



NT Voluntary Euthanasia Society Inc

GPO Box 2734
Darwin NT 0801

Patron: Mr Marshall Perron
President: Mrs Judy Dent

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CANADA

The *National Post* reported 1 April 2015:

Canadian medical schools readying doctors to talk to patients about assisted suicide

Canada's medical schools are preparing for what was once unimaginable - teaching medical students and residents how to help patients take their own lives.

As the nation moves toward legalized physician-assisted death, Canada's 17 faculties of medicine have begun to consider how they will introduce assisted dying into the curriculum for the next generations of doctors.

It is a profound change for medical educators, who have long taught future doctors that it is immoral to end a life intentionally.

"If legislation passes, and if it becomes a standard of practice in Canada for a small subset of patients who desire assisted death, and where all the conditions are met, would we want a cadre of doctors that are trained in the emotional, communicative and technical aspects of making those decisions, and assisting patients?" said Dr. Richard Reznick, dean of the faculty of health sciences at Queen's University in Kingston. "We would."

In its landmark, unanimous ruling in February that swept away Criminal Code prohibitions against doctor-assisted death, the Supreme Court of Canada gave Parliament one year to craft a new law, should it choose to do so, that recognizes the right of consenting adults with a "grievous and irremediable" medical condition to seek a doctor's help to end their lives.

Medical schools have begun to consider how they will adapt to a change in law, once it comes into force. When should classes on assisted-suicide and voluntary euthanasia be introduced? Would there be sufficient numbers of faculty members willing to teach the next generation of their trainees in the art and science of assisted death? Would young doctors wishing to incorporate it into their practices for consenting patients first have to demonstrate they are appropriately skilled?

"There will be many complexities to this; it's not going to be a simple process and whatever we teach our medical students will have to be congruent with the legal parameters, the professional guidelines that are developed and the way that this may be carried out in the future," Dr. Reznick said in an interview.

He stressed that it would be unacceptable to force any medical student or resident to participate in a medical procedure that is nevertheless legal. "We have to be respectful of the first principle here, that this is a choice," Dr. Reznick said.

“There will be students who, for personal, religious or philosophical reasons, may not feel comfortable in ever thinking about themselves as perhaps participating in assisted death, as will be true of many physicians, perhaps the majority of physicians,” he said. “It won’t be a mandatory core competency of any of our training programs.”

The issue has been brewing on medical school campuses since the Supreme Court denied Sue Rodriguez the right to a doctor-assisted death in 1993. Voluntary euthanasia (death by a lethal injection administered by a doctor) and assisted suicide (death by a lethal prescription the patient takes himself) are already discussed in medical ethics and health law courses, medical educators say, as are other difficult end-of-life issues, such as discussions around “do-not-resuscitate” orders.

“It’s not like we’re starting from ground zero on this,” Dr. Reznick said. Formal assisted-dying curricula would likely be reserved for certain specialties in which future doctors are most likely to get such a request, say in family medicine and palliative care, although there is deep controversy among palliative-care doctors as to whether the role should fall to them.

Quebec’s “medical aid in dying” law, Bill 52, is expected to come into effect in December. “Until the law is implemented”, said Maryse Grignon of McGill University’s office of undergraduate curriculum implementation, “it’s premature to incorporate [assisted dying] formally into the curriculum.”

“However, once new federal or provincial laws and policies are in place, this would need to be introduced definitely in the early stages of medical school,” said Dr. Genevieve Moineau, president and chief executive of the Association of Faculties of Medicine of Canada.

Together the schools graduate more than 2,300 doctors a year, have more than 10,000 undergraduate medical students in training and more than 12,000 postgraduate trainees.

“The challenges facing medical schools echo abortion, where there were changes in laws that required changes in how we approach a topic in our Canadian curriculum and our practice,” Dr. Moineau said. Canada’s abortion law was struck down in 1988. No doctor is forced to perform abortions; however early termination of pregnancy is now a component of residency training in obstetrics and gynaecology.

USA

Ed Gogol, President of Hemlock of Illinois, was extremely pleased to report that the New York Times has endorsed the establishment of the right to death with dignity. He said its lead editorial, Sunday March 15, titled “Offering a Choice to the Terminally Ill”, makes clear that The USA’s most prestigious newspaper has come down on the side of passage of laws allowing physician aid-in-dying.

The editorial opens with the story of John Rehm, the husband of NPR radio host Diane Rehm. “Severely crippled by Parkinson’s disease, his only option for ending the suffering was to stop eating and drinking. Physicians in most states, including Maryland, where he lived, are barred from helping terminally ill patients who want to die in a dignified way.” The editorial notes that Oregon, Washington, Vermont, New Mexico and Montana allow health care providers to hasten the death of terminally ill patients who wish to spare themselves and their loved ones from the final, crippling stages of deteriorating health, but “lawmakers in 15 other states and the District of Columbia have

introduced so-called aid-in-dying bills in recent months to make such a humane option available to millions of Americans at a time when the nation's population of older adults is growing." The editorial notes "how successfully and responsibly" the law has been carried out in Oregon, with "layers of safeguards" to protect against coercion. Discussing how doctors may sometimes help patients die secretly, it quotes Barbara Coombs Lee, president of Compassion and Choices: "Making a secret process transparent makes it safer." The editorial concludes with a quote from Diane Rehm, noting that her inability to help her husband die humanely "is a situation no spouse should have to face. There was no question but that I would support him and honor whatever choice he would make," she said. "As painful as it was, it was his wish."

He also said, "It's a tremendous sign of the growing strength of our movement that this editorial has been published. May it lead to victories in more states! And let's not forget the great victory in Canada on February 6, when the Canadian Supreme Court ruled unanimously that there is a fundamental human right to physician aid-in-dying at end of life."

HELENA -- On its second try in five days, the Montana House finally passed a bill outlawing physician-assisted suicide in Montana, sending it forward to the Senate. However, the state Senate committee rejected the bill that would make it illegal for doctors to prescribe life-ending drugs to terminally ill patients. Under the bill, doctors could be found guilty of assisting suicide and sentenced to up to 10 years in prison and up to \$50,000 in fines.

The Legislature has struggled to clarify whether the practice is legal or illegal since the Montana Supreme Court ruled in 2009 that nothing in state law prohibits physicians from giving aid in dying. The high court said doctors could use a patient's request for the medication as a defence against any criminal charges.

Since the decision, numerous legislators have attempted to pass bills stating that public policy allows or forbids physician-assisted suicide in Montana, but none of them has become law.

Fate of Hamilton man in assisted suicide case still unclear after Supreme Court ruling

From *The Spectator* (Hamilton, Canada)

The decision around the fate of a Hamilton man who has pleaded guilty to assisting a suicide attempt has been postponed one more month. Herbert Dilts was back in court to set a date for his sentencing, which had been put off after his plea in January, pending a decision by the Supreme Court of Canada concerning the country's right-to-die laws. In February, the court ruled unanimously to strike down the ban on doctor-assisted suicide for competent but desperately suffering patients,

However, even with the ruling, there remains much grey area. Dilts had pleaded guilty to trying to help his friend, Brian Nelson, 71, end his life in the parking garage of Hamilton General Hospital two years earlier. The attempt failed, but Nelson succeeded four days later. Dilts has consistently maintained he was not there that time, his lawyer, Michael O'Brien said. He was originally charged with aiding then, as well, but that charge was thrown out. Dilts will be back in court April 17, but O'Brien can't say for sure what will happen on that date. He could be sentenced or the case could still be dismissed. "I will have to talk to the Crown in the meantime," O'Brien said. "I would hope to have the guilty plea struck and then withdrawn." At the very least, he is hoping

to see his client avoid jail time. O'Brien said it's clear from evidence submitted at Dilts' plea that Nelson had made his decision to end his life long before their attempt, and that Dilts in no way manipulated him. And while his client (who is not a doctor) is "clearly out of the category of the people the Supreme Court were trying to protect," he is confident the court's ruling will still hold bearing in the case: "It recognizes that certain people want to end their life, and they want to try to do it in a dignified fashion," he said. O'Brien points out that in this case, a doctor was likely the last person Nelson would go to.

Wanda Morris, CEO of Dying with Dignity Canada, says the case is "an example of why changing our laws is so critical. I can't speculate without knowing the facts, but it appears (Nelson) had no other options facing the prospect of a horrific death. If assisted dying had been legal at that time, his friend wouldn't have had to put his own personal life and liberty at risk to help a friend," Morris said.

Nelson had surgery to repair a degenerated disk in his back a few years ago, Dilts previously told *The Spectator*, and experienced chronic and excruciating pain from the metal screws doctors inserted. He said Nelson met regularly with his doctors, but, according to his friend, nothing was ever done to help. "He'd had conversations with his family doctor that didn't seem to go anywhere; he tried to get in to see the orthopaedic surgeon. That wasn't going anywhere ... I don't think he really trusted that profession," O'Brien said. Nelson hanged himself in the parking garage - a location specifically chosen to "send a message" to the doctors, the lawyer said.

Message from Ron Plummer, President, World Federation of Right to Die Societies

At the 2014 Chicago Conference of The World Federation of Right to Die Societies it was agreed to change the legal home of the Society from New York, U.S.A. to Geneva, Switzerland.

As a result, the new Suisse Society was officially established in Geneva on 1st April, 2015 as a Not for Profit Organisation.

The name of the Society remains the same except for the elimination of the word ' Ltd. ' which was legally required at the end of the name of the New York Society.

English will remain as the international language used for communication and there is no change to the website address of the World Federation.

NTVES AGM

The AGM will be on 8 August 2015.

Please mark the date on your calendar and plan to attend.