



Renewed Debate on Assisted Suicide

by Bill Rodgers, Parliamentary Bureau

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(March 28, 2005) - A Canadian physician warns the government could be headed towards legalizing assisted suicide. “I think this is very serious,” said Dr. Will Johnston of Canadian Physicians for Life in an interview on CTV’s Question Period yesterday.

“When (Justice Minister) Irwin Cotler, who has a long and distinguished record of upholding individual rights, makes the leap of reasoning that this strong individual rights ethic needs to be carried over into the assisted suicide realm, then I think we’re in trouble,” Johnston said.

Cotler has called for a renewed public debate on the issue, saying times have

changed since Parliament last looked at the matter more than a decade ago.

“The problem with an unbridled focus on personal autonomy is that it loses sight of community – there’s no vision of community that comes out of that very narrow view,” Johnston said.

Johnston sounded the alarm bell in an interview about Terri Schiavo.

The B.C. doctor said there is a small intellectual elite in Canada “who are punching above their weight in terms of influencing the public” on the issue of assisted suicide. He said they are confusing the issues of quality of care and suffering. ♦

Morning After Woes by Will Johnston, MD

The Health Canada regulation changes which have now made the morning after pill (MAP) available “behind the counter” generated a predictable flurry of sound bites. There was I on the CTV national news saying “Taking these pills is like shooting bullets through a closed door” followed by a woman from Planned Parenthood saying “Physicians for Life and Pharmacists for Life are just basically anti-choice.” That was about seven seconds for each side.

The five minute version of my position is that many promoters of the MAP have be-

gun to fall short of some basic truth-in-advertising standards. They claim their drug blocks uterine implantation of an egg, rather than a very small human being containing fully 46 chromosomes in each of its hundreds of cells. Yet never in the history of human biology has “an egg implanted in the uterus,” to quote the same distressing misinformation in a patient’s guide published by no less than the Canadian Pharmacists Association.

Henry Morgentaler used to call an unborn child with fingers and toes a “blob of

(Continued on page 2...Morning After Woes)

On April 19, 2005, Health Canada approved the availability of Levonorgestrel (0.75 mg)—known as Plan B or the ‘morning-after pill’ (MAP) — without a doctor’s prescription. It is now legal for Canadian pharmacists to dispense MAP from “behind the counter.”

Statement from Canadian Physicians for Life on the withholding of food and hydration from Terri Schiavo

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.

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Letters and submissions for publication are welcome. Membership is by donation. Donations are tax deductible.

Direct all correspondence to:

Barbara McAdorey
Administrator
Canadian Physicians for Life
PO Box 1289
Ottawa ON K0A 2Z0

Ph/Fax: 613-728-LIFE(5433)
Email: info@physiciansforlife.ca

www.physiciansforlife.ca

(March 30, 2005) - We are united with those who have condemned the injustice of what is happening to this disabled woman. Terri Schiavo's parents want to care for her, but the courts have become obsessed with process rather than doing what is fair. The courts are allowing an innocent woman to be starved and dehydrated to death by her husband. This will alleviate his suffering, not hers. One would expect the condemnation from women's groups to be deafening.

The duty of care in this case should be to Terri, a vulnerable woman completely de-

pendent on others for survival – a woman who was not dying until *after* her feeding tube was removed on her husband's orders – a woman whose parents love her and want to give her the care she needs. Instead, Terri is being denied this care, including the most basic necessities of life, food and water. This act of inhumanity is not the mark of a civilized society. ♦

Will Johnston, MD
President, Canadian Physicians for Life

(Note: Terri Schiavo died the next day, March 31, 2005.)

Morning After Woes

(...continued from page 1)

tissue" because it was only 10 weeks from conception and he wanted to abort it – and it was going to look like that anyway when he was finished with it. Now we have Planned Parenthood, an organization which tends to mumble and shift from foot to foot rather than admit that there are little people out there inside those pregnant tummies, to tell us we are "anti-choice" if we object to an intentional hormonal assault on an "egg."

The defining human task of the next century, as I see it, will be to recognize the humanity of even the smallest *homo sapiens* from the moment of conception. That will mean resisting the temptation to declare open season on the embryo before implantation or in the test tube. What we have now is a Wild West of genetic manipulation, animal-human cell hybrid experiments, and in general the use of tiny humans as lab supplies and commodities.

The horrors committed by the Nazis

required prior decades of respectable academic promotion of the idea of lives of different value. Their criteria were race and fitness, ours are size and wantedness. Their ideals can be seen in the words of Planned Parenthood founder Margaret Sanger: "The Jewish people and Italian families who are filling the insane asylums... these are the ones the tax payers have to pay for the upkeep of... the enormous expense of the state is increasing because of the multiplication of the unfit..." Our ideals focus on sexual freedom and personal health.

Through these many decades, the fatal flaw endures: the implicit idea that we can declare some people to be less than human persons and go on to prosper, indeed that this declaration is the very key to our future prosperity. It is a flaw which will once again produce terrible consequences. ♦

Will Johnston is a Vancouver family physician and President of Canadian Physicians for Life. This article was published in the *National Post*, April 26, 2005.

Embarking on the domestication of death

By Will Johnston, MD

Monique Charest had reached the age of 64. At the same age, her father had died of porphyria, one of those rare diseases which medical students learn about and then forget for lack of ever seeing a case. Mad King George may have suffered from porphyria. Now all of Canada may have to suffer from porphyria, after a jury in the small Vancouver Island city of Duncan rendered its verdict in an unusual trial which concluded November 4, 2004.

It seems that Ms. Charest had fallen into a depression marked by the obsession that she must soon die at the same age and of the same disease which had claimed her father. Her neighbour and walking partner put up with it but Ms. Charest was politely banished from the nearby senior's centre because she was upsetting too many people with her steady stream of obsessive death-talk. She didn't get any psychiatric help.

Eventually she contacted the local right-to-die society and its secretary, a pleasant woman named Evelyn Martens who practiced a cottage industry in making "exit bags"—plastic sacks with a Velcro neck strap meant to assist in suicidal asphyxiation.

In the death-centred world of the right-to-

die movement, Ms. Martens had achieved some celebrity with her creation, which had been banned in Australia, and was under investigation in Ireland after deaths in those countries. It didn't take long for Ms. Charest to show up dead after a visit by Ms. Martens, who had the necessary tubing and portable tank to fill her exit bag with helium. At trial, no evidence of porphyria could be obtained from Ms. Charest's doctor or the autopsy report and it became clear that she was in no way terminally ill of any discernable disease.

After a sting operation in which an RCMP officer posed as a grieving niece of Ms. Charest, the police concluded that Ms. Martens had fallen afoul of section 241 of the Criminal Code of Canada, that section written to punish anyone who "aids and abets a person to commit suicide." For reasons which are not entirely clear, the jury shied away from convicting Ms. Martens – after all, the only certain witness was dead – and the situation thus played into the hands of Irwin Cotler, an apparent assisted-suicide enthusiast elevated by the vagaries of Canadian politics from the obscurity of teaching about "rights" at McGill University to the post of federal Minister of Justice.

Apart from the Justice Minister, some of the civil servants under his command, and the right-to-die societies, few Canadians give evidence of a preoccupation with Section 241 of the Criminal Code. If the law is changed, centuries of cultural assumptions about our clear duty to prevent suicide will be quietly dismissed. We will embark upon a bureaucratic exercise which embodies the delusion that we can domesticate death without damaging the social fabric and the integrity of the practice of medicine. If our government's approach to other cataclysmic social innovations is any indication, it won't matter what or if the unwashed Canadian masses think about it. The mere mention of "rights" diverts all available power to the thought deflector shield. It's enough to bring on an attack of porphyria. ♦



Dr. Will Johnston, president, Canadian Physicians for Life

If the law against assisted suicide is changed, centuries of cultural assumptions about our clear duty to prevent suicide will be quietly dismissed. We will embark upon a bureaucratic exercise which embodies the delusion that we can domesticate death without damaging the social fabric and the integrity of the practice of medicine.

"Canada has identified a suicide problem among its youth, and we have responded 'How can we prevent it?' Canada has identified a suicide problem among Aboriginal peoples and we have responded 'How can we prevent it?' Canada has identified a suicide problem among people with disabilities and we have responded 'How can we assist them to kill themselves?'"

Gary McPherson, the Chairman of the Alberta Premier's Council on the Status of Persons with Disabilities, in testimony to the Special Senate Committee on Euthanasia and Assisted Suicide, June 1995.

Umbilical Cord Blood Stem Cells

The Therapy of the Future By Dr. Peter Hollands



Dr. Peter Hollands is Scientific Director of the private cord blood bank, Cells for Life, in Markham, Ont.

In a study* of women's attitudes towards cord-blood banking, researchers found that 70% of women reported poor or very poor knowledge about cord blood banking. 68% of the respondents thought that physicians should talk to pregnant women about the collection of cord blood, and wanted to receive information about this topic from health care professionals or prenatal classes.

* "Knowledge and attitudes of pregnant women with regard to collection, testing and banking of cord blood stem cells," Conrad V. Fernandez, Kevin Gordon, Michiel Van den Hof, Shaureen Taweel and Françoise Baylis; *CMAJ*, March 18, 2003.

Thousands of babies are born every day around the world bringing joy, happiness and a sense of permanence to the human race. In about 1% of these deliveries there is another brief, painless, and potentially life saving event. This event is the collection of umbilical cord blood and the storage of the stem cells it contains. These stem cells can potentially treat future life-threatening disease both in the baby and in the baby's immediate family.

There is currently much debate about the source of stem cells for therapy, especially the proposed use of embryonic stem cells and the relationship of embryonic to umbilical cord blood stem cells. This article aims to clarify the misconceptions surrounding stem cell technology.

The Background

Embryologists have known for many decades of the presence of stem cells in the developing embryo and in umbilical cord blood. The early work on embryonic stem cells in the mouse showed that the cells are indeed present, may be harvested, and can be relatively easily transplanted. Subsequent developments in assisted reproduction technologies, especially *in vitro* fertilization (IVF), made human embryos readily available and the concept of human embryonic stem cells was born.

In the 1990's, human embryonic stem cells were first isolated, surrounded by a media and political hype claiming them to be a panacea. In parallel to this work, other scientists focused their efforts on umbilical cord blood stem cells resulting in the world's first umbilical cord blood transplant, not surrounded by any media or political hype, in the late 1980's.

The mention of stem cells today to the general public immediately conjures up an image of embryonic stem cells largely due to the media reporting on embryonic stem cells and neglecting other major breakthroughs such as umbilical cord blood stem cells.

The Current State of the Art: Embryonic Stem Cells

Embryonic stem cells can, in theory, produce every tissue in the body in a form suitable for transplant. The reality is that embryonic stem cells have yet to be used to treat anyone in the world for any disease despite the initial euphoria. There are many reasons for this lack of progress but most notably is the fact that in order to create embryonic stem cells it is necessary to create and destroy a human embryo. The ethical, legal, moral and religious objections to this process make the whole technology unacceptable to most observers.

Most countries in the world have now prohibited the creation of human embryos specifically for stem cells isolation but many still allow stem cell isolation from embryos donated to research from existing IVF programmes. National embryonic stem cell banks have been established in many countries, at great cost to the tax payer, with no immediate use for these cells.

Apart from these over-riding objections there are also concerns regarding the large number of embryos needed to obtain sufficient cells for a transplant to just one person, the technology to transplant the cells does not exist, and the stability of the cells once transplanted is completely unknown. There has been a large political and scientific investment in embryonic stem cells and at present no one has benefited. It is difficult to rationalize this level of investment of time and money into embryonic stem cells when there are alternative, readily available sources of stem cells for transplantation.

The Current State of the Art: Umbilical Cord Blood Stem Cells

Umbilical cord blood stem cells can also, in theory, produce every tissue on the body in a form suitable for transplant. The first transplant of umbilical cord blood took place in

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Umbilical Cord Blood Stem Cells

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1988. Since then these stem cells have been transplanted over 3,000 times worldwide for 45 different diseases including leukaemia, lymphoma, and following extensive chemotherapy. Current research indicates applications in the areas of heart muscle repair and nerve cell repair in the near future. These transplants have received very little media attention, despite the clear success stories, and politicians remain largely uninformed on the subject.

Umbilical cord blood stem cells are obtained from umbilical cord blood collected at the birth of a baby. This blood will otherwise be discarded along with the placenta. There are no legal, moral, ethical or religious objections to the collection of the cord blood – it is otherwise biological waste. The umbilical cord blood stem cells are easily isolated using tried and tested technology and can be stored in liquid nitrogen for many decades, quite possibly the whole

life-time of the baby.

The stem cells, once stored, are not only available for the baby but also for siblings and immediate family. There are also an increasing number of cord blood stem cell units being offered for transplantation by public cord blood banks worldwide, thus enabling this technology to benefit even more children and adults suffering from potentially fatal diseases.

The Way Forward

Stem cell technology is clearly here to stay and in the future will no doubt have a massive impact on the overall health of the human race. This technology will allow funds currently used to care for chronically ill patients to be diverted to other acute services within the health systems, thus providing the best service for all patients. Despite all of this we must still consider the source of the curative stem cells very carefully. We must promote the use of stem cells de-

rived from the most accessible and legally and morally acceptable source. This source is umbilical cord blood. Health professionals around the world must note this and actively promote the collection and storage of cord blood at every birth. Politicians must acknowledge that umbilical cord blood is an excellent source of stem cells for transplantation and allocate government funding to research and public cord blood storage. Scientists must focus their efforts on fully developing the potential of cord blood stem cells. Let's get away from the hype and focus on the reality: Umbilical cord blood stem cells. ♦

Dr. Peter Hollands is Scientific Director of the private cord blood bank Cells for Life Ltd in Markham, Ontario. See www.cellsforlife.com for more info.

Cord blood banks are either private or public. Cord blood donated to public banks is accessible to anyone, and there is no guarantee that it will still be accessible by the donor if needed. For more information, visit www.acbb.ca

Adult Stem Cell Successes—In the News

The following are some examples of the successful treatments using adult stem cells.

Doctors in Arizona treated a man who had three heart attacks in two years with stem cells from the man's thigh. The heart attacks had left his heart weak and barely able to pump blood. During bypass surgery, doctors injected the stem cells into the damaged area of Samuel Cohen's heart. Within months, his heart was beating efficiently and he could do exercise. *CBC News - Nov. 10, 2003*

"Researchers treated 250 diabetics with islet cells from the pancreases of deceased human donors, and more than 80% were able to stop their insulin shots for more than a year, the Atlanta Journal-Constitution reported in June...14 patients showed significant improvement in heart function for several months after receiving injections of their own bone marrow stem

cells, said a study published in *Circulation* in March.Adult bone marrow stem cells also were shown to help heal three patients suffering from chronic skin wounds, said a study in the April issue of *Archives of Dermatology*." *The Washington Times, December 29, 2003.*

A Brazilian woman who suffered a brain hemorrhage that left her paralyzed and unable to talk, was successfully treated when bone marrow stem cells taken from her pelvis were injected into her brain. Maria da Graca Pomeceno has regained her ability to walk and talk. The experimental treatment used Rio's Pro-Cardiaco Hospital and the Federal University of Rio will be tested on 14 other patients. *ABC News Online, Nov. 20, 2004*

A Quebec woman with a rare form of rheumatoid arthritis called Still's disease, was successfully treated with stem cells from her own bone marrow. Symptoms of Still's

disease include chronic fever, skin rashes, swollen painful joints, extreme fatigue, anemia and weight loss. Three months prior to the treatment, Genevieve Claveau was in a wheelchair, unable to walk or feed herself. After the treatment she was hiking, running, and working full time. "Stem Cell Miracle Thriving," *The Gazette (Montreal), Dec. 5, 2004.*

An American woman, Erica Nader, who was left paralyzed from the arms down in a car accident in 2001, went to Portugal for a form of treatment which is not done anywhere else in the world. Stem cells from the olfactory mucosal cells from the ridge inside her nose were implanted in her spinal cord at the location of injury. She is undergoing rehabilitation and can now lift her arms, feed herself, and has started to walk in leg braces with a walker or on a treadmill. *Detroit Free Press, January 4, 2005.* ♦

2004 Medical Students Forum In Their Own Words



Over 40 students and residents attended the 2004 Medical Students Forum in Winnipeg, October 2004.

Canadian Physicians for Life sponsored over 40 students to attend a medical students forum in conjunction with the national pro-life conference in Winnipeg in October 2004. It was a great opportunity for these students to learn from and be inspired by pro-life physicians who have faced the same challenges these students are now facing in medical schools.

In their own words, here is what the students had to say.....

**From Althea Barthos,
University of Toronto, Class of 2007**

“This past October, Canadian Physicians for Life (CPL) generously sponsored my attendance at the Medical Student Forum, which was held in downtown Winnipeg. At this forum pro-life medical students from across Canada gathered to attend lectures and workshops, hold discussions, and share experiences with one another and with the physicians and staff members of CPL. It was really wonderful to meet so many students who support life, from so many different parts of the country. I feel very confident in Dr. Johnston’s leadership, and grateful for his vision. Although the general purpose of this conference was to educate, it is also very important to provide like-minded individuals opportunities to forge social connections that will remain with them throughout their careers. The medical student forum seems, to me, key to achieving that goal.

....I very much enjoyed the lecture on the history of the euthanasia movement in North America. It is always helpful to see how ideological movements ebb and flow with time....I really enjoyed Rob Merrifield’s opening address on the politics of life issues. It was interesting to hear from someone within the political machine.

....Thanks to the kindness and foresight of people we might never have the pleasure of meeting, over 40 of us students were able to

gather in solidarity for a very worthy cause, and the fellowship that we experienced will not be forgotten. I know for certain that this would not have been possible without the extensive support Canadian Physicians for Life provided. You also continue to do us a great service through your educational endeavors. I will be proud on the day I can claim true membership as one of the Canadian physicians who defend the value of life.”

From Sherry Yang, University of British Columbia, Class of 2007

“I really enjoyed the medical students forum and all the talks that were held just for medical students. The focus on issues that we would be dealing with practically as students and as practicing physicians in the future was very useful. I particularly appreciated Dr. Genuis’ use of evidence based medicine (quoting published studies, articles etc.) to reinforce his message....Dr. Genuis’ presentation on adolescent health and the trends of STDs and approaches that have been used to curb STD rates was extremely educational and a very different perspective from the “safe sex” rhetoric that we are bombarded with in elementary/secondary school as well as in university and even medical school. It really seems as if there is no one else out there educating people on the fact that condoms don’t protect against the transmission of two of the most common STDs (Herpes and HPV)....Another really useful aspect of the conference was listening to the different approaches practicing doctors use to explain to their patients or other doctors about their perspective on the sanctity of life issues. It was also great to hear what other students have said in response to challenges from their classmates on these issues.”

**From Ben Wong,
University of Alberta, Class of 2007**

“After attending the conference, the word that kept reverberating in my head was com-

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plexity. The abortion issue is COMPLEX! Pro-life and Pro-choice are just at different ends of a spectrum of viewpoints towards this subject.... I think I have always taken more of a Pro-life stance because, as a Christian, I believe in the sanctity of life. However, with this stance, am I equipped to deal with abortion issues practically when I become a practicing physician? I don't think one can ever be too prepared when confronted with these issues, but attending conferences like this is a step in the right direction...(The conference) topics range from euthanasia to well-being. They highlight what Pro-life is really about. Pro-life is not just anti-abortion, but the crux of the matter is that we should value life and live to the fullest. One particular talk that sticks out in my mind is that given by Dr. Stephen Genuis. Backed by scientific evidence, he pointed out that current prevention strategies against sexually transmitted diseases (barrier protection and the management of infection) have not been all that effective. Herpes and HPV, both of which can still be transmitted even with barrier protection, are prevalent in the general population and they have can lead to long-term morbidity and mortality....

....Much technical information was presented during the conference. Given my limited medical background, I had trouble taking it all in. However, the true value of the conference lies not so much in the content, but the process. It is the exchange of ideas that stimulates us to examine and modify our views on Pro-life and abortion, and I believe, this is what I valued most about this conference.”

*From Sze Wan Sit,
McGill University, Class of 2005*

“It has been a truly valuable experience to meet others in the medical field across Canada who share the same pro-life values as us. It was particularly inspiring to see physicians who practice what they believe is right and ethical in their profession. If we are pro-life, we often feel that we are the minority in the medical community. For example, at McGill University, there is a long-established pro-choice student group (the Medical Students for Choice, or MSFC), but there is no pro-life student group. The MSFC pays visits regularly to the Henry Morgentaler clinic, which is widely publicized and very famous. However, I personally have not heard of any pro-life clinic in Montreal although I certainly hope that there are some. Generally speaking, pro-lifers are afraid to speak out and keep a low profile because we all fear to be uncovered, criticized and disapproved by our peers and supervisors. Thus many of us also feel alone in having the pro-life point of view. This is certainly an added stress in our medical studies and we feel vulnerable. We also feel uneasy because we do not want to contradict our conscience but at the same time we are afraid to contradict pro-choicers. We do not want to be hypocritical and say that we are personally opposed to abortions but not do anything to stop them or restrict them....Everyone (at the conference) was very open-minded and the atmosphere was quite friendly. I have learned that no matter in which province of Canada we study medicine, we all face the same problems and we have come together to share our ideas.

....The the pro-life position is almost always associated with the religious point of view. Moreover, religion nowadays is considered to be irrational and unscientific, which of course is a false opinion that people have. Combined together, a pro-life person really has a hard time arguing for his or her point of view. That is why I found the talks given by Dr. Stephen Genuis particularly informative. He has proved to all of us that the pro-life view can be supported by scientific data from research and journals, that pro-life arguments can be logical and rational....

....I think all of us who participated in the conference not only gained knowledge, but also self-confidence, courage, and friendship. We feel more self-confident because we now know that our view is scientifically sound and ethically right. Thus we have the courage to disseminate the knowledge that we gained to other colleagues and patients so that better care will be delivered for the benefits of mankind. And more importantly, we know that we are no longer alone and we can find the support that we need in like-minded colleagues and mentors.... “....To conclude, I have also realized that not only abortion is a pro-life issue, but also is euthanasia, which will become a more and more controversial topic in this country where life is not valued. Fortunately, euthanasia is still illegal, but we have to do our research in order to argue reasonably with people who support its legalization in this country where many things can become legal easily, regardless of ethics, under the pretext of tolerance and open-mindedness.” ♦

More student reports will be published in our Fall issue of Vital Signs.

The 2005 Medical Students Forum will be held in November in Montreal to coincide with the National Pro-Life Conference. Specific sessions at the National Conference will be open to attendees of the Students Forum. The exact time, location, and programme for the Medical Students Forum will be announced at a future date and posted on our website: www.physiciansforlife.ca

**2005
Medical
Students
Forum**

Canadians want restrictions on abortions

An October 2004 Environics poll commissioned by LifeCanada revealed that Canadians do not support the status quo on abortion in this country. There is no legal protection for the unborn child in Canada today for the entire nine months of pregnancy, and most abortions are fully paid for by the taxpayer.

Respondents were asked four questions:

1. In your opinion, at what point in human development should the law protect human life? Should it be...?

From conception on	33%
After three months of pregnancy	24%
After six months of pregnancy	11%
From the point of birth	28%
DK/NA	4%

2. Some states in the U.S. have "informed consent" laws concerning abortion. These laws require that, before a woman has an abortion procedure, her physician must provide her with certain information such as details on the stages of fetal development including an ultrasound scan, the possible complications and side effects following an abortion, and alternatives to abortion. Do you support or oppose similar laws in Canada for women considering abortion?

Yes, support	73%
No, oppose	25%
DK/NA	3%

3. At present in Canada it is legal for minors under the age of 18 to have an abortion without the consent of their parents. Do you support or oppose a law that requires minors under the age of 18 to have their parents' consent in order to have an abortion?

Yes, support	55%
No, oppose	42%
DK/NA	3%

4. When it comes to the funding of abortions, which of the following three opinions is closest to your own?

Private responsibility	18%
Publicly funded only in medical emergencies, rape or incest	54%
Always publicly funded	26%
DK/NA	2%

Full results of the poll can be found at:
www.lifecanada.org/html/resources/polling/EnvironicPollResults2004.pdf

National Pro-Life Conference Nov. 17 – 19, 2005 Montreal

The 2005 National Pro-Life Conference is scheduled for November 17, 18 and 19 in historic Montreal. The conference, sponsored by LifeCanada and Campaign Life Coalition and hosted by Campagne Québec-Vie in Montreal, will be held in the renowned Saint Joseph's Oratory which was founded by Brother Andre in 1904 and completed in 1967. Brother Andre was known as the miracle worker of Mount Royal because of his healing ministry. The Oratory is a famous pilgrimage site which attracts over 2 million visitors and pilgrims each year. Besides a great location, the conference will feature many inspiring speakers which will make the trip worthwhile.

Some confirmed speakers are:

Lydia Miljan, co-author of *Hidden Agenda: How Journalists Influence the News*

Journalist **Peter Stockland** formerly editor-in-chief of the *Montreal Gazette* and now editor-in-chief and vice-president

of *Reader's Digest*

Rabbi Dr. Reuven P. Bulka, Rabbi of Congregation Machzikei Hadas of Ottawa, well-known author and editor of over 30 books as well as countless articles for professional journals in the fields of religion, health and psychology and host of a television series "*In Good Faith*" and a radio call-in program "*Sunday night with Rabbi Bulka*"

Dr. Deborah Zeni, family physician and recipient of the 2004 Council Award given out by The College of Physicians and Surgeons of Ontario, Board member of The deVeber Institute for Bioethics and Social Research and Canadian Physicians for Life and appeared in the Evangelical Fellowship of Canada's video on euthanasia and assisted suicide "*Ending the Journey*"

For further information, contact LifeCanada:
Email: info@lifecanada.org;
Ph: (613) 722-1552