

In Defence of Life

Edmonton Prolife's Newsletter

www.edmontonprolife.org

Volume 5, Issue 2

'educating for life'

Spring 2007

Abortion.

Have we gone too far?

Edmonton Prolife's recent advertising campaign has been pricking minds in Edmonton. We have received emails inquiring (accusingly) about where we get our information from, asking why we are lying. I assure you we are stating the facts.

Does this type of reaction surprise you? Not me. Who would want to believe that we allow the extermination of 10, 000 babies every year in Alberta alone, because of "medical necessity"? Truth is, abortion is probably the only medical procedure one asks for and receives in a very timely manner! Outraged? We should be. Quite simply the truth in our ads should evoke a very public outcry. People should be demanding to know the truth about abortion. People should be horrified and up in arms over the FACT that there are no abortion laws in Canada, absolutely no protection for the unborn. Unborn animals have more protection than unborn humans, in our great country, Canada.

Do we even know how far we have gone?

The ad campaign is a tool to educate the public about the truth regarding abortion in Canada and the mandate of Edmonton Prolife is to educate. I think that given the air of suspicion regarding our ad it would be wise to make sure that we are informed with the facts about abortion Canada. If we, the ones involved in the prolife movement do not understand just how far the culture of death has invaded our society, then how can we expect to educate others?(Continued on page 7)

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President's Message

The euthanasia conference promoted in this issue will deal with issues whose terminologies are difficult to grasp its true meaning. Prolifers are confused sometimes, for what is wrong with "self-determination, or death with dignity" or "right to die"? These words are cloaked in deliberate confusion, for what is "voluntary, nonvoluntary, involuntary euthanasia, euthanasia by action or inaction or omission, assisted, passive, active euthanasia. If doctors are state-sanctioned to kill you, can you trust them with your medical condition/life, to care and cure? Can someone ask to be euthanised when they are lonely or depressed, as in the Netherlands? Will we become killing-machines, or will we live up to the great commandment "Love God, and your neighbor as yourself" and "We who lays down his life for another." or "The greatest of these is Love: 2 Cor 13". Being against euthanasia does NOT mean the right to die in peace when your time has come, or refusing medical treatment. It is keeping full autonomy over your decisions, with good pain control and surrounded by people who care. Under legalized euthanasia, the "right to die" WILL become "duty to die". The most contentious issue is euthanasia by omission, in which a person is dehydrated (food/water starvation). This is illegal or inhumane for animals. How can we legalize this for humans?

This conference looks into good care through the prism of faith. The Netherlands was the first country in the world to legalize euthanasia. People live in fear of being euthanized against their will. They carry cards in their pockets stating, "Do not kill me". After years of living the reality of these anti-life laws people have been brought to their knees, figuratively and literally. A spiritual revival has spurred individuals, churches and businesses to fasting and prayer. The newly installed government is open to revisit the issues of abortion, euthanasia and homosexual marriage. I see hope.

"If My people, who are called by My name, will humble themselves, and pray and seek My face, and turn from their wicked ways, then will I hear from heaven and will forgive their sin and heal their land" 2 Chron.7: 14.

Corry Morcos
President Edmonton Prolife

Upcoming Events



- **April 27, 28 and 29, 2007 - Rachel Vineyard Retreat – Post Abortion Healing**
An Inter-denominational Rachel's Vineyard weekend retreat for spiritual and emotional healing after abortion, miscarriage or stillbirth, will be held in Edmonton and Rural Area, April 27,28 and 29, 2007. The retreat is a confidential and emotionally safe environment for those struggling after abortion, stillbirth, or miscarriage. Contact Marlene at MAJButterflies@aol.com Carla at 780-963-4048 or visit www.rachelsvineyard.org. One on one counseling is available anytime by appointment, please call 424-4538 to make an appointment
- **May 3 – Edmonton ProLife AGM**
Edmonton ProLife Annual General Meeting will be held at the Crestwood Community Center, 14325 96 Avenue, just off 142 Street. Please note the location change from previous years. Our AGM will begin at 7:00 pm with our business meeting and will be followed by dessert and dialogue at 7:30 pm. Guest speaker Lucy Tettamente will share about her experience and work with abortion healing. Please call Karen at 425-1637 for more information.
- **May 25 and 26, 2007 – Euthanasia Conference and End of Life Issues**
Local, national and international speakers, from a medical, legal, cultural, spiritual and alternative support perspective. Sponsors: Caritas Health Group, RC Archdiocese, HumanLifeMatters, St Luke's Guild, Christian Medical Dental Society. Mark your calendars today and plan to attend. More info can be found on the website at www.eeliconference.com, or check inside the newsletter on pages 4 and 5.
- **July 19 -28 2007 – Capital Ex**
Edmonton ProLife will once again be having an information booth at Capital Ex. We will need over 60 volunteers to make this fun, public education, opportunity a reality This is a very relaxed way to spread the prolife message. Your admission is paid for and you are welcome to enjoy the day at Capital Ex prior to and after your shift! . If you would like to volunteer for a shift please call Karen at 425-1637.
- **August 2007 - United Nations Youth Human Rights Conference – Edmonton**
The city of Edmonton has invited the Youth Assembly to travel there for an unprecedented second Youth Assembly in 2007! Both in August, one will take place on the west coast of North America, in Edmonton, Alberta, Canada during the first week of August. Edmonton ProLife would like to co ordinate with a youth group to attend this event, either as participants or silent public witness during a demonstration while the conference is on. Please contact Karen at 425-1637 if you would like to become involved.
- **Join *others* in an hour of peaceful, prayerful activism against the daily slaughter of innocent babies.**
Morgentaler Abortion Clinic: 12490, 109 A Ave.
Every Wednesday from 10:00 am to 11:00 AM
The third Sunday of every month. Candle light Rosary at 7:30 pm. Contact Maryellen at 476-4026

For information on any of the above events, call the Edmonton ProLife office at **425-1637** or email us at edmpl@interbaun.com

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EPL Board: President: Corry Morcos, Treasurer: Glenn Woolger, Recording Secretary: Anne Wansink, Directors: Judy Koopmans. Michael Cooper and John MacDonald

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New board members welcomed. Meetings held bimonthly first Tuesday, 5:30 pm, at EPL office. All EPL members welcome to attend

Edmonton Prolife AGM and Speaker

“Thus says the Lord: In Ramah is heard the sound of moaning, of bitter weeping! Rachel mourns her children, she refuses to be consoled because her children are no more.

Thus says the Lord: Cease your cries of mourning, wipe the tears from your eyes. The sorrow you have shown shall have its reward, says the Lord. There is hope for your future!”

Edmonton Prolife is pleased to present Lucie Tettamente as guest speaker at this year's Annual General Meeting.



Lucie Tettamente

Lucie is a member of Mi Casa Ministries and speaks on the Gospel of Life. She uses her art to promote devotions to our Lady of Guadalupe and

shares her personal journey from despair to healing as an encouragement to others. Through this ministry Lucie wishes to emphasize our dignity and sacredness as children of God the Father, made in His image and likeness.

Lucie has worked with Rachel's Vineyard, an organization that helps women and men deal with and heal from their abortion experience. There is hope after abortion and we believe that this is the message that needs to be shared in our broken world.

People make poor choices and abortion is a result of our lack of appreciation for the dignity of human life.

Edmonton Prolife is please to have Lucie share with us and we hope that this will be a path of healing and understanding in our pro-life community towards those that are seeking help after their abortion experience. If you would like to know about healing after abortion please plan on attending our AGM.

Edmonton Prolife Official Notice of Annual General Meeting

The Annual General Meeting of Edmonton Prolife will take place May 3 at 7:00 pm at the Crestwood Community Hall located at 14325 96 Avenue. All members are invited and encouraged to attend. This is an opportunity to return any resources you may have borrowed from the office lending library. If you have resources at home or school please make arrangements to return them, if you are unable to attend the Annual General Meeting. Thank You!

Edmonton Prolife is in need of board members. A brief job description with approximate time commitment is being provided. Please prayerfully consider if you could serve the prolife movement in this role. Serving on the board of Edmonton Prolife provides generous support towards building a culture of life. Please ask yourself if this is the year for you to make a difference – help build a culture of life. The current status quo is not an option.

Board Member for EPL job description:

- Attend bi-monthly board meeting – 2 hours per meeting
- Respond to emails from office regarding input on projects- varies, approx one hour per month total.
- Help out with one or more of the annual events. Annual events are Walkathon, Life Chain, Klondike Days, Marches and Rallies, - Approx 2 to 4 hours per event.
- Brainstorm – on your own time or with other board members at meeting to give direction to Edmonton Prolife regarding our mandate to educate. Various amount of time, ideas usually hit while driving, in the shower or middle of the night!

Internal Auditor for EPL:

In an effort to save money for our annual audit our accountant has suggested that we appoint two internal auditors to go through the paper copies of our banking records, checking to see that things are in order. We require 2 people to perform this duty. The job can be done on your own time, when it is best for you. Takes approx 8 hours per year.

If you think that you can help in either of these two jobs or require more information please call Karen at 425-1637.

**Please help! Our future
depends on it.**

Euthanasia and End-of-Life Issues Conference

The validity of the longstanding principle of the sanctity of human life has been replaced by a new principle, which is becoming popular today, based on individual autonomy and self-determination. A self-centered philosophy with a foundation of shifting sand, that promotes the notion of "put yourself first, if it feels good, do it". Rather than "every life is valued regardless of who, when, where, life is regarded as having value from one's own perspective., one's own experiences, wanted or unwanted, which can lead a person to determine that life is not worth living, and this is a good reason to choose death.. Throughout the primitive world, the doctor and the sorcerer tended to be the same person with "the power to kill and cure". The Hippocratic oath changed this. Hippocratism is healing, not harming: "above all, do no harm". The slippery slope argument is alive and well-documented from the Nazi program to the medical practice of euthanasia in Holland.

The conference is not a debate about euthanasia. It is a confirmation of the principle of the sanctity of human life.

A historian, philosopher, parliamentarian, editor, judge, lawyer, doctors, nurses and people of faith will provide their perspective on the issues.

Friday 25th May 2007

0700 Registration
0800 **Welcome/introduction-** Fawzy Morcos
0805 **Euthanasia - CMA perspective-**
Ruth Collins-Nakai
0825 **The Meaning of Life - A Christian Perspective-**
RC Archdiocese
0840 **The Hippocratic Oath...that was-**
Sheila Rutledge-Harding
0910 **On Death and Dying-** Donna Wilson
0950 **Only vulnerable people get abused-**
Catherine Thornberry

1005 Refreshment break

1020 **Forced Exit: Euthanasia, Assisted Suicide
and the New Duty to Die?** - Wesley J Smith
1105 **Euthanasia and choice-** Jason West
1135 **Human rights for children with disability-**
Dick Sobsey
1200 Discussion 1 hour

1300 Lunch break

1400 **The Epistemology of Heroism-** Gary Taitinger
1420 **A personal experience-** Bob and Mary
Schindler
1450 **Towards culturally responsive care in the
community -** Earle Waugh
1520 **Meaning and suffering-a Christian reflection,
dispelling the darkness of degenerative diseases-**
Mark Pickup
1600 Discussion 1 hour

1800 Reception-dinner

After dinner speaker: **Honoring Mom and Dad, the
First Commandment with a Promise-** Douglas Cryer

Saturday 26th May 2007

0800 Euthanasia - **principle and observation –**
Sheila Rutledge Harding
0840 **Living and dying - beyond belief -** Tim Beadle
0900 **Hospice idea coming to life**
Marion Boyd
0920 **End of life in a pediatric critical care unit -
making difficult decisions -** Daniel Garros

1005 Refreshment break

1030 **The healing starts here...end of life care in
the ICU -** Christopher Doig
1115 **Healing through cancer...how the terminal
label can lead to Self-discovery –**
Alastair Cunningham
1200 Discussion 1 hour

1300 Lunch break

1400 **The rhetoric of choice -** Joe Woodard
1430 **Euthanasia: the role of the parliamentarian -**
Jason Kenney
1450 **Experience from palliative care practice -**
Helen Hayes
1530 **Do we have the constitutional right to take a
life? -** Hon John Major (tentative)
1600 Discussion 1 hour
1700 Closing remarks - Fawzy Morcos

MEDICAL EDUCATION CREDITS

"The Division of Continuous Professional Learning at the University of Alberta has approved this an Accredited Group Learning Activity under Section 1 of the Framework of Continuing Professional Development options for the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada".

"This Program meets the Accreditation criteria of Alberta College of Family Physicians and has been approved for one (1) MAINPRO-M1 credit per one (1) hour of instruction. (Total hours 16)".

Canadian Hospice Palliative Care Association's position on euthanasia and assisted suicide

By Alex Schadenberg, Executive Director - Euthanasia Prevention Coalition - January 9, 2007

It appears that the Canadian Hospice Palliative Care Association (CHPCA) has decided to move from a position of opposing euthanasia and assisted suicide to a position of temporary neutrality. This creates great concern for the Euthanasia Prevention Coalition (EPC) and advocates of people with disabilities in relation the end-of-life care for the most vulnerable members of society.

In 2005 the British Medical Association changed its position on assisted suicide to that of a neutral position. The reaction of mainstream physicians in the UK was to demand that the position be reviewed at their annual convention in 2006 where they voted to resume a position of opposition to assisted suicide.

At their November 22, 2006 meeting, the CHPCA indicates that their Board of Directors approved their statement of Physician Assisted Dying. The CHPCA has asked for further consultation from their membership over the next two years concerning their policy on Physician Assisted Dying. In the meantime they have established a set of guidelines in relation to these issues.

The documents guidelines have been worded in a neutral manner. There is no way to indicate whether the CHPCA supports or opposes euthanasia and assisted suicide. The CHPCA does recognize that euthanasia and assisted suicide are currently illegal. They also recognize that health-care providers should have the right not to participate in such acts.

The title of their Policy Alert: Physician Assisted Dying (PAD) Issues Document represents a change in language. At the World Federation of Right to Die Societies international conference that was held in Toronto - September 2006, there was a commitment by the Right to Die activists to change the language of the euthanasia debate to enable their message to appeal to more people. The use of the term Physician Assisted Dying is the preferred language of the Right to Die lobby.

The CHPCA also states in its draft CHPCA Statement: "However, despite access to high quality end-of-life care, a small number of Canadians may still choose to have control over their own death. As hospice palliative care practitioners, we will respect their right to choose and will not abandon them."

When analyzing the reasons why the small number of Canadians may still choose to have "control over their own death", that if you accept their "right to choose" you are in fact abandoning them. You are abandoning them to their fears, to their depression, to their family pressures, and to their existential questioning, rather

than affirming them as a valued member of society. This statement is a direct threat to our most vulnerable members of society, who due to societal attitudes will often question the value and dignity of their own life.

EPC is concerned with the inconsistency of the CHPCA position in relation to their Recommendations. They state: "Before considering legalizing euthanasia and physician-assisted suicide, Canada has a responsibility to ensure that comprehensive, compassionate hospice palliative care is available to all, and that Canadians are aware of these services and how to access them."

Considering the lack of access to hospice palliative care that many Canadians face, and considering the lack of awareness of existing services and options for end-of-life care, the previous statement should be enough for the CHPCA to renew its opposition to legalizing euthanasia and assisted suicide, at least until the time when all Canadians have access to comprehensive, compassionate hospice palliative care.

It is the hope of EPC that hospice palliative care professionals will demand a quick and open debate on this policy and resolve to re-instate their opposition to euthanasia and assisted suicide.

It is important that members of the CHPCA demand that this issue be discussed and voted on at their next national convention in Toronto in November 2007.

Infanticide and Euthanasia: Who should live and who should die?

By: Alex Schadenberg Executive Director, Euthanasia Prevention Coalition

It seems that negative attitudes toward people with disabilities have recently grown from the theoretical ideas of Peter Singer, of Princeton University, that it is acceptable to kill disabled infants, into the actual practice of allowing infants with disabilities to be euthanized.

In any other time in history this was known as the crime of infanticide. It is now becoming viewed as "dying with dignity."

Last year the Netherlands, which has allowed euthanasia and assisted suicide for many years, approved the Groningen Protocol. The Groningen Protocol is a criteria that Dutch physicians follow to allow them to euthanize infants with disabilities and not be prosecuted.

Many people were shocked that the Netherlands had not only accepted euthanasia for competent adults, but also infants with disabilities, who could not ask to be killed.

The judgment call on whether a child should live or die is solely based on the attitudes of the physician or parents toward the possible quality of life of the

individual. These acts of infanticide have been justified by people who believe that it is acceptable to kill infants who are born with significant disabilities because their lives will either be filled with constant suffering or without human meaning.

The fact is that most of the infants that have been euthanized under the Groningen Protocol are children born with spina bifida, a condition that can be successfully treated, often resulting in a "normal" life for the person.

Just ask Darrell Thomas in London Ontario who was born 50 years ago in Winnipeg Manitoba with spina bifida. His mother was told that he would be severely disabled and yet Darrell has lived an active normal life.

Darrell recently said to me: "Thank God I was born in Canada 50 years ago and not the Netherlands today."

Not all children will live as active a life as Darrell, but who are we to judge who should live and who should die?

Last week the Royal College of Obstetricians and Gynecologists in Britain requested that they not only be permitted to allow natural death to occur by not providing life-sustaining medical treatment, but that they also be allowed to euthanize infants born with disabilities.

There is a huge ethical difference between allowing natural death to occur by not providing extra-ordinary medical treatment, as compared to intentionally causing the death of an infant with disabilities. To withdraw or withhold medical treatment that may or may not provide benefit for a person is not euthanasia but rather accepting the limits of life.

We must reject the slide into the quality of life ethic that is promoted by the philosopher Peter Singer because this ethic dehumanizes people, granting them the status of personhood only when they have a certain level of utility or cognition. This philosophy represents the worst form of eugenics, an ethic that like Peter Singer, believes that we should eliminate the weak and the vulnerable for the sake of the "happiness" of society as a whole.

The Royal College of Obstetricians and Gynecologists need to return to an ethic of caring for the most vulnerable. They must commit to not only protecting the lives of children with disabilities but also to provide basic medical care to all of their patients.

Once we determine who should live and who should die the only question remaining is who should live.

Abortion. Have we gone too far? (Continued from front page)

Sobering Facts.

- ❖ In the absence of Canadian Law, abortion is available on demand throughout all nine months of pregnancy. This includes suction aspiration, D&E, saline, prostaglandin, chemical abortions and others.

- ❖ 1 in 3 (35.2% or 37,000) women undergoing abortions have already had one or more.¹
- ❖ 300 abortions occur in Canada each day.²
- ❖ One abortion increases the risk of breast cancer³, depression and suicide⁴.
- ❖ 60% of women aborting report being coerced by family, friends, boyfriend, husband or their doctors.⁵

So where do we go from here?

Well for starters we can make sure we know what is going on the world regarding the life issues, that means reading newsletters, articles and e-mails containing accurate information about the life issues. We then need to take this knowledge and act. That doesn't necessarily mean changing anything we already do, but it means having the courage and insight to see opportunities to defend the right to life and use those opportunities to share the truth with our family, coworkers and church community. Lastly we need to be aware that abortion may have been the thin edge of the wedge with regards to protecting the lives of the vulnerable, but Euthanasia, (of the disabled, elderly terminally ill and mentally ill) and infanticide are taking their rightful place in our culture of death. I hope that the people of Edmonton rise to the occasion and fight the culture of death together with Edmonton Pro-life. The following is an excerpt from a letter by Father Frank Pavone of Priests For Life; I think it sums what the pro-life movement needs.

We are always told of reasons why we can't speak up against abortion. If we speak in Church, we're told it's too political; if we speak in the political arena, we're told it's too religious. If we speak in the media we're told it's too disturbing; in the educational realm, it's too disruptive. On the public streets, it's too distressing for children; in the business world it's too controversial, in the family it's too divisive, and in social settings it's just impolite. So if abortion is wrong, where do we go to say so? The answer is that we have to stop looking for a risk-free place to fight abortion, and speak up in all those arenas. Let's stop counting the cost for ourselves if we speak up and start counting the cost for them if we are silent. The pro-life movement does not need a lot of people; it needs people who are willing to take a lot of risk.

Call Karen at 425-1637 if you would like to help in any way.

1,2 – Therapeutic abortion survey, 2002 – Health Statistics Canada Source: Therapeutic Survey, Canadian Institute for Health Information. 3, Brind J., Chinchilli VM, Severs WB, Summy-Long J., "Induced Abortion as an independent Risk Factor for Breast Cancer: A Comprehensive Review and Meta-analysis." UK College of Obstetricians and Gynecologists 2001 World Congress on Women's Health 4. Reardon DC, Coughle Jr., Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study, British Medical Journal, 324:151-152 January 2002. 5.W.B. Miller, "An empirical Study of the Psychological Antecedents and Consequences of Induced Abortion, Journal of Social Issues, 48(3): 67-93(1992). David C Reardon, Aborted Women Silent No More;Springfield, IL, Acorn Books, 11-21.

