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“Mr. Speaker,

It gives me great pleasure to introduce a legislative package that seeks to respond to the Supreme Court's 1988 appeal to Parliament to establish a legal framework to replace the system struck down by the Morgentaler decision. Since then, Canada has been the only developed nation in the Western Hemisphere with absolutely no law governing abortion. While this Bill would not remove a woman's access to an abortion, it would seek to make certain that any decision to terminate a pregnancy be taken prior to the foetus attaining its 20th week of gestation.”

- Paul Steckle, MP, June 21, 2006, House of Commons, on the tabling of Bill C-338

Protection for preborn children introduced in Parliament

OTTAWA – Canadian Physicians for Life President Dr. Will Johnston applauded Liberal MP Paul Steckle's recent efforts to extend legal protection to perinatal children in Canada – children who have reached the point of fetal viability after 20 weeks gestation.

“It is a national tragedy that the most vulnerable people in our country – those children developing in their mother's womb – receive no legal protection whatsoever,” Dr. Johnston said. “Canada is unique in its utter disregard for the lives of these children, and such legislation is long overdue.” He noted that

virtually every other industrialized nation in the world offers protection for its unborn children from at least some stage in their development.

Mr. Steckle's Private Members Bill C-338, which was introduced in the House of Commons on June 21, seeks to change this situation by penalizing anyone who “causes the death of a child before it has completely proceeded from the body of its mother” after 20 weeks gestation, except if continuing the pregnancy would put the mother's life or physical health at serious risk.

(Continued on page 5...legislation)

An ethical society can't avoid debate over curbing choice

by Paul Ranalli, MD

Throughout the 2006 federal election, Paul Martin and the Liberals tried repeatedly to hang the “hidden agenda” label on Stephen Harper and the Conservatives.

While the coy agenda reference was meant to identify a number of items important to “social conservatives,” the most emotionally charged issue was abortion, and Harper took that one off the table before the election even began, stating flatly that his government would not introduce new legislation on the issue.

As it turns out, there is a hidden agenda in this country on abortion, but it is not Harper's. It belongs to the Canadian people, and it is this: a majority of Canadians do not support the current open, unrestrained status of abortion in this country.

If offered the choice (to use a term abortion proponents have appropriated as their own), Canadians would support broad restrictions on the procedure.

Don't believe it? You'd be wrong, but you are not alone.

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Legalized euthanasia would destroy society's basic values and beliefs

By Dr. Margaret Somerville



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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The two major reasons against euthanasia and assisted suicide are, first, that it is wrong for one human to intentionally kill another, except in self-defence. And, second, that the harms and risks of legalizing euthanasia and assisted suicide far outweigh any benefits.

(I use the word euthanasia to include assisted suicide.)

When our values were based on a shared religion, the case against euthanasia was simple: God's command was "thou shalt not kill." In a secular society based on intense individualism, the case for euthanasia is simple: Individuals have the right to choose the manner, time and place of their death. But, in such societies the case against euthanasia is complex.

The case for euthanasia is easily made by focusing on heart-wrenching individual cases of very difficult deaths that make dramatic and compelling TV footage. The case against euthanasia is much more difficult to present because it depends on harm to some of our most important societal values, to the important institutions of medicine and law, and to present and future generations and societies.

Euthanasia is intentionally killing another person to relieve their suffering. It is not the withdrawal or withholding of treatment that results in death, or necessary pain- and symptom-relief treatment that might shorten life, if that is the only effective treatment.

Euthanasia is not, as euthanasia advocates argue, just another option at the end of a continuum of good palliative care treatment. It is different in kind from them. To legalize euthanasia would damage important societal values and symbols that uphold respect for human life. If euthanasia is involved, how we die cannot be just a private matter of self-determination and personal beliefs, because it involves other persons and society's approval of their actions. It overturns the prohibition on

intentional killing, which the British House of Lords called "the cornerstone of law and human relationships, emphasizing our basic equality."

Medicine and the law are the principal institutions involved in legalizing euthanasia. In a secular, pluralistic society they are responsible for maintaining the value of and respect for human life. Euthanasia would seriously damage their capacity to do so. Paradoxically, their responsibility is much more important in a secular society than a religious one, because they are the "only game in town."

To legalize euthanasia would fundamentally change the way we understand ourselves, human life and its meaning. We create our values and find meaning in life by buying into a "shared story"- a societal-cultural paradigm. Humans have always focused that story on the two great events of every person's life, birth and death. In a secular society – even more than in a religious one – that story must encompass and protect the "human spirit." By the human spirit, I do not mean anything religious. Rather, I mean the intangible, invisible, immeasurable reality that we need to find meaning in life and to make life worth living – that deeply intuitive sense of relatedness or connectedness to all life, especially other people, the world, and the universe in which we live.

There are two views of human life and, as a consequence, of death. One is that we are simply "gene machines." In the words of an Australian politician, when we are past our "best before" or "use by" date, we should be checked out as quickly, cheaply and efficiently as possible. That view favours euthanasia. The other view sees a mystery in human death, because it sees a mystery in human life, a view that does not require any belief in the supernatural.

(Continued on page 3...euthanasia)

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Euthanasia converts the mystery of death to the problem of death, to which we then seek a technological solution. A lethal injection is a very efficient, fast solution to the problem of death – but it is antithetical to the mystery of death. People in post-modern societies are uncomfortable with mystery, especially mysteries that generate intense, free-floating anxiety and fear, as death does.

Yet another objection to legalizing euthanasia is that abuse cannot be prevented, as recent reports from the Netherlands show. And they show that once euthanasia is legalized, its availability expands. Originally, euthanasia was only available to dying adults with unrelievable suffering who were competent to give informed consent and repeatedly requested euthanasia. Very recently the Groningen protocol has extended its availability to include disabled newborn babies.

To assess the impact that legalizing euthanasia might have, in practice, on society, we must look at it in the context in which it would operate: The combination of an aging population, scarce health-care resources, and euthanasia would, indeed, be a lethal one.

Euthanasia advocates often argue, in support of legalizing it, that physicians are secretly carrying it out anyway. But, even if that were true, it does not mean that it is right. Further, if physicians were currently ignoring the law against murder, why would they obey laws governing euthanasia? Physicians' absolute repugnance to killing people is necessary to maintaining people's and society's trust in them. This is true, in part, because physicians have opportunities to kill that are not open to other people. Experience in both the Netherlands and Australia (euthanasia was briefly legalized in Australia's Northern Territory in 1997) show that people stay away from doctors and hospitals because of fear of euthanasia. A serious public health problem arose in Australia's aboriginal com-

munity because parents refused to have their children immunized.


And how would legalizing euthanasia affect medical and nursing education? What impact would physician role models carrying out euthanasia have on students and young health-care professionals? Would we devote time to teaching students how to administer death through lethal injection? (In the Netherlands a patient who was administered euthanasia but did not die, sued his doctor for medical malpractice.) It would be very difficult to communicate a repugnance to killing in a context of legalized euthanasia.

Health-care professionals need a clear line that powerfully proves to them, their patients, and society that they do not inflict death; both their patients and the public need to know with absolute certainty – and be able to trust – that this is the case. Anything that would blur the line, damage that trust, or make them less sensitive to their primary obligations to protect life is unacceptable. Legalizing euthanasia would do all of these things.

Euthanasia is a simplistic and dangerous response to the complex reality of human death. Physician-assisted suicide and euthanasia involve taking people who are at their weakest and most vulnerable, who fear loss of control or isolation and abandonment – who are in a state of intense “pre-mortem loneliness” – and placing them in a situation where they believe their only alternative is to be killed or kill themselves.

How a society treats its weakest, its most in need, its most vulnerable members tests its moral and ethical tone. To set a present and future moral tone that protects individuals in general and society, upholds the fundamental value of respect for life, and promotes rather than destroys our capacities and opportunities to search for meaning in life, we must reject euthanasia. ♦

Margaret A. Somerville is the Samuel Gale Professor of Law, and a professor in the faculty of medicine, McGill University Centre for Medicine, Ethics and Law. This article first appeared in the May 7, 2006 issue of the Winnipeg Free Press and is reprinted here with permission of the author.



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Commons Committee prevents democratic vote on unborn victims of violence legislation - by Carroll Rees

On November 24, 2005, 19-year-old Olivia Talbot who was 27 weeks pregnant, was shot to death in Edmonton. Even though there were two victims, the law did not allow police to lay murder charges in the death of Baby Lane since he was not yet born when he died. Mary Talbot, Olivia's mother, has led the charge to have the law changed so that two charges could be laid in violent crimes involving a pregnant woman. She has spearheaded a national petition campaign asking Parliament to enact new legislation and met with Stephen Harper during the last election campaign. It recently looked like Mrs. Talbot's efforts might pay off.

Leon Benoit, Member of Parliament for Vegreville-Wainwright, introduced Bill C-291, a Private Members Bill which sought to amend the Criminal Code of Canada so that anyone who injures or kills an unborn child while committing an offense against its mother would be guilty of a separate offense. The minute this Bill was introduced in the House of Commons, abortion rights advocates started to object because they were concerned that it would erode access to abortion. Mr. Benoit repeatedly explained that this Bill would apply only in cases where mothers had chosen to carry the child to term. The Bill explicitly states that it would apply only "while committing or attempting to commit an offence against the mother." Mr. Benoit clearly stated, "This bill is about protecting those children whose mothers have not chosen abortion – mothers who have chosen to carry their children to term."

Unfortunately, Bill C-291 was deemed non-votable by the Parliamentary Subcommittee on Private Member's Business because, they said, it "clearly" violates the Constitution including the Canadian Charter of Rights and Freedoms. The subcommittee did not provide any information regarding what section of the Charter was violated, nor what part

of the bill was in violation. Mr. Benoit decided to appeal the decision to the Standing Committee on Procedure and House Affairs and had less than five days to prepare for the hearing. This was extremely difficult given the fact that he had no idea on what grounds they had deemed Bill C-291 to be non-votable.

Mr. Benoit explained that unborn victims of violence legislation would address the grave injustice of not recognizing the unborn child even when the attacker intended to harm him or her. Mr. Benoit, in his submission said, "And the grieving families who have lost their loved ones in this type of crime, only too tragically recognize there are two victims – just ask Mary Talbot who is with us here today witnessing these proceedings, how many victims there were when her daughter, Olivia, and her grandson, Baby Lane, died that day. Any pregnant women who survives a violent attack but loses her preborn child – a child she wants and loves – will grieve for that child, and no one can say she grieves for that child any less simply because that child had not yet been born."

Mr. Benoit asked the committee if Mary Talbot, who had traveled all the way from Edmonton for the hearing, could speak for two or three minutes. Sadly, the committee members voted against allowing her to speak. Mrs. Talbot had brought photos of Olivia and Baby Lane for committee members to look at. The photos were left on a table in the committee room but few MPs bothered to take one.

Leon Benoit explained that this Bill is needed to protect pregnant women. Evidence indicates that physical abuse often starts or increases when a woman is pregnant. The Society of Obstetricians and Gynecologists says that physical abuse remains a frequently undetected risk factor in a large number of pregnancies, and that violence begins or increases during pregnancy. (Violence



Baby Lane was removed from his mother's womb at 27 weeks gestation, after Olivia Talbot was shot and killed. Under today's criminal justice system, no charges could be laid in his death because he had not been "born alive."

Against Women. SOGC Clinical Practice Guidelines Policy Statement, No. 46, 1996.) A 2004 report by the Canadian Perinatal Surveillance System stated that women were four times as likely as other abused women to report having experienced serious violence, including being beaten up, choked, threatened with a gun/knife or sexually assaulted. (*Physical Abuse During Pregnancy*, Canadian Perinatal Surveillance System, February 2004; see www.phac-aspc.gc.ca/rhs-ssg/factshtsabus prg_e.html). Legislation may act as a deterrent to anyone who would consider harming a pregnant woman and her unborn child.

Mr. Benoit tried to explain that Bill C-291 would not violate the Canadian Charter of Rights and Freedoms even though he was given no explanation from the Committee of why they claimed it would. He went on to say that his Bill would not change Section 223 (1) of the Criminal Code which states that "A child becomes a human being within the meaning of this Act when it has com-

(Continued on page 5...unborn victims)

(unborn victims...continued from page 4)

pletely proceeded, in a living state from the body of its mother.” Bill C-291 would offer protection where an unborn child dies or is injured as a result of violent acts against the mother *despite* the definition of human being in the Criminal Code.

The Supreme Court of Canada has repeatedly been called on to rule in cases involving unborn children since the law on abortion was struck down in 1988. In all cases, the Court was bound by the Criminal Code of Canada’s definition of human being and this was reflected in their decisions. For example, in the 1991 case of Sullivan and Lemay v. the Queen, two midwives were charged in the death of a baby who died during childbirth. The Court ruled that the midwives could not be convicted of criminal negligence since the baby was not born alive and did not yet exist in law.

Such rulings do not mean that it is not possible to grant status to the child in the womb. The Supreme Court of Canada has consistently said that it is up to Parliament to balance the rights of the mother with the rights of the child and to decide at which point the child in the womb should be protected by law. So, even if Mr. Benoit’s bill had attempted to change the definition of human being it is questionable if it would have violated the Constitution or Canadian Charter of Rights and Freedoms.

The other possible violation of the Charter which Mr. Benoit addressed was the

(legislation...continued from page 1)

“With advances in medical technology, children younger and younger are capable of surviving outside the womb,” Dr. Johnston pointed out. “These are viable children we are talking about, and most Canadians are shocked when they learn that there is no protection for them in Canadian law.” According to the Canadian Medical Association, viability is possible with a fetal weight over 500 grams and/or 20 weeks gestation.

doctrine of “transferred intent” which is well recognized in common law. According to this doctrine, when one person who intends to harm another accidentally harms a second person, the law treats the offender as if he/she intended to harm the second person. That is, the intent to harm is transferred from one person to the other. Mr. Benoit gave the criminal code reference (Section 229 (b)) for this doctrine and examples of actual court cases where it was used. This doctrine is the basis for the Unborn Victims of Violence Act, commonly known as Laci & Connor’s law, which was passed in the U.S. in 2004.

A statement by Vic Toews, Attorney General of Canada, was distributed to committee members during the course of the appeal in which he says that Bill C-291 is unconstitutional in his opinion. Mr. Toews cited a few cases and sections of the Canadian Charter but did not say how they applied to this case.

In spite of the excellent defense delivered by Mr. Benoit, the Committee chose to uphold the Subcommittee’s decision by a vote of 7 to 1 with 3 abstentions.

Once again Parliament is out of step with the views of Canadians. Two polls, both conducted in 2005, found that a great majority of Canadians would support legislation which would make it a separate offence to injure or kill a child in the womb while harming the mother. The Robins Sce Research Poll in December 2005 reported that 78% of Canadians supported such legislation and the November 30, 2005 poll conducted by the

“We believe that all human beings have the inherent right to life, regardless of age or infirmity,” Dr. Johnston said, and he expressed his appreciation for Mr. Steckle’s attempt to extend the boundaries of social justice in this country to include prenatal children during the latter stages of pregnancy. “Mr. Steckle is to be thanked for defending the dignity of human life and for his courageous attempt to bring sanity to even the smallest part of this national tragedy,” Dr. Johnston concluded. ♦

Calgary Herald reported a majority support of 82%.

It was obvious from the proceedings that this Bill did not “clearly” violate the Constitution or Charter of Rights and Freedoms. Committee member Mr. Tom Lukiwski, MP for Regina-Lumsden-Lake Centre said, “It appears to me that the point that we are asked to consider, whether this clearly violates the Constitution Act, is not clear at all.”

To deny Mr. Benoit and all the Canadians who support this legislation an opportunity to debate its merit is “clearly” unfair. ♦

Carroll Rees is executive director of LifeCanada. This article appeared in the May/June issue of LifeCanada News and is reprinted with permission.

A Message from Canadian Nurses for Life

Dear friends,

As I was contemplating the rather overwhelming number of issues facing pro-life advocates, I realized that the most vulnerable of pro-lifers, students, are often left unsupported. Nursing students are particularly vulnerable. They can be failed for poor attitude, not being a “team player,” and other politically correct ways of removing those who do not subscribe to the current anti-life, anti-family philosophy that pervades most secular universities and colleges in Canada today.

In an attempt to reach these young student nurses, Canadian Nurses for Life is organizing a student wing to bring together pro-life student nurses across Canada who can support and encourage each other as they struggle through their nursing studies.

Please send Canadian Nurses for Life the name and address of a nursing student you know and we will attempt to reach her or him—or give them our name and phone number.

When there are no pro-life nurses left in Canada, who will take care of us?

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(curbing choice...cont'd from page 1)

The prevailing elites in media, education, law, medicine and public policy are all more supportive of unrestricted abortion than the general public, and have worked hard, and successfully, to keep that fact hidden.

The last attempt to enshrine legislation regulating abortion was under the Mulroney government, whose Bill 43 was defeated (barely, by a tied Senate vote) in 1992.

Clearly, Harper realized the current “third rail” nature of the pro-life position on abortion in Canada – touch it, and you’re dead. Yet is this prevailing wisdom backed up by the public at large? Hardly.

When the standard three-part Gallup poll on abortion was asked of Canadians in 2001, those who felt abortion should be “legal in all circumstances” comprised 32 per cent (down from 37 per cent in 2000); the large middle-ground group who chose “legal only under certain circumstances” composed 52 per cent; the pure pro-life position of “illegal in all circumstances” counted 14 per cent (up from nine per cent in 2000).

If one adds the middle-ground group to the pro-life group, we see that two-thirds of Canadians favour some form of legal restraint on abortion – not the current status in Canada, where there is no legal restriction on abortion at any stage of pregnancy.

A more recent Leger poll in 2003 lends further support to these numbers. It found 63 per cent of Canadians would favour legal protection for human life before birth, and 69 per cent would support informed consent legislation on abortion.

Surveys on abortion funding in Alberta and Ontario confirm that a strong majority oppose public funding of abortion, and a similar result was found in Saskatchewan a few years ago, in a side question during the provincial election – this in a province that was the cradle of medicare. Premier Roy Romanow declared the abortion result to be non-

binding and ignored it.

What is going on here? How can a majority opinion – that abortion should be subject to at least some legal restraint – be portrayed as “extreme”? Certainly, Henry Morgentaler’s saga has been an iconic rallying point for the Canadian pro-choice movement. And they were helped immensely by a Canadian pro-life movement whose zero-tolerance, all-or-nothing strategy has been impossible to achieve and easy to ridicule.

Yet the “life” issue will not go away. And that is because supporters of the unborn have evolving science on their side.

The clarity of prenatal ultrasounds has startled many prospective parents with fetal images that look like a real baby, not the “blob” so dismissively described by abortion proponents.

The latest science also reveals that unborn babies feel pain as early as 20 weeks, a ghastly concept for those contemplating a second-trimester abortion at that stage.

This is not just some pro-life theory: the regulatory body for abortion doctors in England has called for anesthesia specific for the fetus to prevent unimaginable fetal pain during late second-trimester abortions. U.S. legislation to prohibit a particularly gruesome form of second-trimester abortion received broad bipartisan support in Congress and passed easily.

One might expect these issues to further weaken public support for various forms of abortion. Yet, the procedure goes on unhindered in Canada. And far from being abashed, Morgentaler and his supporters berate governments into making abortion even more available, if that is possible.

Abortion supporters can take comfort that the fetus has no legal status in Canada, despite a Law Reform Commission paper nearly two decades ago entitled *Crimes Against the Fetus*, which recommended a trimester-based series of protections would limit the scope of abortion.

Ironically, while pro-choice advocates routinely accuse pro-lifers of wishing to “turn back the clock” on abortion, it is the current legal standard of humanity – the “born-alive rule” – that finds its origins in English law from the late 1400s.

Canadian jurisprudence has not updated its prenatal science since the reign of Henry IV, and until such time as the fetus is awarded some degree of legal protection, efforts to limit abortion will be seen as purely an incursion into the rights of the pregnant woman, rather than a fair-minded balancing of rights under the Charter.

Until that day, rest assured that Harper and his Conservative government will stay away from the third rail. ♦

Dr. Ranalli is a neurologist at the University of Toronto. A longer version of this article appeared Feb. 19, 2006 in the Calgary Herald. Reprinted with permission of the author.

In Memoriam



This past fall, Canadian Physicians for Life lost a long-time member, friend, and former board member when Dr. André Lafrance passed away on Nov. 23, 2005. He died suddenly after returning from Parliament Hill where he had been praying with Fr. Tony Van Hee, witnessing to the value of human life.

Dr. Lafrance retired in May 2005 from his career as a dermatologist.

Dr. Lafrance worked tirelessly in defense of the weak and vulnerable, he wrote brochures for various pro-life organizations, and he used his medical expertise to testify before parliamentary committees on issues ranging from abortion and prenatal development to euthanasia.

In an article appearing in the physician’s periodical, the *Medical Post*, Dr. Lafrance wrote in 1997: “I submit that abortion, far from being a safe medical procedure, constitutes a culpable dereliction of a physician’s duty to his/her patients and a flagrant violation of the very first principle of ethical behaviour for physicians: Consider first the well-being of the patient,” as directed by the Canadian Medical Association’s Code of Ethics.”

In honouring the Hippocratic Oath to “do no harm,” and putting his pro-life beliefs into practice, Dr. Lafrance was an inspiration to those who knew him. He is sadly missed. ♦

When I was a fetus, I loved dill pickle ice cream

By Dave Hepburn, MD

I recently attended a conference of the Canadian Physicians for Life because... well I'm Canadian, I enjoy Life and I play a Physician on Thursdays between 9 and 11.

I was impressed with the dignity, concern and thoughtfulness that was evident at the conference, at least prior to my arrival.

For some doctors the issue of abortion is simple. Their response to this ethical dilemma is to send every girl who believes she wants an abortion to the local abortionist and let them work it out. Easy case. Others wrestle with each case individually and set up a counseling process. Others still are uncomfortable being involved in the abortion process for any reason other than the most dire. It is in that latter pool that I have come to swim and possibly drown.

Given the back and forth from assorted lobby groups it may be difficult to develop an informed opinion on this sensitive issue but, given the unexpectedness with which your opinion may be required, it is important that you form your own opinion, and that it be exactly the same as mine.



Participants at Canadian Physicians for Life's 2005 Medical Students Forum in Montreal last November were taught medical, scientific, and ethical perspectives on various life issues they are often not exposed to during their medical training. Dr. Dave Hepburn was among the list of speakers.

Q: Shouldn't, as Morgentaler says, every child be a wanted child?

A: Every child is wanted. Every pregnancy is not. Thousands of couples spend thousands of dollars to adopt thousands of children from East Yaopinyanski. Doctors constantly receive requests from those who would love the opportunity to raise a child. Every child is wanted... by someone.

Q: What about a woman's right to do with her body as she pleases?

A: It is against the law for a woman to sell her body or do certain things to or with it. But a growing fetus is, in fact, not her body. It has its own distinct DNA, it has its own genomic character. An appendix or a toenail is part of our body but a fetus is a distinct society. My mother likes rutabaga and tofu but as a young fetus (don't we all miss those halcyon days) I rejected that stuff being rammed through my bellybutton and made it known I needed dill pickle ice cream and peanut buster parfaits with ketchup. We were and are different, genomically and gastronomically speaking.

Q. But a fetus is not a fully developed human being.

A. Fetus is from the Latin for "young child." After 12 weeks nothing new develops in a fetus, it has everything in place. From there it simply matures. Two year olds are no less human than the more developed five year olds. They are just meaner.

Q: But being pregnant can be an inconvenience that causes stretch marks and personally I just spent thousands for implants so it isn't a good time for me to...

A. Listen Q, I remember you before implants, when you were just a little q. You were OK, er... ok. But yes, this is among the many reasons we hear why a woman wants an abortion.

Q. What is a partial birth abortion? Is

this for real?

A. I would suggest that if you want to know how you really feel about abortion, go to any website that describes partial birth abortion. If that doesn't put goosebumps on your goosebumps then nothing in this column will make any difference to you.

As many doctors wrestle with our stewardship to the expectant mother I can't help but be concerned with the lack of concern for the unborn child that has too often turned an ethical decision into a mere gynecological inconvenience. What's the answer? I don't know but I suspect it must involve dill pickle ice cream. ♦

Dr. Dave is a B.C. physician and guest speaker whose column appears weekly in The Province's Health/Unwind section, where this article appeared January 22, 2006. Reprinted with permission of the author.

(stem cells...continued from page 8)

view that life, even embryonic life, is to be respected and protected.

The students asked questions about the closeness of stem cell research to eugenics, about human rights, about immune rejection, and cord stem cells. One teacher said she was "on the side of adult stem cell research."

With the format, and the few questions asked, it was difficult to make a good assessment of the impact of our presentations. The impression I had was that a few students were very informed and engaged about the issues, but that the majority were just learning. Nevertheless, I was thankful for the opportunity to bring to these students a message about the sanctity of life, and I left knowing that over 160 students and teachers had been informed about ethical alternatives to embryonic stem cell research. ♦

Clement Persaud, is a retired Professor of Biotechnology and lives in Victoria, BC.

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About the Conference

This year's conference is designed to offer real solutions on how to reach average, "unconvinced" individuals with our pro-life message; and to offer practical workshops that will help our organizations become stronger, more effective, and more focused. We will also have the opportunity to come together to network and receive professional encouragement and guidance.

Program

Our program consists of a mix of plenary sessions and your choice of four (out of eight) different breakout workshops. The plenary sessions and workshops are structured around the "Life Principles" curriculum, a logical, positive approach to building a healthy culture that values all human life and seeks positive solutions to life's most difficult problems.

"Life Principles"

The "Life Principles" strategy is a rational approach to explaining "Why Be Pro-Life." Healing the Culture has developed a plethora of resources, materials, and programs in the last 12 years to help pro-life people move the hearts of average people to internal conversion. The approach is non-graphic, logical, positive, and very effective in all age ranges, and in religious and non-religious venues.

The foundation of the Life Principles are the "four levels of happiness" (physical pleasure, ego-gratification, contribution to others, and surrender to ultimate love – God). Focusing only on Levels 1 and 2 leads to personal unhappiness and cultural decline. Our current cultural definitions of success, quality of life, love, sexuality, personhood, freedom, ethics, and rights are centered on Levels 1 and 2. Legalized abortion and euthanasia come from Level 1 and 2 mentalities about the meaning of life. The Life Principles help people move their hearts into desiring Levels 3 and 4 more than Levels 1 and 2, and illustrates how this will lead to greater personal happiness. Being Level 3 / 4 people means re-defining key cultural terms (such as success, quality of life, love, etc.), and leads to a pro-life position. The Life Principles can be understood by adult, college, high school, and even younger audiences.

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SOMETHING NEW IS COMING....



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Stem Cells: To Use or Not to Use....

By Clem Persaud, PhD

That was the question at the annual World Affairs Conference at Upper Canada College on February 14, 2006. The theme was "Blueprint for a New World." An organizer from the Conference had contacted Canadian Physicians for Life for a reference to someone who would speak on adult stem cells, and my name was offered.

The day began with a morning panel on climate control, with two speakers presenting differing viewpoints on global warming. The seven hundred-odd students then went off to a variety of plenary sessions such as terrorism, consumerism, technology and the Future of the United Nations.

Our plenary, repeated in the afternoon, was titled "Stem cells and Cloning: Innovative Miracle or Unethical Blasphemy?" The format was simple: Dr. Shane Green, Lead, Social Impact Programs of the Ontario Genomics Institute, spoke for about 20 minutes on the use of embryonic stem cells. I followed on the use of adult stem cells, and we both entertained questions and comments.

Dr. Green described the derivation of embryonic stem cells, their ease of multiplication and their versatility in vitro. His was a utilitarian ethic, and he strongly believed that it was immoral not to investigate embryonic stem cells, in the event that they might someday relieve major suffering.

I spoke about adult and cord stem cells. I highlighted the remarkable cures or treatments they have been delivering, and the finding of embryonic-like stem cells in the umbilical cord. I called on the participants, students and teachers alike, to consider the moral, societal and ethical implications of embryo use and destruction, and concluded with the

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