



Des personnes avec des déficiences qui s'opposent à l'euthanasie et au suicide assisté
People with Disabilities Opposing Euthanasia and Assisted Suicide

Newsletter

March, 2014

Bill 52 is Dead But Not Buried

The session of the National assembly ended on February 20th without a vote on Bill 52, which would have allowed euthanasia in Québec. We believed the assembly might re-convene on March 10 or 11 and potentially vote on the bill at that time. But with the declaration of an election by the Parti Québécois, on March 4, Bill 52 died. However the death of bill 52 does not mean supporters of euthanasia will give up.

After the election it's possible that Bill 52 will come back like a zombie when the National Assembly reconvenes and could be voted on as is. This maneuver is rarely used, because new members of the assembly will not have had a chance to study or speak out about the bill. Nevertheless it remains a possibility.

The most likely scenario is that a bill allowing euthanasia would be (re)introduced in the new session.

The election is set for April 7, 2014. All the parties have already declared their support for euthanasia, but the campaign is a great opportunity to make yourself heard about the dangers of euthanasia for people with disabilities.

We must show that euthanasia has a disproportionately negative effect on people with disabilities who are locked in institutions and lack the services and access to be integrated in their communities. TVNDY is still collecting testimonials from people with disabilities to counter the stories of those who demand medical aid in dying. Please send an email or contact us on our website or facebook page if you want to tell your story.

In addition, TVNDY is working with other groups to prepare a legal strategy.

Olga's Story

By Olga Kalamkarova

In the year 2000 Olga was a nurse in Nova Scotia who developed a tumour on her spine. Six years and two surgeries later she was a quadriplegic receiving "comfort care." This is an excerpt from Olga's Story.

I told the doctors that I wanted to die, that I wouldn't eat or drink, and I asked them to give me high doses of narcotics to speed up my death. The doctors told me that this was the right decision to make and I was advised to take 'code 0', which I did. Immediately after this I started to receive high doses of narcotics, what doctors called 'palliative care.' I didn't eat and almost didn't



drink for 3 weeks. My dose of IV hydromorphone was increased to the point that I started to experience impaired swallowing, excessive secretion, suffocation, choking, lethargy, confusion, and frightening visual and hearing hallucinations. I did not recognize people. When I was very close to death, suddenly I realized that I became a quadriplegic because of the doctors, and that I was pushed to a suicide attempt by doctors via their denial and misrepresentation of my case. Now they were brutally killing me with high doses of narcotics causing suffocation among other symptoms. I decided that I no longer wanted to choose death and instead try to find the answers to my questions.

When I decided not to die I told the doctors that I refused to be on 'code 0' and demanded them to stop my 'analgesic medications' immediately. The doctors tried to persuade me not to stop the narcotics and gave me no help in restoring my breathing and swallowing.

Solely because I stopped taking narcotics, my swallowing and breathing problems slowly resolved.

[After I moved to] Vancouver, I learned that 'Code 0' meant No Code = No Care, passive euthanasia or "Do Not Resuscitate" (DNR). This meant that no lifesaving measures would be taken [if the heart or breathing stops].

Prescribing high doses of narcotics is called palliative care. Palliative care by definition is relieving and preventing the suffering of patients. In my letters to the College of Physicians and Surgeons of Nova Scotia, I asked why the doctors would prescribe high doses of narcotics to a severely depressed patient. My doctor in the Rehabilitation Center at the time, answered that when I expressed a desire to die before starting palliative care I was assessed by psychiatrist and was "found to be competent and not depressed." When I asked the psychiatrist why a patient who is expressing a desire to die is not considered depressed, he wrote that I was "suffering essentially from an adjustment disorder with depressed mood arising from a severe and distressing loss of function." I wonder if that means that only major depression is considered to be a contraindication to start palliative care. It could also mean that the decision by a patient with a diagnosis of "adjustment disorder with depressed mood", not depression, to die is the right decision to make and that's why the doctors are willing to help. I was not old or terminally ill, severe depression was the main contributing factor in my desire to die.

All my questions to my palliative care doctor in April 2006, when I was in Rehabilitation Centre remain unanswered. If he has forgotten my case he can read about my sufferings from his 'palliative care' in nursing notes and progress notes from the beginning of April 2006. With these "appropriately provided analgesic medications" I achieved a "comfort level", which I know as impaired swallowing, excessive secretion, suffocation, choking, lethargy, confusion, and frightening visual and hearing hallucinations. Anti-emetic medications were not effective any more.

Why do doctors consider this to be "maintaining her comfort level"? Why did they continue to increase my dose of narcotics even when I started to have swallowing problems, suffocation and choking? Writing in my progress notes by a palliative care nurse indicated that "medications may be impairing swallowing." Even with this observation my dose of narcotics continued to increase. I was severely depressed and on 'Code 0' which means no suction even if choking. What comfort level were the doctors trying to achieve? Death from choking on vomit? Who is responsible for the suffering of severely depressed patients leading to brutal death from suffocation and choking?

In the palliative care nursing notes from April 4, 2006 I read: “When is it appropriate to ask Olga if she would like terminal sedation?” My question is why is it allowed to offer terminal sedation to a severely depressed patient who is under the effect of narcotics? I received no answer...

News Briefs

In a vote of 86-44 the Belgian House of representatives approved euthanasia for children on February 13, and King Philippe signed the bill into law in early March. The law will allow euthanasia for a child of any age who can understand the request and is in a “hopeless medical situation of constant and unbearable suffering that cannot be eased and which will cause death in the short-term.” The Senate had approved the bill last December. Belgium legalized euthanasia in 2002.

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The Liberal Party of Canada approved a resolution on February 23 calling for the decriminalization of “medical aid in dying” at its policy convention. Though the resolution is not binding, it does put pressure on party leader Justin Trudeau to include Medical Aid in Dying in the party’s platform during next year’s federal election.

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Toujours Vivant-Not Dead Yet offers weekly online discussions of euthanasia, assisted suicide and other end of life issues affecting people with disabilities. Join us on Fridays at 3 p.m. ET for the English chat. You can participate by video through Google+ hangouts on air, or watch and send comments via YouTube (<http://www.youtube.com/channel/UCMxJd8vID7g4pB7ugZOxbuw>) or at TVNDY.ca via the events calendar on our website. For more information please go to our Facebook page at <https://www.facebook.com/ToujoursVivantNotDeadYet>, or follow us on twitter (@tvndy) or send an email to amy.hasbrouck@tv-ndy.ca.



Victory in British Columbia – Margot Bentley is Not Dead Yet

A Court in British Columbia ruled on February 3 that the spoon feeding of Margaret Bentley should continue despite the wishes of her family and unclear “advance directives” written by Ms. Bentley herself.

Margot Bentley wrote an advance directive in 1991 saying that if she became disabled she didn’t want to be kept alive by “extreme or heroic” measures. In a later document she specified that she did not want tube feeding. In addition, she designated her husband and daughter to make decisions not covered by the advance directives

She entered long term care in 2005 and was transferred to Maplewood care facility in 2009. Spoon feeding was authorized by her family in 2011. She accepts different amounts and kinds of food and liquids on different days, and will not open her mouth to have her teeth cleaned. Last year her family asked that Maplewood care home stop feeding Margot Bentley

The judge ruled that.

1. Mrs. Bentley is capable of making the decision to accept oral nutrition and hydration and is providing her consent through her behavior when she accepts nourishment and liquids;
2. The assistance with feeding that she is currently receiving must continue;
3. The provision of oral nutrition and hydration by prompting with a glass or spoon is a form of personal care, not health care within the meaning of the Health Care Consent and Care Facility Act;
4. Neither the 1991 Statement of Wishes nor the Second Statement of Wishes constitute a valid representation agreement or advance directive, nor do they apply to spoon feeding;
5. Even if Mrs. Bentley were found incapable of making the decision to accept oral nutrition and hydration, the judge did not believe the British Columbia legislature intended to allow reference to previously expressed wishes or substitute decision makers to be relied on to refuse basic personal care that is necessary to preserve life.
6. Withdrawing oral nutrition and hydration for an adult that is not capable of making that decision would constitute neglect within the meaning of the Adult Guardianship Act.