VITAL SIGNS
Fall 2009

Building a culture of Care, Compassion & Life….

Canadian Physicians for *Life*

Inside this issue:

100+ Quebec Doctors Against Euthanasia

By Catherine Ferrier, MD

The following is a summary of a brief presented to the Collège des médecins du Québec on August 31, 2009, by Drs. Joseph Ayoub, André Bourque, Catherine Ferrier, François Lehmann and José Morais, and endorsed to date by 132 Quebec physicians.

The issue of decriminalizing euthanasia and assisted suicide has reared its head over and over again in Canada and Quebec. Recent events include the presentation by Bloc Québecois MP Francine Lalonde of Bill C-384, and a recommendation by a working group of the Quebec College of Physicians to consider acceptance of euthanasia in certain cases.

Faced with debilitating and terminal illness, people's greatest desire is to be surrounded and supported at the end of life, and spared pain and suffering. Patients who express the wish to die usually do so because they need comfort, they are depressed or their pain and symptoms are not well managed. They often change their mind with time. The request to die is a

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Suicide Assistance vs. Suicide Prevention: Who Decides?

By Ugo Dodd

I had the honour of attending the Second International Symposium on Physician Assisted Suicide (PAS) and Euthanasia, entitled "Never Again" in late May of this year. The conference featured key members of anti-PAS and euthanasia campaigns from Canada, US, UK and Belgium. We are clearly facing a world-wide battle. In Canada, with Bill C-384 up for Second Reading and support from some members of the Quebec College of Physicians and Surgeons, physicians, residents and medical students must be on the front lines.

One particularly disastrous aspect of the legalization of PAS or euthanasia, men-

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Vital Signs *is published by Canadian Physicians for Life, a registered charitable organization.*

Canadian Physicians for Life holds that reverence for every human life lies at the root of all medical tradition. Through the ages, this tradition has been expressed in the Oath of Hippocrates. It was rephrased in modern times in the Declaration of Geneva, which says in part, "I will maintain the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity." We affirm this declaration.

Letters and submissions for publication are welcome. Membership is by donation. Tax receipts are issued for all donations.

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A Brief, Beautiful Life

By Genevieve Lanigan

The following article appeared in The Ottawa Citizen on August 14, 2009 and is re-printed with permission of the author.

Dear Citizen readers,

A year ago this paper published an article that consisted largely of a letter I wrote to Dr. Margaret Somerville ("The shortest life," Aug. 5) about carrying my baby to term despite discovering from an ultrasound that he had much fluid on his brain and a severe heart condition; two abnormalities that my husband and I were told would most likely result in a difficult life and an early death.

I signed the letter only as MG but, since then, Dr. Somerville has told me that many people have been wondering how the pregnancy ended. So, I would like to tell you that part of our story, which I lovingly sum up as "A Beautiful Life: 30 Days of Pure Love."

On the evening of the first day of school last September, my husband and I (both teachers), arrived at our local hospital and were told by our specialist that we would not be heading to work the next day. I was already four centimeters dilated and so our son, who was just shy of 35 weeks gestation, would be delivered that evening. At 11:30 p.m., 4-lbs.-11-oz. Joseph Earl Francis was born via C-section and handed directly to his father, breathing on his own, and heart beating strongly. Barry and I quickly fell even more in love with him.

Over the next six days in hospital, Joseph continued to amaze family and friends with his strength.

He stayed with us constantly in a palliative care room provided by the hospital and was only assessed for vital sign checkups, as healthy babies are. He breastfed well and was the centre of attention for each of his visitors who held and kissed him all hours of the day and night. He wasn't even bothered by non-stop picture-taking, including beautiful ones, that we treasure, taken by a photographer associated with the Now I Lay Me Down To Sleep foundation.

On the Monday following his birth, thanks to the wonderful efforts of the neonatal intensive care unit doctors, outreach coordinator, and palliative care doctors and nurses, we were able to take Joseph home to live out the rest of his life and to die peacefully. Once a week, members of a palliative care team visited Joseph, assessed his heart and lungs, and helped us to prepare for his death.

For three weeks at home in Rockport, Joseph continued to astound people with his

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Photo by Robert Pankratz, MD

Genevieve Lanigan told her story to a captivated audience at CPL's 2008 Medical Students Forum in Ancaster, Ontario.

Genevieve, Barry and Joseph Lanigan

Photo by Karen Taylor

(Continued from page 2)

perfectness and gentleness as he had at the hospital.

His popularity never dwindled and he was held without complaint almost all of his life. He made valiant efforts to nurse and we felt he was fully present with family and friends.

For each day of his life, Joseph entertained no less than two visitors a day, was read to, sang to, and told over and over again that he was the cutest baby in the whole wide world.

On the weekend before his death, Joseph struggled with the pain he must have felt from the worsening of his head condition that caused both the shape of his skull and weight of his head to change. Two days before his death he was given morphine for pain, and though he still seemed somewhat content, it was clear that his time on earth would soon end. At 11:30 a.m. on the first day of October 2008, after being read to and kissed by many of his family members, Joseph went to rest forever in his daddy's arms.

The 30 days of our son's life will never be forgotten by our family and the many friends who supported us on our journey. As we continue to be today, we were constantly amazed by the outpouring of love we received from others. We cannot tell you how many people told us they were praying for us, but can tell you that we received hundreds of cards and that Joseph's Mass of the Angel's funeral was attended by more people than could fit in the church.

Looking back, we regret nothing. Despite the fact that we knew our son would be seriously disabled and was not going to be the next Einstein or Olympic athlete, we are pleased that we gave him the chance to live and that we loved him the best way we knew how. We feel blessed to have been able to have cared for him alongside such great family members, friends, doctors and medical staff. And, sad as we are to live without him, we feel grateful that he is a saint in Heaven, bearing no pain and feeling ultimate love.

Joseph, despite his very short life, greatly enriched our and many other people's lives. A friend recently told me that she thinks the small dash on gravestones that indicates the "between" of birth and death can explode with meaning depending on the life attitude one chooses.

Upon reflection, I figure that regardless of the short distance between the dates before and after his dash, Joseph's dash counts because it signifies love: love to stay living inside my womb, love to meet us, love to fight for his life, and love to die peacefully when it was time. His was a beautiful life … 30 days of pure love that sure did count.

Sincerely,

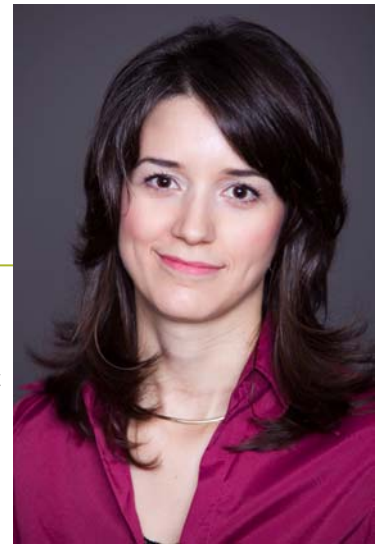
Genevieve Lanigan (Joseph's mother)

I really enjoyed the session "A Beautiful Life" as it was such a touching story. The story Ms. Lanigan told was very inspiring from both a human and medical perspective.

University of Calgary Medical Student commenting on Genevieve's presentation at CPL's 2008 Medical Students Forum.

On a Personal Note: Euthanasia, Assisted Suicide and Abortion

By Faye Sonier



These issues affect your life whether or not you realize it just yet.

Let's be frank, Canadian law and policy on euthanasia, assisted suicide and abortion expresses a national concept of life and its value. It sets out when a life begins, ends, when it can be taken and by whom.

On a personal note, the issues of the sanctity and the dignity of human life are very close to my heart. I have recently had to face the frailty of my own life and those of loved ones.

A few years ago, I was diagnosed with cancer and I spent 16 months in and out of hospitals, undergoing numerous biopsies, surgeries and radiation. That was followed by a then-unidentified illness which left me bedridden for days on end, from which I have not yet fully recovered. My mother revealed to me last year that during her pregnancy, her physician had recommended I be aborted because there was a risk that I would be born disabled. Two weeks ago, on the eve of the anniversary of my being cancer-free for five years, my mother was diagnosed with lymphoma.

These experiences have ensured that I cannot consider the practices of abortion, euthanasia or assisted suicide as abstract or distant, affecting someone else's life. They have affected my own. And the truth is they affect yours – whether or not you realize it just yet.

Last month, Françine Lalonde (MP, Bloc Quebecois) introduced Bill C-384, which seeks to decriminalize assisted suicide and euthanasia. This is the third time she has introduced a bill of this nature. Her argument for advancing the bill is that it is a practice of "ultimate compassion." In short, Lalonde suggests a dignified response to suffering is mercy killing.

Who, it might be asked, can argue with giving a lucid, clear-minded individual the right to end his or her life when they feel it is no longer worth living?

I can, for several reasons.

There were days in the last few years, when I laid in bed and it seemed like I was incapable of doing anything. There were times I felt helpless and wasted. Dependent on friends and family to meet my needs, I felt the burden of my parents, who agonized over me and for me. With the encouragement of loved ones, thankfully, I couldn't remain hopeless for long.

If this bill had been passed on the first attempt, and I had become desperately hopeless, as a Canadian over the age of 18, I might have gone to the hospital and requested that a physician end my life. I would have had to wait a few days between the first request and the injection – I am assuming that my life would have ended by means of an injection as Bill C-384 doesn't even specify the means by which a physician can terminate a life – and I would have had to sign some legal documents, but that would have been it. A bout of depression during a season of suffering, and I could have ended it all with the assistance of one sworn to protect life.

If the bill is passed in its current form, there are those who will do just that. Vulnerable individuals will end their lives before realizing what would be missing from their future, the lives of others and their contribution to society. They might end their lives before experiencing their place and purpose in the world and before someone reassures them they are neither a burden nor a drain on the medical system. Those who would seek this legislated assistance in killing themselves are perhaps Canada's most vulnerable who feel real or imagined pressure from loved ones and the health care system. Our population is rapidly aging and our health care facilities are already feeling the strain. Once we, as a society, determine to address suffering and pain with "mercy killing" we will drift farther from valuing life to the establishment of a culture of death. The experience of other nations has shown that more deaths than intended by such a law will start to occur.

Consider the Netherlands, where the original criteria for euthanasia echoed those of Bill C-384; only terminally ill, suffering, competent adults who repeatedly requested and consented to death could seek voluntary euthanasia. Over 30 years later, none of those requirements remain. Increased occurrences of "involuntary suicide" – there's an oxymoron, involuntary suicide – have been and continue to be recorded. Individuals have been killed in hospitals without their input. The laws and official guidelines of the nation have been watered down and modified by judicial interpretation to the point where no physical suffering or even illness need be demonstrated.

What then is the "ultimately compassionate" and dignified response to physical and mental suffering? Expert opinion and recent studies identify that a sense of loss of dignity and hopelessness is closely associated "with feelings of being a burden to others and not feeling worthy of respect or esteem." It has

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kind of cry from the heart, a call for sympathy. Ending the patient's life is not the humane solution; the physician's duty is always to kill the pain, not the patient. The use of opiates and the entire available analgesic arsenal to relieve pain is considered to be good medical practice, even an obligation. There has been tremendous progress in medical management and care of dying patients in the past 30 years. There are no obstacles to ending or forgoing treatments considered useless or disproportionate.

The problem of people afflicted with terminal or degenerative illness, who foresee the onset of complications, who are not necessarily depressed and who have lots of support, but who want to end their life at a particular place and time and cannot do it alone, will always be with us. These requests are usually rooted in their personality and the need they feel to control their life—and their death. These people, few in number, motivate the campaign for euthanasia and assisted suicide.

Individual freedom and autonomy end where they impinge on the freedom of other members of society. Changing the law to satisfy the demand of a small number of people would imperil the lives of a much greater number who initially were not even aimed at. The experience of the few countries that have taken the route of euthanasia and assisted suicide shows that these practices soon become ungovernable despite the controls and guidelines put in place; protocols are not respected, consents are not obtained. People who have not asked to die are put to death. It is the classic slippery slope.

Once it is accepted that patients in a terminal state who so request can be put to death, physicians find themselves confronted with the requests of the disabled and the chronically ill, then of patients with psychological problems. Even young people with chronic illnesses invoke anti-discrimination laws to support their request for assisted suicide. Accepting that giving death could be a solution to one problem opens the door to giving death to a hundred others. Euthanasia becomes a "treatment option", when in fact there are many other options.

There is unwarranted pressure on the chronically ill, the disabled and those who require expensive treatments. They begin to think that they are an undue burden on their loved ones or on society. The possibility of euthanasia would distort social attitudes toward the disabled and the old. A person is not valueless because she or he is chronically dependent or dying. The solution to ensure "dying with dignity" remains first and foremost a competent palliative approach, respect, support and tenderness.

Decriminalization of euthanasia and assisted suicide depends entirely on the participation of the medical profession. Giving patients the right to die means giving doctors the right to kill. An erosion of the doctor-patient relationship follows if the doctor is not only the person who cures, relieves or comforts, but becomes as well the person who gives death. Putting to death becomes just another treatment option available to the profession; this erodes people's bond of confidence in the profession as a whole.

Even though it is sometimes asserted that suicide is a freedom, it is above all a personal tragedy, fundamentally contrary to human nature, and a failure on society's part. Suicide is never without repercussions on other people and society as a whole. The medical response to a person's attempted suicide has always been to come to the person's aid. It should remain so.

The proposal to legalize euthanasia and assisted suicide rests on a lack of trust in the potential of the human person and of medical science. It is unacceptable from the point of view of social solidarity and the common good. The current debate will have been a useful one if it stimulates measures to improve the care of the dying.

Dr. Catherine Ferrier is an assistant professor in the Department of Family Medicine at McGill University and works in the Division of Geriatric Medicine at the McGill University Health Centre.

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been demonstrated that dignity therapy, where patients are asked to articulate the issues that matter to them, or describe how they would want to be remembered, has increased a sense of dignity in over 75% of study participants. This research confirms that compassionate response to suffering includes affirmation and quality care, not "thoughtful termination."

The passing of a law such as that proposed in C-384 would reflect that rather than focusing on increasing the quality of medical and palliative care, our society has given up on the living and chosen to turn to euthanasia or assisted suicide as a means to respond to pain and suffering. When life in general is devalued, the life of every vulnerable individual in Canada will be threatened.

Should I be forced to revisit my sickly past, either from illness or old age, I don't want to risk being in a society that would choose to respond to my need with premature death as its solution. My Canada will offer optimal health and palliative care services as a society that assures me of my value even though I may not be perfect.

Faye Sonier is Legal Counsel with The Evangelical Fellowship of Canada.

Originally published by The Evangelical Fellowship of Canada and posted on **www.christianity.ca**. Used with permission.

Canadian Physicians for Life's

2009 Annual General Meeting

Friday, November 20

5:00 p.m.

Quality Inn University

2359 Banff Trail NW

Calgary, Alberta

Please RSVP:

Email: info@physiciansforlife.ca;
Phone/Fax: 613-728-5433

Notice is hereby given that Canadian Physicians for Life proposes to amend By-law 2 at this year's AGM, to indicate that Members of CPL must be physicians, retired physicians, medical residents or medical students.

(Suicide....continued from page 1)

tioned several times at the conference, was the idea of carving out a section of society for whom suicide is acceptable. A common argument for PAS is that we are all just going to die anyway, so why not be able to select the time and place of death? Some speakers questioned why we have resisted this argument with suicidal people in the past. Why is it different if a person is old? If he is sick? If she has a disability? Unfortunately the conference was not the first time I had heard about the conflict between suicide assistance and suicide intervention.

In April my class had a very passionate presentation on suicide prevention. I still remember our professor's slides identifying the major risk factors for suicide in the elderly which include; 1) a societal belief that suicidal thoughts in the elderly are appropriate, 2) poor physical health, and 3) loss of independence.

Excited to meet an expert in suicide prevention and inspired by the knowledge that I would soon be attending an international conference on the subject of PAS and euthanasia, I asked my professor about the role of suicide intervention in such requests. I was taken aback to hear my professor explain that such requests are "different." Even when I pressed him further, asking whether an elderly or disabled person who requests assisted suicide/euthanasia is suicidal, he insisted that such cases are "different" and provided no satisfactory explanation. I was shocked, disappointed, and a little confused.

Bill C-384 specifies that all individuals requesting suicide must be over the age of 18. I imagine the reasoning is two-fold: 1) to be consistent with the legal age of consent in Canada, but also likely 2) to avoid offering "assistance" to a population that is thought to be more suicidal than the general population, adolescents. Unfortunately the bill's age cut-off would not protect the most vulnerable group of the population, the elderly. The rate of suicide is 11.3/100,000 for the general population whereas it is double (24.2/100,000) for Canadians over 65 years old.

Traditionally, suicidal ideation and behaviour were classified as pathological at every stage of life. The distinction is between "readiness to die" and "desire to die." The former was seen as healthy and the latter pathological. If as a society we accept our own biases (discrimination), illness and loss of independence as justifiable reasons to want to die in individuals who meet this criteria would we focus on suicide prevention or encouragement?

The international symposium re-

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VitaMed: New Club on Campus

Medical students at the University of Calgary were granted club status from the U of C this past Spring for their new club named "VitaMed."

The group was started under the umbrella of Canadian Physicians for Life (CPL), whose board of directors voted this past year to designate $500 per year for the club's activities, which included inviting ethically inspiring physicians to speak to the club, hosting movie nights and meeting with the local Pregnancy Care Centre. CPL agreed to provide this amount for other pro-life clubs that are started at medical schools in Canada, funds permitting. Other pro-life student groups have started to emerge in medical schools across the country.

The VitaMed students in the Class of 2010 are planning a Hippocratic Oath ceremony in Calgary around the time of graduation, where they will pledge the original Oath alongside their pro-life colleagues. Many medical schools take an oath in some form, but usually exclude pro-life affirmations.

The VitaMed students wish to thank all of the supporters of CPL for helping to make this club a reality!

Thomas Bouchard,
University of Calgary , Med Class of 2010

Canadian Physicians for Life

and

VitaMed

Cordially invite you to attend

An evening with

Professor Margaret Somerville

Founding Director of McGill Centre for Medicine, Ethics and Law

"Dying as the Last Great Act of Living:
The case against euthanasia and
physician-assisted suicide"

Dr. Somerville will be signing copies of her books:

Ethical Canary: Science, Society, and the Human Spirit
Death talk: the case against euthanasia and physician-assisted suicide
The Ethical Imagination: Journeys of the Human Spirit

Copies will be available for purchase

Friday, November 20, 2009
7:30 p.m.
Lecture Theatre CHC 119
Carnegie Hall
University of Calgary

This lecture is open to the public. Admission is free, but donations to support the educational work of Canadian Physicians for Life and VitaMed will be gratefully accepted.

(Suicide...continued from page 6)

affirmed my understanding that all requests for suicide are pathological and require intervention. Suicidal thoughts can be expected, but can never be accepted as normal. It is clear that to accept requests for suicide in only certain subsets of the population is discriminatory. If all life is valuable, as we affirm by celebrating the para-olympics, supporting Michael J. Fox and admiring Terry Fox and Stephen Hawking, then requests for suicide by less famous people with similar diseases or ages cannot be accepted.

The National Center for Suicide Prevention (www.suicideinfo.ca) states that, "suicide is intentional, self-inflicted death." Notice this definition can apply to every Canadian. As to the reason people attempt suicide, the website goes on to say "...a suicidal person is feeling so much pain that they can see no other option. They feel they are a burden to others, and in desperation see death as a way to escape overwhelming pain and anguish. The suicidal state of mind has been described as constricted, filled with a sense of self-hatred, rejection and hopelessness."

We cannot legalize an act of desperation. Suicidal fourteen year old boys with or without Down's syndrome, 44 year old women with or without multiple sclerosis and 74 year old males with or without terminal prostate cancer all merit our compassion but more importantly our intervention.

Ugo Dodd
MD. Candidate 2011
University of Ottawa

Conference proceedings are available from the Euthanasia Prevention Coalition website: **www.euthanasiaprevention.on.ca/video.htm.**

Scholarships available for

Pro-life Medical Students and Residents

2009 MEDICAL STUDENTS FORUM

November 20 - 22, 2009

Quality Inn University

Calgary, Alberta

Canadian Physicians for Life will be co-hosting this year's Medical Students Forum with the University of Calgary's medical students club, **VitaMed,** November 20-22, in Calgary, Alberta.

We offer to pro-life medical students a broad range of seminars and workshops designed to not only inform them with regards to sensitive and emerging issues, but to equip them with the confidence to 'make their case' when interacting with colleagues and the public who may question their stance on life issues.

Pro-life medical students and residents are encouraged to apply for a scholarship to attend.

For more information and to download an application for scholarship, visit our website at: **www.physiciansforlife.ca/html/students/2009msf.html**

List of Confirmed Speakers

(in alphabetical order)

Stephen Genuis, MD, FRCSC, DABOG, Associate Clinical Professor, Department of Obstetrics and Gynecology, University of Alberta

Sheila Rutledge Harding, MD, FRCPC, Professor, Departments of Pathology and Medicine; Associate Dean, Medical Education, College of Medicine, University of Saskatchewan

Will Johnston, MD, President of Canadian Physicians for Life and Family Physician, Vancouver

Wendy Lowe, Executive Director of the Calgary Pregnancy Care Centre

Fr. Tom Lynch, National Director of Priests for Life Canada

Sean Murphy, Administrator of the Protection of Conscience Project (**www.consciencelaws.org**)

José Luis Pereira, MD, CCFP, Full Professor and Head, Division of Palliative Care, University of Ottawa; Medical Chief, Palliative Medicine, Bruyère Continuing Care / The Ottawa Hospital /

Elizabeth Ring-Cassidy, MA, Psychologist, Researcher for the deVeber Institute for Bioethics and Social Research

Margaret Somerville, AM, FRSC, DCL**,** Samuel Gale Professor of Law; Professor, Faculty of Medicine; Founding Director of McGill Centre for Medicine, Ethics and Law

Medical students comment on CPL's 2008 Medical Students Forum held in Ancaster, Ontario....

"The conference was excellent.... I found the sessions really useful to provide me with a backbone as I start my career in medicine and holding pro-life views in what increasingly seems to be a pro-choice world. The conference gave a lot of food for thought and really evoked important discussions on ethics and how to uphold morals and faith in a secular world. I also gained more insight into the issues surrounding abortion and was able to have important discussions with fellow classmates who were pro-choice around this issue when I came back on Monday from the conference."

(University of Ottawa medical student, Class of 2012)

"I gained a lot of knowledge, such as the health effects of abortion, the development of fetal pain and social issues that are related to abortion. These were issues that I did not know about previously and are not addressed in my medical school curriculum. This conference has caused me to think more deeply about issues of abortion, and together with some other students we are now trying to start a pro-life interest group at our medical school. We feel that more students could benefit from exposure to these issues which are often overlooked and ignored."

(McMaster University medical student, Class of 2011)