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Euthanasia and Assisted Suicide have become legal in our societies and they are quickly becoming more common.

Switzerland has been living with the scourge of assisted suicide for many years while Canada has recently legalized euthanasia and assisted suicide.

In my speech I will refer to euthanasia and assisted suicide in their proper context, and when I am referring to either act, I will use the term “assisted death.” Euthanasia is when one person directly and intentionally killing another person, in order to end suffering. Assisted suicide is when one person provides the lethal means or assists another person to kill themselves.

As the International Chair of the Euthanasia Prevention Coalition I have, for several years, been thinking about how we should react if doctors gain the legal right to kill their patients by lethal injection, or as in Switzerland, doctors gained the legal right to prescribe lethal drugs to their patients.

There are several reactions we should first have to doctors killing their patients, that being:

1. Is it safe for patients when doctors have the right to kill their patients?
2. How do we protect people in a culture that allows doctors to kill their patients?

How do the laws work in most jurisdictions?

1. When a doctor receives a request for assisted suicide, the law requires the doctor to determine if the person qualifies to be given a lethal prescription.
2. A second doctor is required to assess the patient file to approve the decision by the prescribing doctor.
3. If the second doctor disagrees with the prescribing doctor, the prescribing doctor can simply ask another doctor. None of the statutes prevent doctor shopping for assisted suicide.
4. When the patient receives the prescription for the lethal dose, there is no further legal oversight. If someone were to force the person to ingest the lethal cocktail, no one would know. The doctor who prescribes the lethal dose is rarely present at the death.
5. When a person dies by assisted suicide, the prescribing doctor is required to report the death to the government.
6. There is no effective oversight of the law. The doctor who prescribes the lethal dose is required to self-report the death, even though they are rarely present at the death. Further to that, doctors will not self-report abuse of the law.

We must first deal with the philosophical aspects of the law. The culture tells us that these are autonomous deaths. That euthanasia and assisted suicide creates some sort of right to decide for

oneself. In reality the choice and autonomy banners are simply the flags that the death lobby fly to make us support giving our doctors, the right in law, to cause our death.

In nearly every jurisdiction where euthanasia and/or assisted suicide are legal, the laws are designed to protect those who are willing to kill patients. The laws do not protect the patient, who may be experiencing depression or social/psychological factors that may lead to their request to be killed.

All of the laws require a request to die. But there are many reasons someone may ask to die. The greater question is why did that person ask to have their life ended by lethal drugs?

Assisted suicide laws are actually about the rules that a doctor or medical person must follow to cause your death. Switzerland is a little different than other jurisdictions because of the historical realities, nonetheless, the decision to write the lethal prescription is made by the doctor.

Is it safe for patients when doctors have the right to kill their patients?

The first problem with uncovering abuse of the “assisted death” laws is related to the design of the laws. In every jurisdiction, where assisted death has been legalized, there is significant data showing how the laws have been abused. In Belgium and the Netherlands incompetent people have died by euthanasia, euthanasia without request occurs and there is a significant problem with under-reporting. There are several studies from Belgian and the Netherlands studies that examine information concerning large groups of people who died (people who died of all causes). Because these studies examine all deaths, they were able to uncover data related to assisted deaths that occur outside of the law.

Since Oregon and Washington State have not had studies examining large numbers of deaths, therefore it is harder to establish similar problems with assisted suicide in those states. To my knowledge, Switzerland has also never completed this type of study.

The Belgian euthanasia law and the studies that uncover abuse of the law.

On March 19, 2015; the *New England Journal of Medicine* (NEJM) published the study titled: *Recent Trends in Euthanasia and Other End-of-Life Practices in Belgium*. This study examined a large number of deaths in 2013. The study uncovered the number of assisted deaths, the number of assisted deaths that were done without request, and the number of unreported assisted deaths.

The study, *Recent Trends in Euthanasia and Other End-of-Life Practices in Belgium*, was done by sending 6188 questionnaires to the primary physicians concerning a patients that died in the first six months of 2013 in the Flanders region of Belgium. The researchers received 3751 questionnaires back that were able to be used in the study.

The NEJM study repeated a previous study that was published in the *Canada Medical Association Journal* CMAJ - May 17, 2010 and the *British Medical Journal* BMJ Oct 5, 2010. Those studies examined a large number of deaths in 2007. As in the most recent study, those studies study uncovered the number of assisted deaths, the number of assisted deaths that were done without request, and the number of unreported assisted deaths.

What did the researchers find?

1. The percentage of euthanasia deaths increased from 1.9% of all deaths in 2007 to 4.6% of all deaths in 2013 representing a 242% increase in 6 years. This is also significant because according to the official 2013 data, the Belgian euthanasia rate was less than 3%.
2. The percentage of assisted suicide deaths decreased from .07% of all deaths in 2007 to .05% of all deaths in 2013 representing no statistical difference.
3. 1.7% of all deaths in the Flanders region of Belgium, in 2013, were intentionally hastened without explicit request.
4. The percentage of requests for euthanasia or assisted suicide increased from 3.5% of all deaths in 2007 to 6.0% of all deaths in 2013.
5. The percentage of requests for euthanasia or assisted suicide that were granted increased from 56.3% in 2007 to 76.8% in 2013.

As stated, the NEJM study found that 1.7% of all deaths in the Flanders region of Belgium, in 2013, were intentionally hastened without explicit request. The CMAJ study that was published in May 2010 found that 1.8% of all deaths in the Flanders region of Belgium were hastened without explicit request in 2007. Therefore, the problem of doctors killing patients continues.

There were 61,621 deaths from all causes in Flanders in 2013. Since the study found that 1.7% of all deaths were hastened without explicit request, therefore we more than 1000 deaths were hastened without explicit request in 2013 in Flanders.

Further to that, an Associated Press article quoted Belgian ethicist Freddy Mortier, who is one of the authors of the study:

Mortier was not happy, however, that the 'hastening of death without explicit request from patients,' which can happen when a patient slumbers into unconsciousness or has lost the capacity for rational judgment, stood at 1.7 percent of cases in 2013. In the Netherlands, that figure was 0.2 percent.

The CMAJ study (May 2010) found that 32% of all euthanasia deaths in Belgium were done without explicit request. The study indicated that these assisted deaths were rarely reported and were also more likely to be done to:

"patients 80 years or older who were mostly in a coma or had dementia."

"fits the description of vulnerable patient groups at risk of life-ending without request."

The New England Journal of Medicine study proves that euthanasia or assisted suicide laws will be abused. **Will assisted death be your choice or will it be imposed on you?**

The Netherlands euthanasia law, the study that uncovers abuse of the law.

July 11, 2012, the Lancet published the study - *Trends in end-of-life practices before and after the enactment of the euthanasia law in the Netherlands from 1990 to 2010: a repeated cross-sectional survey.*

Every five years the Netherlands had done a wider study by sending out questionnaires to physicians to access their experience with the euthanasia law.

The 2010 study was done by sending 8496 questionnaires to physicians concerning their experience with assisted death. The researchers received 6861 questionnaires back.

The study found that:

1. The number of euthanasia deaths increased significantly from 2005 - 2010 (4050 in 2010, 2425 in 2005),
2. The under-reported euthanasia deaths in the Netherlands increased in 2010 (23% in 2010, 20% in 2005). It is important to state that the official euthanasia numbers in 2010 were 3136 even though the study indicated that there were 4050.
3. The number of deaths by terminal sedation increased significantly (12.3% in 2010, 8.2% in 2005),
4. The percentage of requests for euthanasia being completed increased (45% in 2010, 37% in 2005).
5. Hastened deaths without explicit request decreased (310 in 2010, 550 in 2005).

We have been told that a 2015 study has been completed but we are still awaiting the results.

Since this study was published, the number of euthanasia deaths has increased every year. On March 1, 2012; the Dutch euthanasia clinic launched mobile euthanasia teams that have led to a further increase in the number of euthanasia deaths.

Recently a woman with dementia, who had stated in her advanced healthcare directive that she would want to die by euthanasia, was euthanized against her will.

Since she was saying that she did not want euthanasia, the doctor put a sedative in her coffee. When the doctor attempted to inject the woman, she refused, so the doctor had the family members hold her down to enable the lethal injection.

The review committee determined that the woman's declaration in her will did not clearly state that she wanted to be euthanized after being admitted to a nursing home. The words "*when I myself find it the right time*" does not take into account a situation in which the woman was no longer mentally competent. The committee can understand how the doctor read it as a well-considered wish, but still feels that it was too broad an interpretation.

The committee also concluded that the doctor "crossed a line" by giving the woman the first dose of sedative secretly - hidden in a cup of coffee. And that the doctor should have stopped at the woman's movements at the end. Even though it is possible that the movements were purely physical reactions, it cannot be certain.

The chair of the Regional euthanasia Review Committee, Jacob Kohnstamm, wants the case brought to court to create a precedent to enable other doctors to lethally inject people with dementia, without consent, and without fear of legal repercussions. According to the article in the Mail online:

Kohnstamm said he was in favour of a trial: 'Not to punish the doctor, who acted in good faith and did what she had to do, but to get judicial clarity over what powers a doctor has when it comes to the euthanasia of patients suffering from severe dementia.'

It is important to state that in the reporting system, the woman was dead when the report was submitted. This is not a safeguard. Further to that, even though the review committee stated that the doctor acted inappropriately, the committee is not seeking sanctions for the doctor.

The Netherlands euthanasia lobby are pushing for the “final frontier” euthanasia for a “completed life.”

In October 2016 the Dutch government decided to expand the euthanasia law to include people who are not physically or psychologically sick but who believe that their "life is completed." NL Times reporter, Janene Pieters wrote:

The Dutch government wants to adjust the Euthanasia Act so that people who aren't sick, but feel that their life is completed, can end their lives with assisted suicide.

What does it mean to have a “completed life?”

Switzerland's assisted suicide law.

Assisted suicide in Switzerland is different than in other jurisdictions where it was officially legalized. The practice of assisted suicide was not formally legalized in Switzerland. There is an important distinction between the Swiss situation and that of Oregon, the Netherlands and Belgium where the law considers euthanasia and/or assisted suicide to be “medical treatment.”

According to Article 115 of the Swiss Penal code, *“Whoever, from selfish motives, induces another to commit suicide or assists him therein shall be punished, if the suicide was successful or attempted, by confinement in a penitentiary for not more than five years or by imprisonment.”*

The key words are “from selfish motives.” Thus, in Switzerland, there is no prosecution if the person assisting a suicide successfully claims to be acting unselfishly. While this results in de facto legalization, assisted suicide is not legal, only unpunishable, unless a selfish motive is proven. It should also be noted that there is no illusion that assisted suicide is a medical practice. The person assisting a suicide need not be a medical professional to escape prosecution.

The federal statistical office reported that 999 people died by assisted suicide at the Dignitas and Exit suicide clinics in 2015, an increase of 26%. There was also a 27% increase in assisted suicide in Switzerland in 2014. Similar to other jurisdictions, the number of assisted suicide deaths increases yearly and also, similar to other jurisdictions, the reporting procedure enables under-reporting of assisted suicide deaths.

The number of assisted suicide deaths in Swiss nursing homes, by the Exit suicide clinic, increased from 10 deaths in 2007 to 92 in 2015. The Swiss association for ethics and medicine found this trend alarming and stated:

“To end lives in this way gives it [the practice of assisted suicide] an institutional seal of approval.”

One of the scourges brought to the world by the Swiss assisted suicide regime is the foreign suicide tourists. The euthanasia lobby in other countries uses the foreign suicide tourists to push their own countries to legalize assisted suicide.

One good outcome from the foreign assisted suicide deaths is that these deaths have uncovered some of the abuses of assisted suicide in Switzerland. For instance:

In August 2015 a healthy depressed British woman died by assisted suicide in Switzerland.

In February 2014, Oriella Cazzanello, an 85 year-old healthy Italian woman died at a Swiss suicide clinic. Cazzanello, went to the Dignitas suicide clinic where she paid €10,000 for an assisted suicide. The letter sent to her family stated that she was unhappy about how she looked.

In April 2013, Pietro D'Amico, a 62-year-old magistrate from Calabria Italy, died by assisted suicide at the Dignitas suicide clinic. D'Amico made the decision after a wrong diagnosis from Italian and Swiss doctors, his family's lawyer Michele Roccisano told the Italian newspaper Corriere della Sera.

An autopsy carried out by the University of Basel's Institute of Forensic Medicine found that D'Amico was not suffering from a life-threatening illness at the time of his death.

Similar to other jurisdictions, assisted suicide, once it is accepted, expands.

In June 2012 the Canton Vaud approved voted in a referendum to allow the Exit suicide group access to nursing homes.

In May 2014, the Exit suicide clinic extended assisted suicide to healthy elderly people who live with physical or psychological pain. This decision has led to an increase in assisted deaths.

A 2014 Swiss assisted suicide study examined 1301 Swiss assisted suicide deaths and found that 16% of people who died at assisted suicide clinics had no underlying illness. Some of the deaths were listed "weariness of life" as a factor.

On July 11, 2016 Larissa Bieler, wrote an editorial on assisted suicide as compared to palliative care in Switzerland. Bieler, who doesn't oppose assisted suicide, questions whether death by lethal drugs is part of an enlightened society. Bieler states:

The final act in assisted suicide ... is the taking of a lethal substance. It needs the patient's active involvement. Or to put it another way: it's a suicide for which the patient requires medical help to prepare.

... Palliative care seeks to give some transparency to the issues of confronting death and the wish to die. It also aims to remove the taboos. There is an alternative. Suicide can be a long-term burden for loved ones and end up being an extremely ambivalent act for the patient. Do I want to go or not?

Palliative care is no panacea but it does allow an enlightened society to have a transparent discussion about death. ...In this moment of total dependence though, there are more humane ways to die than downing a cup of poison and simply fulfilling a desire for autonomy. If the absolute autonomy of our existence comes down to suicide, if the absolute ideal is to kill yourself, then this needs to be called into question, also in Switzerland. Assisted suicide must not simply become a routine affair.

How are we to react to assisted suicide in a society that allows doctors to kill their patients.

The Euthanasia Prevention Coalition produced the Euthanasia Deception documentary to tell stories about the abuse of the Belgian euthanasia law. The other focus of the documentary follows the theme of our Caring Not Killing pamphlet.

The primary question, for people who oppose killing people, when they live in jurisdictions where euthanasia and/or assisted suicide are legal, is how do we protect people from being killed?

I ask this question based on my understanding of the nature of the human person. People don't ask for assisted suicide because they are wanting to exercise their right of autonomy, or because they want to experience their "freedom to die" by lethal drugs. People ask for assisted suicide because they are going through a terribly difficult time of their life and they have become emotionally distraught by their experience.

People will also fear dying a painful death, a fear that is usually not related to their actual condition but rather to stories related to the death of family members or friends. "I don't want to die like uncle Joe died."

Human beings are physical, psychological, social and spiritual beings. Therefore, when a person is experiencing a difficult physical health condition, it also affects them psychologically, socially and spiritually. When a person is experiencing a difficult psychological condition, it also affects that person physically and spiritually. Humans have a unified reality, our experience of reality is not based on parts, but part of a whole.

How do we protect a person who is going through a difficult physical or psychological condition?

We are challenged as a people of life and for life, a people who oppose killing people. In my almost 20 years of experience, I must say that there is only one way to oppose and counter a culture that allows one person to kill another person and that is through love.

We are challenged to be an example of love in a world that has not only lost hope, but has become so hopeless that it is willing to give doctors, the right in law, to cause their death.

This challenge is both personal and communal. We are each called to be-with, to share ourselves, to care about others who we know are experiencing that difficult physical or psychological time of our lives.

We must recognize that as a human being I am made to be inter-dependent and it is natural for me to need others.

We must recognize that if I am experiencing a difficult time, that I am also needing others to help me through that difficult time.

We must recognize that it is not new that someone may feel that their life has lost value. It is not new that someone may feel hopeless it is only new that when I feel like my life has lost value and I express a wish to die, that someone can kill me.

We must also recognize that assisted suicide threatens all of our lives. Many of us will experience a dark time, a time when we feel that our life has no purpose, or a dark time of the soul where I may express a feeling of hopelessness. I am not seeking death, but rather I am seeking a way out. It is important that there be a significant community to protect me.

The Euthanasia Prevention Coalition has established Compassionate Community Care (CCC) in Canada to protect people and to advocate for people who are dying and nearing death. CCC is also involved with urging and training people to visit and be with others as they experience difficult human realities. We need to love the other and be with the other to protect the other.

Thank you.