—co-founder of the Hemlock Society (now known as Compassion & Choices) and the author of *Final Exit*, the book on how to end your life or someone else's without alerting authorities—says the current assisted-suicide laws in Oregon, Washington, Vermont, and California need to be expanded. In an op-ed posted on his website, [assistedsuicide.org](http://assistedsuicide.org), Humphry argues that more types of patients should qualify for legal doctor-prescribed death. Those include people with long-term mental illness, elderly patients with "terminal old age," and "Alzheimer's patients and persons with long-term degenerative diseases." Furthermore, he writes, these laws should be "modified to allow patients who cannot swallow the lethal dose to be given it by doctor injection"—in other words, active euthanasia. Humphry also says that the time has come to consider opening suicide clinics to help all these patients die. [Humphry, "Where now should the choice in dying movement go?" 11/19/15]
- A study, published in the *New England Journal of Medicine (NEJM)*, found that 10% of the elderly in the US experience some form of abuse. According to researchers, the types of elder abuse can be categorized as physical, psychological or verbal, sexual, financial, and outright neglect. The occurrence of financial exploitation, they said, is "a virtual epidemic." Women are more likely to experience the various forms of abuse than are men. Other major contributing factors for elder abuse include living with a "larger number of household members other than a spouse" as well as living in isolation without social support. Researchers said there is some evidence that the "perpetrators of abuse" are most likely to be adult children or spouses, male, have a history of substance abuse, have mental or physical health issues, be socially isolated, be unemployed or have money problems, and be under major stress. Doctors should be alert to any signs that their elderly patients may be victims of abuse. If that is the case, the doctor should use an "interprofessional-team approach" and contact "specialists in other disciplines, including social work, law enforcement, and protective services." [*NEJM*, 11/12/15]
- A referendum to overturn California's newly passed assisted-suicide law has failed to collect the 365,880 voter signatures needed to place the measure on the November 2016 ballot. After Governor Jerry Brown signed the California End of Life Option Act into law last October, the group Seniors Against Suicide (SAS) filed papers with the Office of the Attorney General for permission to

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## News briefs from home and abroad, continued from page 3

gather signatures for the purpose of putting the Act before California voters to decide if assisted suicide should be legalized. The group argued that, after the Act had failed to pass in the regular session, the measure's legislative sponsors inappropriately introduced it during a subsequent special session that was called to deal only with health care funding. That maneuver allowed the sponsors, with the help of the legislature's leadership, to circumvent several regular session requirements and get the Act passed quickly. While the state granted permission for the signature gathering, SAS had only 90 days to obtain the required valid signatures by January 4, 2016—a virtually impossible task. "We will explore other options," said SAS President Dr. Mark Hoffman, "including legal action to protect vulnerable seniors, the infirm and the disabled...." [SAS Press Release, 1/4/16]

- **European Parliament:** A written declaration that endorsed euthanasia as "dignity at the end of life" was overwhelmingly rejected by members of the European Parliament. In order to be adopted, the declaration needed the majority of the 751 Parliament members to sign the document by January 5, 2016. Given three full months to study and consider the document, only 95 members approved the declaration by signing it. The declaration stated in part, "All European citizens, regardless of their nationality, who are in an advanced or terminal phase of an incurable illness, causing unbearable physical or mental suffering that cannot be alleviated, should be able to benefit from medical assistance to end their life with dignity." [European Parliament, Written Declaration on Dignity at the End of Life, Submitted to Members 10/5/15, Lapse Date 1/5/16]

- **The Netherlands:** The Dutch Voluntary Euthanasia Society (NVVE) is relentless in its campaigns to achieve broad approval for a plan to routinely distribute a "suicide pill" to all seniors over 70 and to make euthanasia and assisted suicide more appealing to the public, especially the young.
  - The NVVE is relaunching its campaign to make an "end-of-life pill" available to all elderly people over 70 who want to end their lives. A similar campaign was launched in the early 1990s by Judge Huib Drion, but failed due to medical, ethical, and legal concerns. Now the NVVE wants to discuss with Dutch health and justice ministers and the Dutch doctor's association KNMG the possibility of conducting a suicide pill experiment. "We see that society wants such a pill," said NVVE Director Robert Schurink. [Dutch News, 11/13/15]
  - The NVVE has developed a high school curriculum titled "Euthanasia—Dead Normal." The goal of the curriculum is to make teens feel more at ease with doctors ending people's lives and to help them to "respect" those who choose to end their lives. The project, which was launched last September, includes NVVE representatives going to schools to help students through the euthanasia materials and specially prepared videos showing people sharing various perspectives on the death practices—all in support. There is a woman, 26, who had muscular dystrophy and chose to be euthanized; a 17-year-old girl who talks about her grandmother's euthanasia death; and a euthanasia doctor who discusses why he euthanizes patients. At the end of the curriculum is a "black humor" section designed to lighten things up for the students. [BioEdge, 9/12/15; World Federation of Right to Die Societies Newsletter, 10/16/15] ■

## Important Clarifications

Here at the Patients Rights Council (PRC), there have been a number of inquiries lately from supporters of the PRC asking if an organization called the Patients Rights Action Fund is part of, or affiliated with, the PRC.

The answer is "NO."

They are two entirely different organizations.

Callers have also asked if the PRC provides names of its supporters to the Patients Rights Action Fund.

The answer to that is also "NO."

The PRC does not sell, loan, trade or, in any other way, share information about supporters or others on the PRC mailing list to any other organizations or individuals.

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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