

Wilberforce Weekend

FCP Partners in Euthanasia Prevention Strategy

Demographic, democratic and biotechnology forces are raising end-of-life issues high on Canada's cultural, health care and public policy agendas. On November 13 & 14, the Manning Centre for Democracy brought together a multi-faceted group of individuals and enterprises (doctors, lawyers, politicians, ethicists, one hundred people from seven provinces and 4 states) to collectively develop strategic local, national and international campaigns that pro-actively engage in end-of-life issues.



Preston Manning, chair of the Wilberforce Weekend

An essential first step in achieving this goal was to bring together, and engage, key stakeholders in practical training toward outcome-based advocacy building. The momentous Wilberforce Campaign to end the slave trade in the British Empire over two hundred years ago is one model of the successful application of sound and effective advocacy principles, guidelines and actions that achieved a great social and moral good.

Before considering strategies to address the euthanasia issue, conference delegates viewed the video "Amazing Grace", and identified the strategies used to bring an end to the slave trade. It was clear that the strategies applied incrementally led to the abolition of the slave trade, winning a series of smaller victories which gradually led to changes in attitude and the development of an anti slavery movement - the process took 51 years.

After reviewing the strategies used in the Wilberforce Campaigns, Alex Schadenberg (Director, Euthanasia Prevention Coalition) brought all delegates up to date on the issue of Euthanasia. He made it very clear that euthanasia is not 'Aid in Dying'. Euthanasia is when one person is directly and intentionally involved with ending the life of another. This could be in the form of administering a drug that will intentionally result in the pre-mature end of a life, or it could be in the form of an assisted suicide - when one person is directly and intentionally involved in counselling another to commit suicide, or writing a prescription that a patient will, on their own, ingest.



Alex Schadenberg

He made it very clear that Euthanasia is **not** when a patient chooses to withhold or withdraw from medical treatment and to accept the natural results. Further, unintentional overdoses, which happen in an effort to manage pain in palliative care settings, are not euthanasia.

Bill C-384, Francine Lalonde's (Bloc MP) bill to legalize euthanasia, gives medical practitioners the right to directly and intentionally cause the death of their patients, if the patient "appears to be lucid", and is suffering chronic physical or mental pain, or is terminally ill. That means that a person who is not terminally ill but "appears to be lucid" and is living with chronic depression, can be directly and intentionally killed by a medical practitioner.

The bill also allows for the euthanasiation of children if both parents give consent and **one** of the following criteria is met:

- 1) the infant is deemed to have no chance of survival
- 2) Children who have had significant treatment and the expectation is grim
- 3) Poor prognosis and a dependence on technology for physiological stability
- 4) Babies who could continue to exist but whose lives would be 'wretched'

So much of this is subject to interpretation of terms. What 'wretched' means to one', is different to another. When the bill talks about possible future suffering, it seems clear that this bill is about eugenics and possibly cost constraints.

Alex concluded, "This legislation is so fraught with vague and subjective terminology you can drive a hearse through it." Legal experts at the convention claimed that if the bill is passed, there would immediately be legal challenges for marginally ill individuals who want to end their life (or their care-giver wants to end their life).

The creation of a campaign to prevent euthanasia in Canada requires input from key stakeholder groups. The next step at the convention was to divide the one hundred delegates into expert subcommittees: medical/palliative care, legal/legislative, fundraising, ethics, research, spiritual resources, communication and media, organization and administration, coalition building, grassroots democracy.

Each expert subgroup met and discussed the resources, actions, and events that must be considered when developing a campaign of this nature. FCP participated in the coalition building subcommittee whose task it was to identify the potential allies for this advocacy campaign (groups of professionals, workers, advocates, etc.), and to determine the common ground among them. It was also necessary to anticipate and identify the internal and external challenges the coalition may face to its cohesion, and to propose principles and guidelines as to how such challenges would be overcome.

Each subcommittee then returned to the theatre presentation room, where a representative sat at "the Board table", chaired by Preston Manning. During the meeting, each subcommittee presented their results.

Once all subcommittees presented, Preston summarized the key points and shared that all of this information is the foundation for the development of a national strategy for euthanasia prevention.

Post Note

This was a very worthwhile event for the FCP to attend. We worked co-operatively with other provincial, national and international stakeholders in an effort to develop strategies that will address this very important life issue.

In addition, significant steps toward building our network were achieved through partnering with like-minded individuals and groups.



Coalition Building subcommittee



Board room meeting of expert sub-groups



Legal Subcommittee presentation

Phil Lees
Leader, FCP
01.12.2009