

Death Dealers

When Patricia Ommerli took her garbage out from her apartment blockhouse, she always made sure she timed it carefully. She didn't want to meet a corpse in her elevator.

Ms. Ommerli is not an actor in a B horror movie. According to the July 13 issue of the UK paper, The Guardian, she was one of many residents unhappy about sharing living quarters with Dignitas, an assisted-suicide organization in Zurich, Switzerland. "Because the lift is too small for coffins, the bodies are transported in bags, which are then propped up in the corner of the elevator...It's horrid," complained another resident to the British Medical Journal last month. Fed up with their ghoulish neighbours and chance encounters with body bags, tenants filed complaints, and authorities have since ordered Dignitas to move its grisly business elsewhere.

Dignitas, has become the so-called "suicide tourist" centre of Switzerland, helping 700 people to kill themselves in the past nine years. That number is growing. Between 1998 (when Dignitas first opened its doors) and 2002, about 125 people died by assisted suicide at the clinic. But in the past eight months alone, about 200 have been helped to kill themselves. Charging \$5,000-\$7500 per "customer", Dignitas caters especially to the international community which has stricter laws governing assisted suicide.

One of their recent "clients" was 38 year-old Winnipeg, Nova Scotia resident, Elizabeth Jeannette MacDonald. Mrs. MacDonald was diagnosed with Multiple Sclerosis (MS) in September 1998. By 2007, she was confined to a wheelchair and was beginning to have difficulty swallowing. Accompanied by her husband, retired Anglican priest Eric MacDonald, Mrs. MacDonald travelled to Switzerland, where assisted suicide is legal, and killed herself with the help of Dignitas staff on June 8. She is believed to be at least the fifth Canadian to commit suicide at the Swiss clinic.

Following Mrs. MacDonald's death, the Euthanasia Prevention Coalition (EPC) contacted the RCMP to investigate her case. The mainstream media had a field day with the story. The Hants Journal published a lengthy and sympathetic interview with Mr. MacDonald who angrily called the EPC a "bunch of busybodies." Alex Schadenberg, Executive Director of EPC, defended the group's actions, "We had no idea if anyone was involved...We saw information [thanking Dignitas staff] in [Mrs. MacDonald's] obituary and we asked the police, "Was the law broken here in Canada?" Canadian law prohibits aiding, abetting, or counselling someone to commit suicide to help protect them during a particularly emotionally fragile period in their lives. The investigation, however, concluded that no laws had been broken.

"The media wanted to make it an issue of an Ontario group going after this clergyman," added Mr. Schadenberg. "We came back and made the case that you shouldn't be shooting the messenger. You should be looking at the issue...People who [request] euthanasia or assisted suicide...become very vulnerable to others." The EPC requested an investigation, Mr. Schadenberg asserted, to ensure that, at the very least, Mrs. MacDonald was not encouraged to kill herself, especially if she was suffering psychological or emotional distress as a result of her physical condition.

In June, the U.S. journal, *Health Psychology*, released results of one of the most comprehensive and widespread surveys on assisted suicide involving patients receiving palliative care for advanced cancer. The Canadian National Palliative Care Study, sponsored by the Canadian Institutes of Health Research, revealed that while 62.8% of those surveyed thought assisted suicide should be legal and 40% said they might consider it in a "worst-case scenario" situation, only 5.8% (22 of 379) indicated that they would "definitely initiate a request to end their lives right away," if it was legal. Even more telling, 10% said that, at one time, they would have killed themselves but had since changed their minds. In other words, only a very small percentage of the terminally ill were seriously considering suicide and that number could change their minds.

In a Canadian Press interview, lead researcher, Dr. Keith Wilson concluded from the survey that physical pain was not the main factor motivating patients to consider suicide. "In the mind of the general public, euthanasia and assisted suicide are intricately tied up with the relief of uncontrollable pain. The reality is the circumstances are much more complicated than that...People who said they would request suicide were not necessarily closer to death and were not in significantly more pain, but they were much more likely to be experiencing drowsiness, general malaise, depression, and a feeling of being a burden to others."

Dr. Wilson, who is an associate professor of Medicine at the University of Ottawa and a psychologist at the Ottawa Hospital Rehabilitation Center, added, "We also found that those people who reversed their desire for suicide may have done so because their physical and mental symptoms subsided, either on their own or through treatment." He added, "Patients diagnosed with terminal cancer may assume they will experience profound suffering, but our results show that this is not necessarily the case, at least not when there is access to adequate palliative care,"

Dr. Rene Leiva, an Ottawa-based family physician with formal training in geriatric and palliative care, notes that the current focus of the euthanasia or assisted-suicide debate is on the terminally ill. He remarks, "There's a lot of work to be done to help [the terminally ill] to discover new meaning in their lives...It's our job to offer them everything we can--medically, psychologically, socially, spiritually-- to alleviate their suffering. That is what makes us human. They fear being abandoned, being in pain, being a burden etc. and it's our challenge to help them so their needs are addressed in a human way...That's why palliative care is so important."

Mark Pickup, a Canadian writer and advocate for the disabled who has suffered from MS for thirty years (almost three times as long as Mrs. MacDonald), agrees. "There were times when my family lifted me up as someone of value even when I didn't think that I was," remarks the triplegic who is confined to a wheelchair and only has limited use of one arm. "That is what a family and a community is about...We lift people up when they've sunk beneath the waves of circumstances."

Mr. Pickup sees support for euthanasia and assisted suicide of the disabled, in particular, as a demonstration of societal prejudice. "You wouldn't help someone to kill themselves if they were healthy," he said. "Why is it different if the person is disabled?" Mr. Pickup recalled a poll reporting that 70% of Canadians supported euthanasia or assisted suicide for the terminally ill or the severely disabled. "That means 7 out of 10 of my fellow citizens think I'm better off dead," said Mr. Pickup. "They would not stand up and defend me if I was suicidal. It's kind of hard to feel kinship with citizens like that."

But once you accept euthanasia or assisted suicide for the terminally ill, explains Dr. Leiva, you are on a "slippery slope" toward advocating it for the disabled, the mentally impaired, or anyone lacking the will to live. Dignitas

brought a case before the Swiss Supreme Court, on behalf of a manic-depressive patient who wanted to kill himself. That Court ruled in February 2007 that assisted suicide should be legal for the mentally ill as well as the terminally ill. The Netherlands passed a similar law over ten years ago.

These laws fail to consider what a July American Journal of Psychiatry study revealed: the depressed are less likely to attempt suicide following appropriate medical or psychiatric intervention.

“You don’t make a decision at your worst moment,” said Mr. Pickup. “So much is affected by the climate a person finds themselves in. If it’s a life-affirming climate, they’re less apt to give up.”

Dignitas founder, Ludwig Minelli has a different view. “Life is a sexually transmitted disease,” he told British Parliament members in 2005. And as for his claims of offering “death with dignity,” his apartment house “clinic” has been likened to a “backstreet abortionists’” with dirty facilities, insensitive and non-medical staff, and shoddy treatment, according to relatives of a now-deceased client. Paul Clifford told the Daily Mail in January that he was even offered a “cut-rate” price to take his own life, if grief over his mother’s suicide at the clinic became overwhelming. In one bizarre episode, The Times reported, a doctor involved with the Dignitas clinic killed himself upon hearing that he had authorized the assisted suicide of a German woman. The woman had falsified medical reports to say she was suffering from terminal cancer when she was, in fact, just depressed.

A nurse and her husband, a former director of Dignitas, both left the organization in disgust in 2005. Clients would briefly see a doctor in the morning to confirm their illness and their sanity, explained Soraya Wernli to the Sydney Morning Herald, “And by 4 pm they would be dead. It was against my morality. In that time, how can you be sure they really wanted to die?” She added, “I could not accept what he [Mr. Minelli] was doing. He was not interested in their diagnosis, just their money.”

Dignitas is currently seeking new quarters. Mr. Minelli’s lawyer told The Guardian that lacking a suitable site, Dignitas may relocate to “a caravan,” making them more accessible to the suicidal.

Meanwhile, in Canada and most of the U.S., “right to die” advocates continue to push for the legalization of euthanasia and assisted suicide. Mark Pickup offers the following poignant words to sum up the debate: “We choose to include or exclude. We choose to lift up or put down. I choose to lift up.”