



This is the 1st affidavit
of Lee Carter in this case
and it was made on 24 Aug 2011

No. SI12688
Vancouver Registry

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

LEE CARTER, HOLLIS JOHNSON, DR. WILLIAM SHOICHET, THE BRITISH
COLUMBIA CIVIL LIBERTIES ASSOCIATION and GLORIA TAYLOR

PLAINTIFFS

AND:

ATTORNEY GENERAL OF CANADA

DEFENDANT

AND:

ATTORNEY GENERAL OF BRITISH COLUMBIA

INTERVENOR

AFFIDAVIT

I, LEE CARTER, in the Village of Fort Langley, in the Province of British Columbia, SWEAR
(OR AFFIRM) THAT:

1. I am the first-named plaintiff in this action and as such have personal knowledge of the facts and matters hereinafter deposed to, save and except where same are stated to be made on information and belief, and where so stated, I verily believe them to be true.

2. I am married to the second-named plaintiff in this matter, Hollis Johnson ("Hollis"). We have been married since 1985. Kathleen Carter ("Kay") was my mother and Hollis's mother-in-law.

3. Kay was born in 1920 and died on January 15, 2010, at the Dignitas clinic in Forch, Switzerland. Her death was caused by the voluntary ingestion of a lethal dose of sodium pentobarbital prescribed for that purpose by a qualified Swiss physician. Hollis, my brother, my sister and I were all with Kay at the time she swallowed the drug and at the moment of her death.

Kay's Illness

4. In 2008, Kay moved into the Lynn Valley Care Centre in North Vancouver, British Columbia. Although her condition was then undiagnosed, Kay's physical well-being played a significant role in her decision to move into a care home.

5. In 2008, Kay, began experiencing arm pain and decreased hand dexterity which she raised with her family physician, Dr. John Adair. Dr. Adair referred Kay to a neurologist, Dr. Donald Cameron. Kay told me and I believe that she was diagnosed, around and about that time, as having central cervical spinal stenosis with myelopathy.

6. Dr. Cameron sent Kay for a number of MRI and CT scans. Attached hereto and marked as **Exhibit A** to this my Affidavit is a true copy of a letter dated November 21, 2008 from Dr. Cameron to Dr. Adair regarding Kay's condition ("Cameron Report"). Attached hereto and marked as **Exhibit B** to this my Affidavit is a true copy CT scan results from a February 12, 2009 scan of Kay's cervical and lumbar spine ("2009 Test Report"). I picked up the 2009 Test Report from the doctor's offices at Kay's request, and Kay subsequently showed them to me.

7. Kay told me that she was advised that the only non-symptomatic treatment for spinal stenosis was surgical intervention, and that decompressive surgery could relieve the compression on her spine. Kay told me that she did not want the surgical option because of the risks involved.

8. On September 9, 2009, I attended a diagnostic and prognostic consultation with Kay and Dr. Steven Helper. I received a consultation report directly from Dr. Helper. Attached hereto and marked as **Exhibit C** to this my Affidavit is a true copy of Dr. Helper's consultation report ("Helper Report"). Dr. Helper confirmed Kay's leading diagnosis of partial cervical tetraplegia secondary to severe central spinal stenosis with resultant spinal cord compromise. Dr. Helper observed that Kay's treatment options had not changed. He further observed that even if Kay were to undergo a surgical decompression, "the best she could hope for is halting of her

neurological deterioration” and that it was unlikely that she would “see significant recovery.” I accepted Dr. Helper’s advice in this respect and believe that Kay did as well.

9. Although Kay’s thinking and speaking capacities remained clear, following her initial complaints of pain and numbness in January and February 2008, Kay’s physical condition deteriorated steadily. The dexterity in her hands and arms decreased rapidly. She began to experience pain and numbness in her legs. She began to suffer urinary incontinence. Kay was prescribed medication for her pain at increasing levels as her condition deteriorated.

10. By August 2009, Kay needed the assistance of an aid for dressing, toileting and most of her daily activities. She had extremely limited movement in her hands. Her right hand no longer functioned properly and although she was occasionally able to eat some of her meals without assistance, for the most part she could not eat without help. Kay was unable to walk and confined to a wheelchair. She could not move herself in the wheelchair. If she was lying flat, she needed assistance to sit up. She suffered chronic pain, which was now treated with a series of daily medications. Kay told me that her neurologist, Dr. Cameron, said that her condition would eventually reduce her to lying flat in bed, completely unable to move.

11. For a period of time prior to the end of her life, Kay wore diapers because she required assistance to go to the washroom and this assistance was often untimely. Towards the end of her life, Kay was incontinent. It bothered Kay that she needed to ask to have her diapers changed. This was extremely difficult for my mother as she was a shy, fastidious and fiercely independent woman by nature. Untimely assistance was unsatisfying and humiliating for my mom and for this reason and others (including getting her out of bed in the morning, brushing her teeth, toiletry issues, getting into the wheelchair, getting down for breakfast, getting assistance to eat, etc.) my mom hired someone to solely care for her six days a week at her expense.

12. Kay repeatedly expressed to me, and to others in my presence, her concern that her condition made her feel trapped in her own body and stripped of her independence. Always one looking for social, intellectual and cultural stimulation, Kay was now unable to turn on the TV, change channels, use a telephone, read a newspaper or turn on the radio. Kay’s quality of life was so compromised that she began to lose her will to live. On a number of occasions, Kay

stated to me that she did not want to live her life in that condition. She said that she had no interest in living as an “ironing board” in a bed. I believed her on both accounts.

Kay’s Decision to Terminate Her Own Life

13. On or about July 26, 2009, Kay determined that she wanted to terminate her own life as soon as possible by means of physician-assisted suicide. She told me that she had realized, in the middle of the night and with absolute conviction, that she wanted to die with dignity and to do so as soon as possible. Kay informed all of her children separately of her hope to terminate her life in Switzerland.

14. I was completely convinced of the sincerity of Kay’s wish. I was not personally shocked by Kay’s stated desire to end her life as it was a subject that we had previously discussed and I had always known her to be a very strong-willed and independent person. In her early years, for example, mom hated being poor and took on menial and sometimes demeaning jobs in order to earn extra spending money. Other later examples of Kay’s independence include: hiking Mt. Kilimanjaro with my father and I when she was at the age of 50; going alone to the Russian Summer Olympics in protest of the USA boycott; going back to Simon Fraser University in her 50’s for ESL accreditation; joining, through the University of British Columbia, the first official Canadian group to go to China; unilaterally deciding to paint derelict park benches on Bowen Island; beautifying a grubby public space near her home (an act for which she was nominated for the Silent Hero Award (North Vancouver)); joining Toastmasters to allay her fears around public speaking; and, of course, her decision to travel to Switzerland to die with dignity. In her last 20 years she continued to belong to a book club, play the recorder with a group called the “Pickled Onions”, walk the sea wall, and participate in several ‘discussion’ groups. In her younger years, Kay had been a qualified elementary school teacher and had worked in that profession prior to marrying my father. She raised seven children with my father. Ten years after my father died, Kay sold the family home and moved into an apartment. She later moved into a suite in one of my sisters’ homes, but she continued to drive, and lead an active and independent life. In my mind, these examples are all consistent with Kay’s independent nature.

15. Given the way she had lived her life and consistent with her values throughout her life, it was not surprising to me that Kay would find a state of dependence and the loss of control and

privacy an intolerable indignity. Being in control of her life was of paramount importance to Kay and a consistent thread that ran throughout the entirety of her life. As such, Kay was a classy, proud, self-determined and autonomous woman who enjoyed being in charge of herself, her time and her life. Kay told me that the idea of lying about in an adult diaper was completely repugnant to her. She said and I believe that she was truly horrified by her vision of her future - a vision she said she could see in detail just by looking around her at the care facility. Sometimes when Kay was reading the obituaries, she would express jealousy at the people who had died. "Aren't they the lucky ones?". she would say.

16. Kay told me and I believed that she wanted to end her life in Canada, but was aware that assisting suicide is a criminal offence in Canada. Kay asked me and Hollis to support and assist her in arranging an assisted suicide in Switzerland and to support her and assist her to travel to Switzerland for that purpose. Hollis and I discussed the fact that assisting Kay could expose us to criminal charges in Canada. We resolved to assist Kay and to assume the risk of prosecution in order to help her die with dignity. This was not a difficult decision for us because we knew that Kay's wish to terminate her life was genuine and of fundamental importance to her.

17. Kay asked me to contact a Canadian "Right to Die" group and ask them how to go about looking into Switzerland and obtaining an assisted suicide there. I made inquiries to a group in Toronto and was advised that there were two groups that I might to consider approaching, Exit and Dignitas. I obtained some basic information on both groups for Kay. The latter group was a Swiss group that offered services to non-residents. Kay and I went over this information together.

18. In August 2009, Kay decided she would like to apply to Dignitas if it could be arranged and if she would be financially able to do so. She asked me to look further into Dignitas to see what it would cost, and asked my sister Marie to provide her with an update on her (Kay's) current financial status. We did as asked and reported back. It was apparent that Kay was elated when she learned that she would be able to afford to go to Dignitas. It had been a long time since I had seen her so engaged and animated. She asked me to sign her up as a member and she immediately began thinking about and planning out the practical steps that would have to be

taken to arrange for her to go - how she would get her passport photo taken and how we could collect the required documentation.

19. At Kay's instruction, I contacted Dignitas and assisted Kay to make an application for membership with Dignitas.

20. A meeting was then held amongst all her children, six attending in person and one by teleconference. Some of my siblings had been and still were shocked by Kay's announcement. At the meeting I gave my siblings a factual account of what I had learned and done so far in terms of looking into the matter at Kay's direction. We did not discuss our individual's views on the merits of Kay's choice of physician-assisted suicide.

21. Kay told me and I believe that two of my siblings asked her to consider whether she would want to carry on and not go to Switzerland if we arranged for a facility overlooking the ocean (which was a love of hers) and 24 hour care. She said, and I believed her, that she simply did not want to live like this anymore and that her quality of life was non-existent.

22. Dignitas requested a "Letter of Support" signed by Kay's children. I provided my siblings with this Letter of Support and told them that Dignitas would like it to be signed by whomever was willing to do so. After our siblings meeting, I spoke to each sibling separately to ask them, privately, if they wanted to sign the Letter of Support. Although not all agreed with Kay's decision to choose a physician-assisted suicide, all agreed that Kay had a right to decide the issue for herself. Each of us signed the Letter of Support and agreed to support whatever decision Kay made. Attached hereto and marked as **Exhibit D** to this my Affidavit is a true copy of the signed Letter of Support dated August 12, 2009 ("Letter of Support").

23. Dignitas also requested that Kay write a letter in order to introduce herself as part of their membership application. Kay dictated a letter to my sister, Ann, who then typed it out. Attached hereto and marked as **Exhibit E** to this my Affidavit is a true copy of Kay's letter to Dignitas dated August 24, 2009 ("Introductory Letter").

24. In August 2009, Dignitas advised that Kay would be required to write a letter requesting a physician-assisted suicide if she wanted them to prepare one for her. I typed out a letter that she dictated and she then signed it. Attached hereto and marked as **Exhibit F** to this my

Affidavit is a true copy of Kay's letter of request to Dignitas dated August 30, 2009 ("Request Letter").

25. On September 17, 2009, at Kay's direction, I sent a letter and package of documents to Dignitas. This package of documents consisted of: the Letter of Support, the Cameron Report, the Helper Report, the 2009 Test Report, the Request Letter and the Introductory Letter.

26. By letter dated September 23, 2009, Dignitas wrote to me acknowledging my September 17th letter requesting a completed application form. They requested some earlier medical reports and the membership contribution required by Dignitas. Attached hereto and marked as **Exhibit G** to this my Affidavit is a true copy of the Dignitas letter of September 23, 2009.

27. On September 30, 2009, at Kay's direction and on Kay's behalf, I wired her membership contribution to Dignitas. On that same date, also, I sent an additional package of documents to Dignitas. This package included: proof of a wire transfer of Kay's membership contribution and her most recent MRI report and CT scan reports. Attached hereto and marked as **Exhibit H** to this my Affidavit is a true copy of the letter and package I sent to Dignitas on September 30, 2009.

28. During the month of October 2009, we became very concerned about the amount of time it was taking to arrange matters with Dignitas. Kay's condition was deteriorating at a visibly rapid rate. I checked with the airlines in early October and realized that the Executive First Class seats were already full for a number of flights. This was a concern because Kay could only travel first class as she would need to have a seat that allowed her to lie flat to travel that distance. Kay was also increasingly concerned that that she might soon be unable to travel at all. Just getting out of bed and into a wheelchair was getting more and more difficult for her. This was a very stressful time for us all, as we realized that Kay's wish for a good death might well be thwarted by the unavailability of an airline seat.

29. Finally, by letter dated November 17, 2009, Dignitas advised that Kay had been given a "provisional green light" for access to a physician-assisted suicide at Dignitas. This meant that a Swiss physician had reviewed Kay's file and had indicated that he might be prepared to write the

prescription for the required drugs for Kay. Kay was elated by this development and filled with renewed hope. Attached hereto and marked as **Exhibit I** to this my Affidavit is a true copy of the Dignitas letter (with enclosure) of November 17, 2009 ("November 2009 Letter").

30. The November 2009 Letter enclosed an information letter setting out what was required of us to obtain an official death certificate from the Swiss Registry Office. Hollis and I assisted Kay by obtaining the required documentation which included a data sheet for the authorities, detailed information about Kay's family and children, detailed information on the persons accompanying her, confirmation that the accompanying persons would be available to testify to local authorities after Kay's death, passport photocopies of the accompanying persons, the long version of Kay's birth certificate, a passport photograph of Kay, and a letter from a doctor confirming that Kay was of sound mind. Attached hereto and marked as **Exhibit J** to this my Affidavit is a true copy of the December 3, 2009 letter provided by Dr. Adair confirming Kay's competence and mental health.

31. At the end of November 2009, we were advised by Dignitas that there were no available dates until January 2010. We accepted January 15 as our date and Dignitas undertook to arrange for the two medical consultations required as a precondition to assisted suicide under Swiss law to take place on January 11 and 14. Hollis and I made the flight and other arrangements necessary for Kay to travel to Switzerland. However, Kay was very discouraged by the fact that her date was not until January. She again began to worry that she would be unable to fly when her departure date arrived due to her rapidly deteriorating condition. I tried to be reassuring by telling her about other passengers I saw flying while I was a Flight Attendant, and that many of these people had been in worse shape than she was. Hollis, Marie and I arranged to travel with Kay in order to help her make the trip and to accompany her to Dignitas. Kay asked Marie, who held Kay's power of attorney, to sell all Kay's stocks to ensure she had enough money to cover all the associated costs.

32. On January 5, 2010, Kay had a telephone conversation with Dignitas, confirming that she was the person making the request to die with dignity, that she chose to do so and that she made the decision of her own volition. As Kay could not operate the phone on her own, I was present and helped her make the telephone call.

33. Since we were concerned that somebody might try and stop Kay from going to Switzerland we took considerable care to keep our plan a secret. This meant that we had to be dishonest in our everyday dealings with family and most of our friends and those who we came into contact with in the process of meeting the requirements set out by Dignitas and to facilitate Kay's departure for Switzerland. For example, because of our secrecy concerns the grandchildren were not informed until November 2009 about Kay's decision to die with dignity, robbing them of precious time to say their goodbyes. Furthermore, the care facility was deliberately misled about the true nature of Kay's departure, depriving the staff, residents and Kay of the opportunity to say final goodbyes to one another.

34. My sister, Marie, and brother, Price, decided to travel to Switzerland and to accompany Kay to Dignitas as well. Marie, Hollis, Kay and I all flew over together. Price flew separately a few days later and met us in Switzerland. All five of us stayed in Zurich and then travelled out to Dignitas, in Forch, when the time came.

35. In Switzerland, Marie, Hollis and I accompanied Kay to attend at the office of the Swiss physician for the first of the two medical consultations required as a precondition to assisted suicide under Swiss law. As travelling to the first consultation had turned out to be quite an ordeal, for the second consultation, the Swiss physician came to see Kay in her Zurich hotel room. Following the second consultation, the Swiss physician approved Kay's request for an assisted suicide.

36. While we were in Zurich, Kay expressed a desire to write a farewell letter to her friends explaining why she had chosen to die by means of an assisted suicide. Kay dictated the letter to me while lying in her bed, and I typed it and then printed it out. Kay signed the letter herself and I then had 125 copies made and addressed them to the persons Kay indicated on a review of her address book. Attached hereto and marked as **Exhibit K** to this my Affidavit is a true copy of Kay's January 14, 2010 farewell letter.

37. The next day, Marie, Price, Hollis and I accompanied Kay by taxi to the Dignitas clinic in Forch. Before we left, we went out for breakfast and Kay ate all her favourite things. Afterwards, she had a rest and then got dressed in the outfit she had picked out ahead of time. At the clinic, a Dignitas staff member, "Erica", repeatedly asked Kay to confirm her desire to

terminate her life. Kay without hesitation, repeatedly and decisively stated that she was ready and wished to proceed. Notwithstanding her difficulties with her hands, Kay signed the authorizing paperwork provided by the Dignitas staff. Marie, Price, Hollis and I remained with Kay at the Dignitas clinic.

38. Erica instructed Kay that if she wanted to spend more time with her family, we were welcome to linger at the clinic for hours, but Kay declined, stating that she would like to get started. Erica gave Kay a medication to settle her stomach. After about 30 minutes, Kay was moved from her wheelchair to a bed and we positioned ourselves around her, entwining our arms around Kay and each other. We took a family photo then; everyone in it is smiling. Erica then brought the prescribed dose of sodium pentobarbital to Kay which was presented to her in a small drinking glass. Due to Kay's difficulties with her hands, Erica helped hold the glass and Kay drank the medication using a straw. Kay drank the liquid quickly; she had been practicing all week to make sure she could get it all down before becoming unconscious. This was important because we were told of a previous patient who was not able to get it all down fast enough and who fell unconscious before he finished the drink resulting in him not dying and being taken to the hospital. The Swiss physician had advised Kay to eat some chocolate after the sodium pentobarbital in order to cut its bitterness, so I had purchased some fine Swiss chocolate in Sprungli's and brought it with us. In acknowledgement of the bitter/sweetness of our situation, and in solidarity with Kay's choice to die with dignity, after she drank the liquid, we all ate a piece of fine Swiss chocolate with her.

39. Kay began to feel sleepy right after eating the chocolate and fell unconscious within minutes. Erica told us that Kay could still hear us if we spoke, so we reminisced about our father and other family memories. After about 20 minutes, Kay was gone. We sat there with her for a bit longer and then eventually got up and went back to sit at the table. There was paperwork to be signed by all who were in attendance. Erica then gave us each a drink of cognac and asked us if we would like tea.

40. Thirty minutes after Kay's departure, people from the Coroner's office and the police were introduced to us. They inquired about her medical condition, her deterioration, offered their condolences and warmly shook our hands before departing. Once final protocols were

attended to, Erica called us a taxi and the four of us headed back to Zurich. We all felt physically and emotionally exhausted but were uplifted by the fact that Kay's wishes had finally been realized. None of us were despairing or overcome with grief. I believe that Kay died exactly as she had wanted to and I was happy for her and at peace.

41. When we arrived back in Zurich, Marie and I mailed out the 125 farewell letters as per Kay's directions. We arranged for Kay's ashes to remain in Switzerland, scattered in a forest, in accordance with Kay's wishes.

42. The financial costs incurred in travelling to Switzerland from Vancouver, maintaining accommodations in Switzerland, obtaining the services of the Swiss physician, and obtaining the services of Dignitas were considerable. Kay's costs in these respects were paid by Kay from her remaining life's savings and amounted to approximately \$32,000.

43. We were well aware at the time that we assisted Kay to go to Switzerland that our conduct could be considered a breach of the Canadian criminal law. We did not, and do not, want to be criminally prosecuted for our actions in assisting Kay. However, we had absolutely no hesitation about taking that risk in order to help Kay fulfil her wish. We understand that whether we will be charged is a discretionary decision made by the police in conjunction with the Crown. We are also aware that there is no statute of limitations on criminal offences in Canada. We understand that we could yet be charged under the Criminal Code for what we did to help Kay.

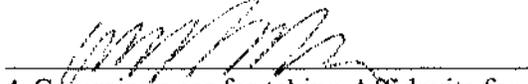
44. I have experienced censure and criticism from some third parties for our actions in assisting Kay. Kay's trip to Dignitas has been subject to media coverage and some of the posted comments have been critical. I am aware that there are people who publicly equate what we did for Kay with "elder abuse" and "killing". Attached hereto and marked as **Exhibit L** to this my Affidavit is a true copy of a print off an excerpt from the blog posting of Alex Schadenberg, the executive director of the Euthanasia Prevention Coalition - Canada <<http://alexschadenberg.blogspot.com/search/label/Assisted%20Suicide>.

45. I believe that Kay ought to have been able to obtain an physician-assisted suicide here, in Vancouver, surrounded by as many of her family and friends as she wished and ought not to

have been required to go through the gruelling stress and uncertainty involved in arranging for a physician-assisted suicide in Switzerland. It was apparent to me that the stress of applying to Dignitas and the uncertainty about whether she would be able to make the trip given the state of her health often preoccupied Kay's thinking and I felt cheated of precious time that we might otherwise have spent saying our goodbyes in a more relaxed atmosphere.

46. I want the option of being able to arrange and legally obtain, in Canada, physician-assisted dying services for myself, for Hollis and for other persons I love, in the event that I or any other loved one should suffer a grievous and irremediable illness and wish to end the suffering and die with dignity.

SWORN (OR AFFIRMED) BEFORE ME)
at Vancouver, British Columbia, on 24 Aug)
2011)



A Commissioner for taking Affidavits for)
British Columbia.)



LEE CARTER)

Grace Pastine
Barrister & Solicitor
BC Civil Liberties Association
Suite 550 - 1188 West Georgia Street
Vancouver, BC V6E 4A2
Tel: 604-630-9751

**DR. DONALD A. CAMERON, B.Sc.(Hon.), M.D., FRCP(C), INC.
NEUROLOGY**

ELECTROMYOGRAPHY

210 - 125 East 13th Street,
North Vancouver, BC
V7L 2L3

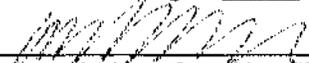
EVOKED POTENTIALS

Phone: (604) 986-7002
Fax: (604) 986-7013
E-mail: donald@cameron.ca

November 21, 2008

Dr. J. D. Adair
502 - 145 13th St.
North Vancouver, BC
V7L 2L4

This is Exhibit A referred to in the
Affidavit of Lee Carter, sworn
before me on August 27, 2011.


A Commissioner for taking Affidavits
for British Columbia

Re: Kathleen CARTER

Dear John,

I reassessed Mrs. Carter in my office November 18, 2008. She describes the pattern of numbness in her upper extremities as being intermittent in nature. She has pain in the right shoulder which I think is probably arthritic or tendonitis. She describes an uncomfortable feeling in her abdomen. She is unable to walk now and uses a walker periodically but mainly is in a wheelchair.

The CT scan of the cervical spine reveals mainly spondylosis and invagination at the C1-2 level. This is probably not compromising spinal cord or nerve roots at any of the levels, however I will order a CT scan of the C1-2 level to investigate this further. I will order a CT scan of the lumbar spine because of possible spinal stenosis adversely affecting the function of her legs.

The CT scan of the brain reveals small vessel ischemic disease which will cause cognitive dysfunction but not contribute to her symptoms that she is mainly complaining of at this time. I will reassess her in the new year. The gabapentin has been increased recently to 200mg tid. I have suggested that she remain on this increased dose until she sees me and possibly I will introduce Lyrica at that time.

She states that her blood pressure is too high most of the time, and because of the CT scan brain findings of small vessel ischemic disease I have suggested that she have her blood pressure medications adjusted, and the next time you are in to visit her this could be undertaken and blood pressure monitored to keep it around 120/80 most of the time.

Sincerely,


D.A. Cameron, B.Sc.(Hon), M.D., FRCP(C)
DC/er



North Shore / Coast Garibaldi Health Services
Lions Gate Hospital
231 East 15th Street
North Vancouver, BC, V7L 2L7

COMPUTED TOMOGRAPHY REPORT

Tel: 604-984-5776
Fax: 604-984-5777

CARTER, KATHLEEN Check in # 1250878 Unit # 0148125
DOB: 1920 Aug 19 (88Y) F Check in Date: 2009 Feb 11 1938 PHN 9018-490-893
Patient Location: OPI Report Released: 2009 Feb 12 1800 Account # A08250401

TO: CAMERON, DONALD A

210-125 EAST 13TH STREET
NORTH VANCOU BC V7L 2L3

PHYSICIANS:
Ordered by: CAMERON, DONALD A
Admitting: CAMERON, DONALD A
Attending: CAMERON, DONALD A
Family: ADAIR, JOHN D(AL)
Referring: ADAIR, JOHN D(AL)

CHECK IN #	EXAM(S)
1250878	80200 C-SPINE SCAN W/O CONTRAST Ord Diag :SKULL-T1 & T12-S1
1250879	80600 L-SPINE W/O CONTRAST Ord Diag :SKULL-T1 & T12-S1

INDICATION: Neck pain, dysesthesia C1-2 dermatomes. Back pain, ? stenosis.

TECHNIQUE: Non-contrast CT cervical and lumbar spine.

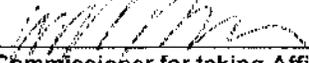
FINDINGS:

CT - CERVICAL SPINE

Vertebral body alignment is preserved. As before, there is widening of the prevertebral space to approximately 5 mm. Calcification surrounds the odontoid. The odontoid tip is seen near the level of the foramen magnum, and although there are no sagittal images, this may represent early basilar invagination. There is mild compression of the cervicomedullary junction at the level of the dens. There is significant multilevel disc space narrowing. C2-3 demonstrates moderate to severe right paracentral disc osteophyte and uncovertebral osteophyte with severe right neural foraminal stenosis. There is mild dural compression. Mild left neural foraminal stenosis is present.

C3-4 demonstrates moderate right paracentral and posterior disc osteophyte with right and left uncovertebral osteophyte. There is severe right and moderate to severe left neural foraminal stenosis. C5-6 demonstrates moderate posterior disc osteophyte complex, with associated uncovertebral osteophyte and severe bilateral neural

This is Exhibit B referred to in the
Affidavit of Lee Carter, sworn
before me on August 2nd, 2011.


A Commissioner for taking Affidavits
for British Columbia

COMPUTED TOMOGRAPHY DEPARTMENT



North Shore / Coast Garibaldi Health Services
Lions Gate Hospital
 231 East 15th Street
 North Vancouver, BC. V7L 2L7

COMPUTED TOMOGRAPHY REPORT

Tel: 604-984-5776
 Fax: 604-964-5777

CARTER, KATHLEEN Check in # 1250878 Unit # 0148125
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 Patient Location: OPI Report Released: 2009 Feb 12 1800 Account # A08259401

TO: CAMERON, DONALD A

 210-125 EAST 13TH STREET
 NORTH VANCOU BC V7L 2L3

PHYSICIANS:
 Ordered by: CAMERON, DONALD A
 Admitting: CAMERON, DONALD A
 Attending: CAMERON, DONALD A
 Family: ADAIR, JOHN D(AL)
 Referring: ADAIR, JOHN D(AL)

(Continued)

CHECK IN # EXAM(S)
 1250878-80200, 1250879-80600

foraminal stenosis. C6-7 demonstrates posterior disc osteophyte and uncovertebral osteophyte with severe left and moderate to severe right neural foraminal stenosis. There is moderate posterior disc osteophyte at C7-T1.

IMPRESSION: Severe degenerative changes throughout the cervical spine as described. There is a degree of basilar invagination, and I suspect compression of the cervicomedullary junction. This would be better assessed with MRI.

CT - LUMBAR SPINE

FINDINGS: No malalignment. No acute osseous abnormality. L1-2 demonstrates mild generalised disc bulge, and moderate to severe left and moderate right facet degeneration with mild to moderate dural compression.

L2-3 demonstrates severe disc space narrowing and endplate degeneration with posterior generalised disc bulge, severe bilateral facet degeneration and ligamentum flavum hypertrophy, and moderate dural compression.

L3-4 demonstrates moderate generalised posterior disc bulge, severe disc space narrowing and endplate degeneration, moderate facet degeneration and ligamentum flavum hypertrophy, and associated moderate dural compression. No overt nerve root compression.

L4-5 demonstrates moderate to severe disc space narrowing and endplate

COMPUTED TOMOGRAPHY DEPARTMENT



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CARTER, KATHLEEN Check in # 1250878 Unit # 0148125
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 Patient Location: OPI Report Released: 2009 Feb 12 1800 Account # A08259401

TO: CAMERON, DONALD A

 210-125 EAST 13TH STREET
 NORTH VANCOU BC V7L 2L3

PHYSICIANS:
 Ordered by: CAMERON, DONALD A
 Admitting: CAMERON, DONALD A
 Attending: CAMERON, DONALD A
 Family: ADAIR, JOHN D(AL)
 Referring: ADAIR, JOHN D(AL)

(Continued)

CHECK IN # EXAM(S)
 1250878-80200, 1250879-80600

degeneration with vacuum phenomenon. There is a generalised posterior disc bulge, moderate facet degeneration and ligamentum flavum hypertrophy, and moderate dural compression. Moderate bilateral neural foraminal stenosis is present without overt nerve root compression.

L5-S1 demonstrates mild disc space narrowing and endplate degeneration without evidence of dural compression. There is mild foraminal stenosis bilaterally, more prominent on the right than left but no evidence of overt nerve root compression.

IMPRESSION: Multilevel lumbar degenerative disc changes and dural compression as described.

Transcriptionist- VS , Transcriptionist
 Reading Radiologist- ANDREW THOMPSON , Radiologist
 Releasing Radiologist- ANDREW THOMPSON , Radiologist
 Released Date Time- 09/02/12 1800

COMPUTED TOMOGRAPHY DEPARTMENT

**FALSE CREEK SURGERY CENTRE
CONSULTATION REPORT**

Date: September 9, 2009
Patient Name: CARTER, Kathleen "Kay" - DOB: August 19, 1920

PHN: 9018 490 893

Dear Doctor Cameron:

Today I had the opportunity to evaluate Kay Carter at the False Creek Surgery Centre. She presented in the company of her daughter. The reason for her presentation was to gain further knowledge as to her leading diagnosis for her neurological deterioration. She was also concerned about the potential prognosis for her condition. It is my understanding that you have followed Mrs. Carter since early 2008 for her leading diagnosis of cervical central spinal stenosis with myelopathy.

It is interesting that Mrs. Carter arrived at my particular office for this consultation. My primary subspecialty is that of interventional spine pain management. However, I am a specialist in Physical Medicine and Rehabilitation. I spent my first year following fellowship training working on the Spinal Cord Unit at the G.F. Strong Rehabilitation Centre. My fellowship training was not in spinal cord injury it was in spine pain disorders.

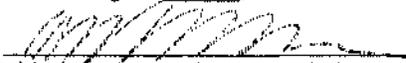
History of Presenting Illness: The details of Mrs. Carter's presenting illness are well known to yourself. In January 2005, she began to develop left-sided arm pain associated with bilateral hand decreased dexterity. Her condition deteriorated quickly thereafter. First, the dexterity in her upper extremities worsened. Next, she began to develop bilateral leg symptoms with gross evidence of spinal cord dysfunction. This was followed by urinary incontinence.

Currently, Mrs. Carter is limited to the use of a wheelchair. She is completely dependent for most of her activities of daily living and all of her instrumental activities of daily living. She has essentially lost the use of her hands for any fine motor task. She has been incontinent of bladder for the last six months. She has noticed a change in her bowels, but has not become frankly incontinent. She has noticed a deterioration in her respiratory function with increased shortness of breath and decreased energy. She has also noticed a decrease in the power of her cough. These are the major findings from her review of systems.

Prior Investigations: I was provided with Mrs. Carter's reports dated back to July of 2008.

On July 7, 2008, she had an MRI of the cervical spine, which showed multilevel degenerative disk changes with multilevel foraminal stenosis bilaterally. The most significant finding was, of course, the severe central spinal stenosis at C3-4 with evidence of cord compromise and cord signal changes.

This is Exhibit C referred to in the Affidavit of Lee Carter, sworn before me on August 24, 2011.


A Commissioner for taking Affidavits
for British Columbia

False Creek Surgery Centre
6th Floor - 555 West 8th Avenue, Vancouver, BC V5Z 1C6
Tel: 604-739-9695 Fax: 604-709-9676 Toll Free: 1-800-815-9338

FALSE CREEK SURGERY CENTRE – CONSULTATION REPORT

Page 2

DATE OF CONSULTATION: September 9, 2009

PATIENT NAME: CARTER, Kathieen "Kay"

I did not have any of your clinical reports for review. However, her original MRI was followed by a CT scan of the head on August 5, 2008. The history states "Dysesthesia upper extremity bilaterally and decreased fine motor. Query CNS ischemia". It is my best guess from following the documentation that a secondary source of central nervous system compromise was being sought. This may have been related to the patient's slowly deteriorating cognitive function that she described in my office today. This may be secondary to the dysesthesia she was experiencing over the occiput of her head above the level of the known spinal cord compromise. The dictating radiologist does comment on abnormal, but stable changes at the C1-2 level with "widening of the predental space and narrowing of the spinal canal at the C1-2 level".

The patient's clinical history and the exact chronological order of events were not easily deciphered in my office today. From what I could gather, the leading diagnosis in 2008 was indeed partial tetraplegia secondary to her upper cervical spine stenosis. I believe she was offered decompressive surgery. I believe she declined the surgery due to the operative risks. I believe she chose a course of observation instead.

In February 2009, Mrs. Carter underwent two new imaging studies. She underwent a CT scan of the cervical spine and a CT scan of the lumbar spine. It is my understanding that these images were taken for potential pain management options for some new symptoms of back pain and burning dysesthesias at the base of her skull. The patient's verbal history today gave me no indication that there was a second evaluation for a surgical decompression. There may have been some concern that she was experiencing dysesthesias at the base of the skull that were above the known level of stenosis at C3-4. Perhaps compromise to the exiting C2 dorsal root ganglia or C3 nerve root were considered on the broad differential.

Regardless, the results from Mrs. Carter's imaging studies in August 2009 did not change her management.

Past Medical History:

1. Hypertension.
2. Cystitis.
3. Colitis.
4. A questionable respiratory history of asthma. The patient takes puffers on a daily basis

Surgical History: Cesarean section.**Medications:**

1. Gabapentin.
2. Tylenol.

FALSE CREEK SURGERY CENTRE - CONSULTATION REPORT

DATE OF CONSULTATION: September 9, 2009

PATIENT NAME: CARTER, Kathleen "Kay"

- 3. Blood pressure medication, name unclear.
- 4. Baby Aspirin.

Allergies:

- 1. Mild lactose intolerance.
- 2. Mild wheat intolerance.
- 3. Dust allergies.

Family History: Cardiac dysrhythmias.

Physical Examination: The patient was only briefly examined in the office today. She was examined from her wheelchair. She demonstrates increased tone in the bilateral lower extremities at only a grade 1 on the Ashworth Modified Scale. She demonstrates brisk reflexes globally. She demonstrates positive Hoffmann reflexes bilaterally. She demonstrates decreased motor power diffusely in the upper and lower extremities. The greatest loss of power and function is in the distal upper extremities, especially the intrinsic musculature. She demonstrates altered sensation globally.

Impression: Kathleen Carter's clinical presentation is consistent with a leading diagnosis of partial cervical tetraplegia secondary to severe central spinal stenosis at C3-4 with resultant cord compromise. Her clinical picture is consistent with a progressive central cord syndrome.

I agree that Mrs. Carter's clinical case is further complicated by her history of pain and dysfunction in dermatomal levels above the C4 dermatome/myotome. There are a number of potential etiologies for her pain and dysesthesias at the base of her skull. Among the differential, one must include:

- 1. Extension of cord edema cephalad to the C3-4 compromise.
- 2. Syrinx.
- 3. Spondylotic stenosis around the right C3 and right C2 nerve roots.
- 4. Somatic pain from lateral atlantoaxial joints on the right greater than left.

Plan:

- 1. It is my opinion that Kathleen Carter's leading diagnosis is clear. Further investigations are not required at this time.
- 2. The symptoms she is experiencing cephalad to the C3-4 level are of a broad differential. They are not significantly bothersome. She does not care to have them investigated at this time.

FALSE CREEK SURGERY CENTRE – CONSULTATION REPORT

Page 4

DATE OF CONSULTATION: September 9, 2009**PATIENT NAME:** CARTER, Kathleen "Kay"

3. It is my understanding that Mrs. Carter was offered a surgical decompression of her known stenosis earlier in her clinical course. Due to the high operative risks, she chose to defer surgery.
4. I do not believe her primary diagnosis has changed. I do not believe her treatment options have changed.
5. If she were to undergo a surgical decompression, the best she could hope for is halting of her neurological deterioration. She is unlikely to see significant recovery. There likely is a high risk of perioperative complications and this is best answered by the reviewing surgeon, such as yourself.
6. When asked to choose between further neurological deterioration and passing away, the patient chose the latter. When asked to choose her preference between a static neurological picture and passing away, the patient chose passing away. These responses are consistent with the daughter's understanding of her mom's wishes.
7. In the end, Kathleen Carter is experiencing a progressive, partial cervical spinal cord injury with a poor prognosis. She does not wish to undergo surgical intervention. She has been counseled regarding the multisystem complications that can occur in spinal cord injuries including respiratory and bladder infections, amongst a wide list from head to toe. She showed good comprehension of our counseling session. She will return to your office should she wish to discuss operative intervention moving forward.
8. Her daughter was informed of the services at the G.F. Strong Rehabilitation Centre through the Spinal Cord Injury Program. Mrs. Carter is currently in a nursing home. She is currently receiving full time care.

I hope today's review of Kathleen Carter's file is helpful for the family's understanding and the patient's understanding of Mrs. Carter's neurological picture.

Sincerely,

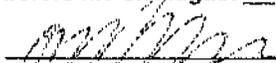
Steven Helper, MD, FRCPC
 Interventional Spine
 Division of Physical Medicine and Rehabilitation, UBC
 False Creek Surgery Centre
 Dictated but not read
 SH/eg

cc: Dr. Steven Helper
 Dr. Donald A. Cameron
 Dr. John Adair
 FCSC

d: September 9, 2009
 t: September 9, 2009

This is Exhibit D referred to in the Affidavit of Lee Carter, sworn before me on August 20, 2011.

Letter of Support


A Commissioner for taking Affidavits for British Columbia

August 12, 2009

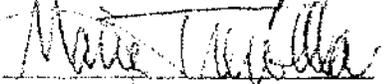
We the undersigned are the sons and daughters of Kathleen Carter and we fully support her decision to end her life and die with dignity.

She is of sound mind and is totally unencumbered by us in making this decision.

Lee Carter 

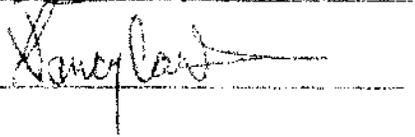
David Carter 

Ann Metcalfe 

Marie Trewella 

Price Carter 

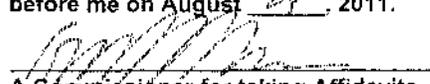
Steve Carter 

Nancy Carter 

Kathleen Carter
 c/o 9977 Alford Cres
 Langley, BC
 British Columbia Canada V71 1Z8

This is Exhibit E referred to in the
 Affidavit of Lee Carter, sworn
 before me on August 24, 2011.

Dignitas
 POB 9, CH-8127
 Forch, Switzerland


 A Commissioner for taking Affidavits
 for British Columbia

August 24, 2009

Dear Dignitas

From my early years as a child I clung to posts for protection when I was placed in such places as Sunday School at the United Church in my area. In elementary school I had two good friends and around us developed a little girls club. I moved on to high school where I had a few good friends. As my mother was a poor widow she had limited funds and she got cast-off clothes from her friends for me to wear. This was a bit hard on my own image of myself. At the end of high school an uncle left me a modest legacy; then I was able to go to university followed by Normal School, a school to train teachers for the elementary school system. Although still shy I made one particularly good friend and got along with the other members of my class. Each morning there was an assembly at the Normal School where students were expected to chair the proceedings; I was terrified at the prospect and never did present. I taught school briefly at the elementary level and didn't find it a problem at all.

At this point I married the man I loved. Within the army my husband traveled around the country with his unit, and I was a camp follower. These were very happy years for me.

When WWII concluded my husband and I settled down in North Vancouver where I was a stay-at-home mother. These too were happy years. Although raising seven children does present problems. After six of seven children left home I attended Simon Fraser University to take subjects that interested me and I enjoyed the learning process.

My husband died when he was fifty-nine and we only had one child at home. I managed on my own because I came from a strong family of women, not to exclude men. When my youngest daughter moved out I sold the house and moved into an apartment. Life was good in the apartment and I didn't have any problems with shyness. When I was sixty-five I got the Canada Old Age Pension. This enabled me to go to concerts, ballet and plays whenever I wanted. There were enough people around the apartment who were interested in such things. We all had a jolly time.

After ten years of this frivolity my youngest daughter and her husband offered me a suite in their house. As I realized I was getting older I accepted. The reason I was willing to move was that I was getting frequent panic attacks and I thought it would be better to be

closer to my family. My new residence was in a different area than my former residence and I pretty much gave up my contact with culture and my former friends. I had a good life in my apartment for ten years.

Then my body began to break down slowly and steadily. Finally, a care advisor advised me to move full time into a care facility. I am both pleased and happy that although my body isn't functioning well, my thinking capabilities and my speech are as clear as others of my age. I maintain an interest in the world and obtain my facts from the television. With some exceptions I am well liked by the staff here. I do have some problems physically but in general I don't discuss them. I get my hair done once a week. Although I dress well, I require the assistance of a care aide to dress me, to help with toileting and with most everything I do. At the present time I am able to feed myself at breakfast but at dinner (lunch) and supper I am at the point that I should get help. I need a little help but need more with each passing day. I eat with my left hand because my right hand is useless.

In the years of raising our children our income was stretched but I always felt that it was up to me that I make the best of whatever the circumstances I am living within. I always felt that we could cope with whatever we came up against and we did. My husband's income was modest at the beginning and grew in time to be within the framework of the electrical engineers standard in B.C. I always thought I would leave each of my children some money when I die. I have converted my assets into a fund for Forch. I have ample funds to cover all costs and I have seen the cost list.

The state of my body has been steadily going downhill as the nerves deteriorate due to degeneration of the spinal column. Three weeks ago during the middle of the night (on Sunday July 26) I woke in the middle of the night with a conviction that what I was now going to do was to apply to Dying with Dignity. In my lifetime when I get a conviction I know I am doing the right thing. The next day I started to phone my family members and continued until I had contacted them all. Five of them supported me wholeheartedly and two of my sons said that if this is your choice "I will support you". We have kept this plan completely within the family and will continue to do so until I know if I am accepted. Even then I will say nothing to anyone. Three daughters have agreed to come with me and I am labeling the junket as 'a trip for the four girls to Europe'.

Some of my family was shocked at hearing my decision but at the same time they realized not only the importance of this to me but also how indicative this decision is of who I am, and of my strength.

The neurologist, Dr. Cameron of North Vancouver, assessed me and I had a CAT scan and MRI done. From these tests he told me that I had an ongoing, slow deterioration of the nerves that would never kill me but eventually would reduce me to lie flat in a bed and never move. This thought horrified me. Some months later I am still horrified at the prospect. In addition, at two meals every day I am seated six feet away from a woman in such a condition. I am horrified all over again for myself. I take Tylenol extra strength four times a day as well as Gabapentin to relieve the pain. When I awake in the morning,

my neck is stiff and sore and sometimes I get headaches. My bladder is flowing causing incontinence. I have a pins and needles feeling in my hands always. I spend my day in bed (other than meals) listening to classical music and television.

I am an intelligent woman and have held on to a great deal of my intelligence at this point and see no reason why it will lessen. Thus it is difficult to anticipate such a life for myself, which I see with my deteriorating condition.

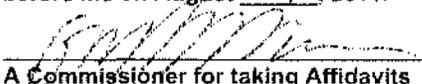
Sincerely

Kathleen Carter

Scribed by Ann Metcalfe

9977 Allard Cres
Langley, BC
VIM 3V7

This is Exhibit F referred to in the
Affidavit of Lee Carter, sworn
before me on August 24, 2011.


A Commissioner for taking Affidavits
for British Columbia

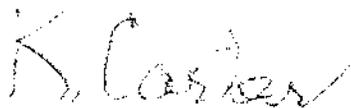
August 30, 2009

In April, 2009 I saw my neurologist, Dr. Cameron of North Vancouver, BC. And he gave the prognosis of my condition. The diagnosis is spinal stenosis. It is a progressive deterioration of the nerves of my whole body. This condition cannot be improved by medication or treatment. He said the prognosis was that I would end up flat in a bed, unable even to blow my nose. Not only frightening but also it killed my spirit to live. This deterioration has progressed up to my neck and chin and downward to my feet. I cannot eat by myself, cannot move by myself and I am incontinent. Although I do get up for meals, I spend the rest of the day and night in bed. Given that I have always been a fiercely independent woman I find the prospects of not being able to feed, care and look after myself to be demeaning and totally unacceptable. At this point I cannot move by myself.

And each day it gets worse. Because of this I request the right to die with dignity and that Dignitas prepare an accompanied suicide for me

I am writing this letter with a sound mind and I have made this decision myself and no one has contributed in the making of this decision for me.

Yours truly,



Kathleen Carter

DIGNITAS

To live with dignity

To die with dignity

P. O. B. 9
CH-8127 Forch
Phone: +41 44 980 14 59
Fax: +41 44 980 14 21
E-Mail: dignitas@dignitas.ch

Swiss: 21.01.2012, CH-8127 Forch
Mrs. Kathleen Carter
c/o 9977 Allard Cres
Langley, BC V1M 3V7
Canada

Forch September 23, 2009
sp.0361313.doc

Request for the preparation of an accompanied suicide

Dear Mrs. Carter

Thank you for your letter of September 17, 2009. First, please send us the completed application form.

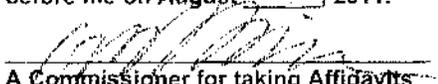
We need still two to three older medical reports with substantial information about patient history, diagnosis, possible prognosis, and treatments. The most recent report should not be more than four months old, and the reports should be legibly written. Please do not send us pictures or laboratory reports.

Once Dignitas is in possession of your completed application and the special membership contribution of CHF 3'000.-, according to our statutes (art. 9, para 5), we can take the matter further. All incomplete applications, including those with outstanding special membership fees, will remain pending.

We ask you to make the appropriate payment in advance by means of the enclosed payment slip.

If you still have any unanswered questions, please do not hesitate to contact us in writing or by telephone to resolve them.

This is Exhibit G referred to in the
Affidavit of Lee Carter, sworn
before me on August 2, 2011.


A Commissioner for taking Affidavits
for British Columbia

Yours sincerely,

DIGNITAS

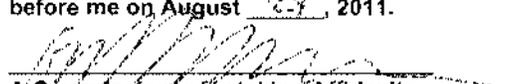
To live with dignity - To die with dignity
Secretary General


Ludwig A. Minelli

9977 Allard Cres.
Langley, BC
V1M 3V7

September 30, 2009

This is Exhibit H referred to in the
Affidavit of Lee Carter, sworn
before me on August 24, 2011.


A Commissioner for taking Affidavits
for British Columbia

Digintas
P.O.B. 9
CH-8127 Forch
Switzerland

I am sending the completed Application Form, as requested. If this is not
the correct form, please advise me via email.

I am enclosing also, July 7 MRI report, August 2008 CAT scan report,
February 2009 CAT scan report.

The CHF 3'000 has been wired, as of today, September 30, 2009.

Yours truly,

Ms. Lee Carter

IT IS SUGGESTED THAT YOU KEEP A COPY OF THIS APPLICATION

→cut here ←

Complete Membership Application Form and mail to
Dignitas, POB 9, CH-8127, Forch, SWITZERLAND

Declaration of membership *Please fill out with block capitals*

I hereby enrol as a member of "DIGNITAS - To live with dignity - to die with dignity" :

First names(s), Surname(s) : KATHLEEN CARER

Street : 1/2 51977 ALAN CREE

Town and postal code : LANGLEY BC CANADA V1M 3J7

Date of birth : AUGUST 19 1950 Place of birth : PEMBICON EX CANADA

Profession : RETIRED HOUSEWIFE

Telephone: Private 604-883-2884 Business: ---

Fax: Private: --- Business: ---

Mobile Telephone : --- E-mail : Kathleen.Carer@comcast.ca

Nationality : CANADIAN

For Swiss citizens: Bürgerort : --- AHV-Nr: 1...1...1...1...1

My preferred language : ENGLISH FRENCH GERMAN ITALIAN

Unique entrance fee Swiss Francs 100, and minimal annual fee Swiss Francs 30.

Date: August 19 2009

Signature: Kathleen Carer

MRI VANCOUVER A DIVISION OF **CML HealthCare**

155-8897 Hanning Drive, Burnaby, B.C. V5C 6N6 www.cmlhealthcare.com
 Phone: 604-272-9797 Fax: 604-272-9710 Toll Free: 1-877-325-9797

July 7, 2008

Patient: Kathleen CARTER
File: MRI-V-08-1017596
DOB: August 19, 1920
Referred By: Dr. D. CAMERON

MR Exam: Cervical Spine

History: Query stenosis.

Technique: A routine MR of the cervical spine has been performed.

Findings: At C2-C3 there is posterior osteophytosis and disc bulging. This extends in a right paracentral distribution with resultant severe right foraminal narrowing and moderate central canal encroachment. There is moderate left foraminal narrowing also identified.

At C3-C4 there is a disc osteophyte complex extending posteriorly and inferiorly with significant disc space narrowing noted. This disc osteophyte complex results in severe central canal encroachment with significant cord compression and deformity to the cord resulting anteriorly. There are suspicious findings for abnormal cord signal suggesting cord edema resulting. There is moderate to severe right foraminal narrowing and moderate left foraminal narrowing also identified.

At C4-C5 there is disc space narrowing with posterior osteophyte encroaching upon the central canal with Luschka's spurring also identified. There is moderate central canal encroachment and moderate to severe left foraminal narrowing as well as moderate right foraminal narrowing resulting.

At C5-C6 there is left paracentral disc osteophyte complex resulting in moderate to severe left foraminal narrowing as well as moderate central canal encroachment. The disc osteophyte complex indents the cord anteriorly without severe central canal encroachment.

At C6-C7 posterior osteophyte and disc material is seen resulting in mild to moderate central canal encroachment and is seen in association with Luschka's spurring and moderate left foraminal narrowing.

The cervicothoracic junction is within normal limits.

Head Office:

6550 Kennedy Road, Mississauga, Ontario, L5T 2K4
 Tel: (905) 566-0043 Fax: (905) 566-1776

Patient: Kathleen CARTER
 File: MRI-V-08-1017596

Page 2

There are no findings to suggest significant cord atrophy. Disc space narrowing is seen at all of the imaged levels. There is focal diminished signal about the superior end plate of C4 without other patchy areas of involvement to suggest metastatic disease. The remainder of the marrow signal is within normal limits.

There is central canal encroachment also at the craniocervical junction on the basis of what appears to be spurring and pannus also arising from the odontoid tip. This is incompletely evaluated as cross-sectional imaging was not performed at this level. There are findings, however, for rather significant cord compression at this level as well, with a suggestion of abnormal cord signal resulting.

Impression: Advanced cervical spondylosis seen most impressively at the C2-C3 and C3-C4 levels, as well as the craniocervical junction. Cord signal change is suspected at the areas of cord compression. No significant cord atrophy is identified and there are no findings to suggest cord hemorrhage.

Dr. Jonathon Leipsic MD, FRCP(C)

CC BY FAX: Dr. D. CAMERON

604-986-7013

Reports electronically read, but not signed / Transcribed: 9 July 08/iw

This fax transmission is privileged and contains confidential information, intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this fax transmission in error, please notify the sender immediately and destroy these pages promptly. We thank you for your cooperation.

Head Office
 6550 Kennedy Road, Mississauga, Ontario, L5T 2X4
 Tel: (905) 665-0043 Fax: (905) 665-1776

CARTER, KATHLEEN		Check in # 1139551	Unit # 0148125
DOB: 1920 Aug 19 (87Y)	F	Check in Date: 2008 Aug 05 1221	PHN 9018-490-893
Patient Location: *OPI		Report Released: 2008 Aug 12 1137	Account # A08093555
TO: CAMERON, DONALD A 210-125 EAST 13TH STREET NORTH VANCOU BC V7L 2L3		PHYSICIANS: Ordered by: CAMERON, DONALD A Admitting: CAMERON, DONALD A Attending: CAMERON, DONALD A Family: ADAIR, JOHN D (AL)	
CHECK IN #	EXAM(S)		
1139551	80560	HEAD SCAN W/O CONTRAST Ord Diag .SR	
<p>Comparison made to previous from January 24, 2008.</p> <p>HISTORY: Dysesthesia upper extremity bilaterally and decreased fine motor. Query CNS ischemia.</p> <p>FINDINGS:</p> <p>There is moderate periventricular hypodensity, not significantly changed from the previous study and compatible with changes of microvascular ischemia.</p> <p>There is also moderate parenchymal atrophy.</p> <p>No extraaxial collections are identified.</p> <p>On the images through the skull base there is degenerative change involving the C1-2 level with widening of the predateal space. The spinal canal at the C1-2 level appears significantly narrowed.</p> <p>IMPRESSION: Chronic microvascular ischemic change, not significantly changed from previous.</p> <p>Widening of the predateal space and narrowing of the spinal canal at the C1-2 level. Further evaluation with flexion-extension views of the cervical spine as well as MRI of the cervical spine is recommended.</p>			

FINAL



North Shore / Coast Garibaldi Health Services
Lions Gate Hospital
231 East 15th Street
North Vancouver, BC, V7L 2L7

COMPUTED TOMOGRAPHY REPORT

Tel: 604-884-5776
Fax: 604-884-5777

CARTER, KATHLEEN Check in # 1139551 Unit # 0148125
DOB: 1920 Aug 19 (87Y) F Check in Date: 2008 Aug 05 12:21 PHN 9018-490-893
Patient Location: *OPI Report Released: 2008 Aug 12 1137 Account # A08093555

TO: CAMERON, DONALD A

210-125 EAST 13TH STREET
NORTH VANCOU BC V7L 2L3

PHYSICIANS:
Ordered by: CAMERON, DONALD A
Admitting: CAMERON, DONALD A
Attending: CAMERON, DONALD A
Family: ADAIR, JOHN D(ALL)

(Continued)

CHECK IN # **EXAM(S)**
1139551-80560

Transcriptionist- MR , Transcriptionist
Reading Radiologist- CHRISTOPHER (L) KING , Radiologist
Releasing Radiologist- CHRISTOPHER (L) KING , Radiologist
Released Date Time- 08/08/12 1137

COMPUTED TOMOGRAPHY DEPARTMENT

FINAL



North Shore / Coast Garibaldi Health Services
Lions Gate Hospital
231 East 15th Street
North Vancouver, BC, V7L 2L7

COMPUTED TOMOGRAPHY REPORT

Tel: 604-984-5776
Fax: 604-984-5777

CARTER, KATHLEEN Check in # 1250878 Unit # 0148125
DOB: 1920 Aug 19 (88Y) F Check in Date: 2009 Feb 11 1938 PHN 9018-490-893
Patient Location: OPI Report Released: 2009 Feb 12 1800 Account # A08259401

TO: CAMERON, DONALD A

210-125 EAST 13TH STREET
NORTH VANCOU BC V7L 2L3

PHYSICIANS:
Ordered by CAMERON, DONALD A
Admitting CAMERON, DONALD A
Attending: CAMERON, DONALD A
Family: ADAIR, JOHN D(AL)
Referring: ADAIR, JOHN D(AL)

CHECK IN #	EXAM(S)
1250878	80200 C-SPINE SCAN W/O CONTRAST Ord Diag ;SKULL-T1 & T12-S1
1250879	80600 L-SPINE W/O CONTRAST Ord Diag ;SKULL-T1 & T12-S1

INDICATION: Neck pain, dysesthesia C1-2 dermatomes. Back pain, ? stenosis.
TECHNIQUE: Non-contrast CT cervical and lumbar spine.
FINDINGS:
CT - CERVICAL SPINE
Vertebral body alignment is preserved. As before, there is widening of the predental space to approximately 5 mm. Calcification surrounds the odontoid. The odontoid tip is seen near the level of the foramen magnum, and although there are no sagittal images, this may represent early basilar invagination. There is mild compression of the cervicomedullary junction at the level of the dens. There is significant multilevel disc space narrowing. C2-3 demonstrates moderate to severe right paracentral disc osteophyte and uncovertebral osteophyte with severe right neural foraminal stenosis. There is mild dural compression. Mild left neural foraminal stenosis is present.
C3-4 demonstrates moderate right paracentral and posterior disc osteophyte with right and left uncovertebral osteophyte. There is severe right and moderate to severe left neural foraminal stenosis. C5-6 demonstrates moderate posterior disc osteophyte complex, with associated uncovertebral osteophyte and severe bilateral neural

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FINAL



North Shore / Coast Garibaldi Health Services

Lions Gate Hospital

COMPUTED TOMOGRAPHY REPORT

231 East 15th Street
North Vancouver, BC, V7L 2L7

Tel: 604-984-5776
Fax: 604-984-5777

CARTER, KATHLEEN Check in # 1250878 Unit # 0148125
 DOB: 1920 Aug 19 (88Y) F Check in Date: 2009 Feb 11 1938 PHN 9018-490-893
 Patient Location: OPI Report Released: 2009 Feb 12 1800 Account # A08259401

TO: CAMERON, DONALD A

 210-125 EAST 13TH STREET
 NORTH VANCOU BC V7L 2L3

PHYSICIANS:
 Ordered by: CAMERON, DONALD A
 Admitting: CAMERON, DONALD A
 Attending: CAMERON, DONALD A
 Family: ADAIR, JOHN D(AL)
 Referring: ADAIR, JOHN D(AL)

(Continued)

CHECK IN # EXAM(S)
 1250878-80200, 1250879-80600

foraminal stenosis. C6-7 demonstrates posterior disc osteophyte and uncovertebral osteophyte with severe left and moderate to severe right neural foraminal stenosis. There is moderate posterior disc osteophyte at C7-T1.

IMPRESSION: Severe degenerative changes throughout the cervical spine as described. There is a degree of basilar invagination, and I suspect compression of the cervicomedullary junction. This would be better assessed with MRI.

CT - LUMBAR SPINE

FINDINGS: No malalignment. No acute osseous abnormality. L1-2 demonstrates mild generalised disc bulge, and moderate to severe left and moderate right facet degeneration with mild to moderate dural compression.

L2-3 demonstrates severe disc space narrowing and endplate degeneration with posterior generalised disc bulge, severe bilateral facet degeneration and ligamentum flavum hypertrophy, and moderate dural compression.

L3-4 demonstrates moderate generalised posterior disc bulge, severe disc space narrowing and endplate degeneration, moderate facet degeneration and ligamentum flavum hypertrophy, and associated moderate dural compression. No overt nerve root compression.

L4-5 demonstrates moderate to severe disc space narrowing and endplate

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231 East 15th Street
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 Referring: ADAIR, JOHN D(AL)

(Continued)

CHECK IN # EXAM(S)
 1250878-80200, 1250879-80600

degeneration with vacuum phenomenon. There is a generalised posterior disc bulge, moderate facet degeneration and ligamentum flavum hypertrophy, and moderate dural compression. Moderate bilateral neural foraminal stenosis is present without overt nerve root compression.

L5-S1 demonstrates mild disc space narrowing and endplate degeneration without evidence of dural compression. There is mild foraminal stenosis bilaterally, more prominent on the right than left but no evidence of overt nerve root compression.

IMPRESSION: Multilevel lumbar degenerative disc changes and dural compression as described.

Transcriptionist- VS, Transcriptionist
 Reading Radiologist- ANDREW THOMPSON, Radiologist
 Releasing Radiologist- ANDREW THOMPSON, Radiologist
 Released Date Time- 09/02/12 1800

COMPUTED TOMOGRAPHY DEPARTMENT

FINAL



S.A.V.I.N.G.S.

Administration Services - Admin
 Suite 1001 - 12450 132 Avenue
 Surrey, BC V4V 5V1
 Telephone: (604) 517 7000
 Fax: (604) 563 4131

Wires - Outside Canada sent through Bank of America

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COMPLETED BY	USERID: 7000	Branch: 17250	Fort Langley	Date: Sep. 30, 2008
---------------------	--------------	---------------	--------------	---------------------

WIRE SENDER	Business or Individual? <u>Individual</u>	Acct Number: <u>102020438887</u>
	Name: <u>LEE CARTER</u>	
	Address: <u>9977 ALLARD CRES</u>	City: <u>LANGLEY</u>
	Province/State (Abbrev): <u>BC</u>	Country: <u>CAN</u> <u>Canada</u>
	PO/Zip: <u>V1M 3V7</u>	

WIRE RECEIVER	Business or Individual? <u>Business</u>	Acct Number: <u>16 5 031 809 08/6886</u>
	Business Name: <u>DIGNITAS</u>	
	Address: <u>8127 FORCH</u>	City: <u>FORCH</u>
	Province/State (Abbrev): <u>Prov/State</u>	Country: <u>CHE</u> <u>Switzerland</u>
	PO/Zip: <u>PO/ZIP:</u>	

RECEIVER BANK INFORMATION	Financial Inst/Bank Name: <u>CLIENTIS SPARKASSE KUESNACHT</u>	
	Address: <u>P O. BOX 8700</u>	City: <u>KUESNACHT</u>
	Province/State (Abbrev): <u>Prov/State</u>	Country: <u>CHE</u> <u>Switzerland</u>
	SWIFT CODE: <u>RAMCH3333</u>	
	IBAN NUMBER: <u>DE95 1004 0000 0806 0683 00</u>	
	Correspondent Intermediary FI: <u>Intermediary</u>	
Additional Comments: <u>REFER NUMBER 13063 KATHLEEN CARTER. LANGLEY BC</u>		

CURRENCY DETAILS	Amount: <u>3,000.00</u>	Currency Type: <u>CHF</u>	Customer Rate: <u>1.0979</u>
	Total: <u>\$3,298.70</u>	Service Charge: <u>\$ 25.00</u>	

REFERENCE INFORMATION

- Usual delivery time is 3 business days. If currency is same as country of beneficiary. - No guaranteed delivery time if currency is different from country of beneficiary.

By Requesting this wire I/We Understand Coast Capital Savings Credit Union will not be held liable for any charges or penalties resulting from the above requested transfer and cannot be guaranteed a time or date of funds arriving at the requested destination. Transferred amounts may be subject to receiving charges at destination and/or intermediary financial institutions. For any reason the wire is returned, it may be subject to loss of exchange determined by the current day's buy rate.

PRIVACY POLICY
 The collection, use and disclosure of the personal information in this document is governed by the Coast Capital Savings Privacy Policy, a copy of which is available at any branch or online at www.coastcapitalsavings.com

Purchaser's Signature:

DIGNITAS

To live with dignity

To die with dignity

P.O. Box 9
8127 Forch, Switzerland
Telephone +41 44 980 44 59
Telefax +41 44 980 14 21
E-Mail: dignitas@dignitas.ch

P.P. CH-8127 Forch

Abt. P.O.B. 9, CH-8127 Forch
Mrs. Kathleen Carter
c/o 9977 Allard Cres
Langley, BC V1M 3V7
Canada

No. 13063 / Carter Kathleen,
Langley, BC

(Please mention this number with the payment)

Forch, September 30, 2009

Additional membership contribution

	Debit	Credit	Open
Preparation	3'000.00		
Total	<u>3'000.00</u>		<u>3'000.00</u>
Those are USD			<u>2'867.00</u>

We kindly ask you to have the transfer of this amount initiated within the next days.

For international payments please note:

Bank transfers should be addressed to: Dignitas Forch, 8127 Forch, Switzerland
Bank: CLIENTS SPARKASSE KUESNACHT, P.O. Box, 8700 KUESNACHT
IBAN: CH73 0000 0016 5031 8090 8 / BIC:SWITF RBABCH22H56
Bank account no: 15 5 071 809 08 / Clearing no: 6000

Bank transfers in EURO should be sent to the German account of Dignitas:
Bank: COMMERZBANK AG, BERLIN
IBAN: DE95 1004 0000 0005 0003 00 / BIC:SWIFT COBADE33XXX

Private cheques are not accepted / only Bank Drafts to be payed at a Swiss bank

If you prefer to pay by using **PayPal** please add 5 % to your payment in order to cover the fees of PayPal (see www.paypal.com).

If you prefer to pay by using **Moneybookers** please add 2 % to your payment in order to cover the fees of Moneybookers (see www.moneybookers.com).

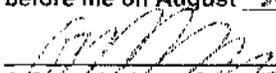
Another easy and inexpensive way is to send the membership fee in cash, in a letter by (registered) postal mail to our address. If you do not fear the risk of loss which is actually not very high.

DIGNITAS

To live with dignity

To die with dignity

This is Exhibit I referred to in the
Affidavit of Lee Carter, sworn
before me on August 24, 2011.


A Commissioner for taking Affidavits
for British Columbia

P. O. B. 9
CH-8127 Forch
Phone +41 44 980 44 59
Fax +41 44 980 14 31
E-Mail: dignitas@dignitas.ch

2500-110-112, CHEBRO, Forch
Mrs. Kathleen Carter
c/o 9977 Allard Cres
Langley, BC V1M 3V7
Canada

Forch, November 17, 2009
gl0177104.doc

“Provisional green light”

Dear Mrs. Carter

Please be advised that a medical doctor cooperating with us considers an accompanied suicide to be justified in your case and thus has just given his consent to possibly write the prescription for you. However, it is still necessary that previously he meets you personally and talks to you. Now you have at your disposal a “provisional green light” for, or access to, an assisted and risk free suicide in Switzerland.

The following options are consequently available to you:

- 1) You accept the “provisional green light” as an emergency exit option to be made use of some time later on, while you postpone the consultations of the doctor and the accompaniment until the time is ripe for you.
- 2) You consult the doctor in advance, returning thereafter again to your place of residence, while deciding only later on an assisted suicide and a second consultation of the doctor.
- 3) You meet the medical doctor two times within three days (for example: Monday/Wednesday or Tuesday/Thursday) in order to make use of an accompanied suicide on the following day already.

⇒ At the moment, due to an intervention of the Chief Medical Doctor of the Canton of Zürich (supervisory authority to the medical doctors), an accompanied suicide with Pentobarbital of Sodium (PeS) is only possible after more than one consultation of the doctor cooperating with DIGNITAS.

- 2 -

By experience we know that the sole fact of having been given the "provisional green light" for an accompanied suicide in Switzerland might improve your condition, rendering you possibly able to further endure life and even to enjoy it to a certain extent.

In view of a possible preparation of an accompanied suicide, we include here-with the information leaflet regarding the documents for the Swiss authorities (necessary for the Swiss Registry Office in order to register the demise and issue an official death certificate). **At the date of the accompanied suicide, these documents must not be older than 6 months. Therefore it is advisable to obtain them only shortly prior to contacting us for a possible date for the accompaniment.** Please send us these documents together with the other enclosed papers to be filled in ('AS Act' and 'Data sheet for authorities').

Should you still have any questions to be clarified, please do not hesitate to contact us by phone or in writing so that we may give you the required answers.

Yours sincerely

DIGNITAS

To live with dignity - To die with dignity
Secretary General



Ladwig A. Minelli

Enclosure

Necessary documents for the Registry Office:

- ⇒ for the transport of the body or the urn to a place outside of Switzerland;
- ⇒ to issue a death Certificate

Canada

Necessary ORIGINALS ⇒ the right to require additional documents is reserved (in specific cases)	Civil status			
	Married	Single	Widowed	Divorced
Passport or Identity Card ⇒ to be brought along your journey ⇒ please send a simple copy in advance.	X	X	X	X
Passport or Identity Card of your spouse, if married ⇒ a simple copy is sufficient	X			
Complete and Certified copy of the Birth Record (Original) (with names of your parents) ⇒ to be obtained from the Registry Office of the place of birth ⇒ <u>not older than 6 months</u>	X	X	X	X
Original of Marriage Certificate ⇒ to be obtained from the Registry Office of the place of marriage ⇒ <u>not older than 6 months</u>	X			
Proof Civil Status (Original Affidavit) ⇒ Please see a notary public of your district and establish an Affidavit (has to include civil state, nationality and recent residential address) ⇒ <u>not older than 6 months</u>		X		
Certificate of Divorce with statement of legal effect (Original or copy certified by the respective court of the place of your divorce) ⇒ to be obtained from the respective court of the place of divorce				X
Original of Death Certificate of your spouse ⇒ to be obtained from the Registry Office of the place of Death			X	
Certificate of Domicile (Original Affidavit) ⇒ Please see a notary public and establish an Affidavit (has to include civil state, nationality and recent residential address) ⇒ <u>not older than 6 months</u>	X	X	X	X

During my journey to Switzerland, I will be reachable by mobile phone at the following number:

At my assisted suicide, the following persons will be present from my side and will be ready afterwards to testify to the local authorities:

Family name
First name(s)
Street and Number
additional date
Post code, locality
Phone number
Date of birth
Born at (city and country)
Profession:

Family name
First name(s)
Street and Number
additional date
Post code, locality
Phone number
Date of birth
Born at (city and country)
Profession:

Family name
First name(s)
Street and Number
additional date
Post code, locality
Phone number
Date of birth
Born at (city and country)
Profession:

Family name
First name(s)
Street and Number
additional date
Post code, locality
Phone number
Date of birth
Born at (city and country)
Profession:

Dr. J.D. Adair,
#502 - 145 E13th. Street,
North Vancouver, B.C.,
V7L 2L4,
Canada,

December 3, 2009

This is Exhibit J referred to in the
Affidavit of Lee Carter, sworn
before me on August 24, 2011.

To Whom It May Concern:


A Commissioner for taking Affidavits
for British Columbia

Re: Mrs. Kathleen Carter
DOB August 19, 1920

I have been Mrs. Carter's family physician since 1986 and have seen her regularly over the years.

This letter is to confirm I have never had a reason in the past or at present to believe that Mrs. Carter has suffered from a psychiatric illness or personality disorder. In my opinion she is currently mentally competent. She exhibits no indication of dementia and is psychiatrically and emotionally healthy

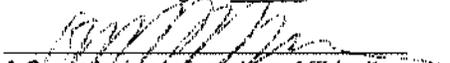
Yours truly,



J.D. Adair B.Sc., M.D.

January 14, 2010

This is Exhibit K referred to in the
Affidavit of Lee Carter, sworn
before me on August 27, 2011.

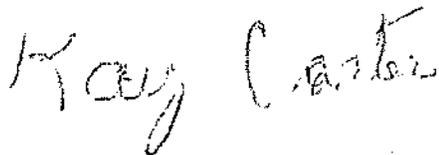

A Commissioner for taking Affidavits
for British Columbia

Friends:

It is important for me to share with you that I have chosen to die with dignity, tomorrow January 15, 2010.

Two neurologists have diagnosed me as having Spinal Stenosis.. In my latter years as my health deteriorated I witnessed friends whose body had totally collapsed and did not want to follow their path. As a long-standing member of the Hemlock Society and the Right to Die Society I enlisted the help of the latter, to die with dignity. I and I alone made the choice to pursue this path. My journey to Zurich, with Lee, Hollis, Marie and Price was filled with laughter and fond reminiscing.

Do not mourn my passing, but rejoice, as I have, in our shared memories.



Kay Carter

Euthanasia Prevention Coalition

This is Exhibit L referred to in the Affidavit of Lee Carter, sworn before me on August 24, 2011.

A Commissioner for taking Affidavits for British Columbia

Showing newest posts with label **Assisted Suicide.**
[Show older posts](#)

Wednesday, August 17, 2011

Farewell Foundation case rejected. BCCLA case is a recipe for elder abuse.

The Vancouver Sun reported that the case by the Farewell Foundation, a group in BC that is trying to legalize assisted suicide, was thrown-out by Justice Lynn Smith. The Farewell Foundation was attempting to legalize "Swiss style" assisted suicide in Canada, which means that they wanted the law to allow doctors and other people to be able to assist a suicide.

A couple of weeks ago, Justice Smith fast-tracked the case by the BC Civil Liberties Association (BCCLA). The BCCLA is representing the family of Kay Carter, who died by assisted suicide at the Dignitas suicide center in January 2010, and Gloria Taylor, who lives with ALS. The BCCLA case is attempting to legalize euthanasia and assisted suicide, via the court, in Canada



Laura Kane, who wrote the article for the Vancouver Sun stated:

Justice Lynn Smith ruled the foundation did not have a strong enough case to challenge the law, saying anonymous members of the group must identify themselves in order to prove the law directly affects them.

However, Smith invited the group to apply to intervene in a parallel right-to-die case led by the B.C. Civil Liberties Association.

The Farewell Foundation for the Right to Die had argued that the law against assisting suicide — which carries a maximum penalty of 14 years in prison — violates its members' right to die with dignity in the future.

Of the group's 117 members, only five were identified as plaintiffs in the case. One of the plaintiffs committed suicide in July.

Donnaree Nygard, lawyer for the federal attorney-general, argued the case was "hypothetical" because the plaintiffs were not facing criminal charges for assisted suicide.

Euthanasia Prevention Coalition's Fan Box



Euthanasia Prevention Coalition on Facebook

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Euthanasia Prevention Coalition

The Farewell Foundation of BC case is rejected. The BCCLA case is a recipe for elder abuse.

Link:
<http://alexschadenberg.blogspot.com/2011/08/farewell-foundation-case-rejected.html>



Euthanasia Prevention Coalition: Farewell Foundation case BCCLA case is a recipe for elder abuse

[alexschadenberg.t](#)

15 hours ago



Euthanasia Prevention Coalition

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Anne Annemarie Cassie



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Farewell Foundation lawyer Jason Gratl said the group attempted something new by challenging a law on behalf of anonymous members, and was unsuccessful.

"Justice Smith found that if the Farewell Foundation wished to bring a constitutional challenge, the members whose health is deteriorating must identify themselves," he said.

Russel Ogden, a founding director of the Farewell Foundation, said he was encouraged by the invitation to intervene by Smith, who is also overseeing the BCCLA case.

"I would compare it to someone in a race who knocks over a hurdle," Ogden said. "It hurts a bit, you lose a few seconds, but you're still in the race. You don't give up."

If its application to intervene is approved by the court, the foundation would be able to advance many of the same arguments it would have presented in its challenge to the Criminal Code, Ogden said.

A party with intervener status may introduce evidence and cross-examine witnesses.

The BCCLA-led case was recently fast-tracked due to the failing health of plaintiff Gloria Taylor, 63, suffering from late-stage amyotrophic lateral sclerosis, also known as Lou Gehrig's disease. The trial is set to begin Nov. 15.

The case proposes a medical model that restricts the assisted-suicide procedure to medical professionals. The Farewell Foundation, on the other hand, advocates the Swiss model, in which right-to-die organizations oversee the procedure.

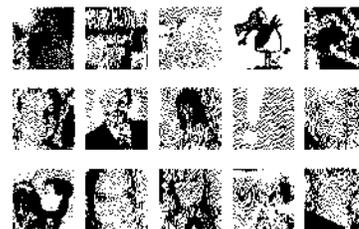
"Many of our members do not see this as a medical procedure, and do not want it to occur in a clinical setting," Ogden said.

Last year the Parliament of Canada rejected Bill C-384 that was sponsored by Francine Lalonde (BQ) which would have legalized euthanasia and assisted suicide, by a vote of 228 to 59. Since then an all-party committee of members of parliament have been working on a report to suggest ways that Canada needs to improve its care in the areas of: Palliative Care, Suicide Prevention, Elder Abuse and Disability issues. The Parliamentary Committee on Palliative and Compassionate Care will release their report in November 2011.



The Euthanasia Prevention Coalition (EPC) is seeking intervener status in the BCCLA case. EPC expected that the Farewell Foundation case would be thrown out because it lacked standing in relation to how serious it is to legalize euthanasia and assisted suicide.

The Farewell Foundation case attempted to legalize, "Swiss style" assisted suicide while the BCCLA (Carter/Taylor) case is attempting to legalize euthanasia and assisted suicide via the court.



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Euthanasia Prevention Coalition

<http://www.epcc.ca/>

About Me



ALEX SCHADENBERG

Alex Schadenberg is the executive director of the Euthanasia

Prevention Coalition - Canada, the Chair of the Euthanasia Prevention Coalition - International Website: www.epcc.ca, Email: info@epcc.ca, Call: 1-877-439-3348.

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Blog Archive

▼ 2011 (163)

▼ August (10)

[Farewell Foundation case rejected. BCCLA case is a...](#)

[Farewell Foundation case rejected. BCCLA case is a...](#)

[BC Judge fast-tracks euthanasia and assisted suici...](#)

[Assisted Suicide is pushed as a cost saving measur...](#)

[Montana Against Assisted Suicide attending local f...](#)

[New Group and New Websites](#)

The EPC recognizes that the laws that prohibit euthanasia and assisted suicide are designed to protect people in the most vulnerable time of their life.

The EPC rejects the concept that it is necessary to legalize euthanasia and/or assisted suicide in order to ensure a "death with dignity".

EPC also understands that societal attitudes will lead to people with disabilities being steered towards death by euthanasia and elders who are vulnerable or being abused by family members or care-givers will be subtly pressured to die. These people will not "freely choose" but rather they will be coerced into dying by others who the person has been manipulated by and who that elderly person is dependant upon.

Posted by Alex Schadenberg at [10:21 PM](#) [0 comments](#)

Labels: [Assisted Suicide](#), [BC Civil Liberties Association](#), [Elder Abuse](#), [EPC](#), [euthanasia](#), [Farewell Foundation](#), [Gloria Taylor](#), [Kay Carter](#), [Parliamentary Committee](#)

BC Judge fast-tracks euthanasia and assisted suicide case in Canada



On August 4, the Euthanasia Prevention Coalition (EPC) reacted to the decision by Justice Lynn Smith, to fast-track the (Carter/Taylor) case which challenges Canada's laws that protect vulnerable people from euthanasia and assisted suicide. This update provides further information.

Justice Smith, agreed to fast-track a challenge to Canada's euthanasia and assisted suicide laws by the BC Civil Liberties Association (BCCLA) who are representing Gloria Taylor and the family of Kay Carter, the (Carter/Taylor) case. The case will be heard starting on November 15, 2011.

Last year, [Canada's parliament rejected Bill C-384](#) that would have legalized euthanasia and assisted suicide by a vote of 228 to 59. After losing the political debate, the right to die lobby is bringing their demand for legalized killing to the courts.

The BCCLA claims that euthanasia and assisted suicide can be legalized with strict safeguards.

A study, published in the CMAJ (May 2010) [found that 32%](#) of the euthanasia deaths in Belgium were done without request or consent. Another study published in the BMJ (Oct 2010) [found that only 52.8% of the euthanasia deaths in Belgium were reported.](#)

In Oregon, where assisted suicide is legal, [the overall suicide rate has climbed since 2000 and is now 35% higher than the national average.](#) At the same time people, such as [Barbara Wagner & Randy Stroup](#), who were denied medical treatment by the

[Rasouli decision being appealed to the Supreme Cou...](#)

[Ottawa will not legalize euthanasia or assisted su...](#)

[Massachusetts - Drive begins to put assisted suici...](#)

[BC Court fast-tracks challenge to assisted suicide...](#)

- ▶ July (19)
- ▶ June (14)
- ▶ May (30)
- ▶ April (18)
- ▶ March (18)
- ▶ February (24)
- ▶ January (30)
- ▶ 2010 (232)
- ▶ 2009 (141)
- ▶ 2008 (221)

Labels

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- [Australia](#) (47)
- [autonomy](#) (1)
- [Awakening Centers](#) (2)
- [Baby Isaiah](#) (8)
- [Baby Joseph](#) (7)
- [Balfour Mount](#) (1)
- [Barbara Bolton](#) (1)
- [Barbara Wagner](#) (17)
- [Baxter](#) (11)



In the previous parliamentary session, Harold Albrecht, Member of Parliament from Kitchener-Conestoga, introduced Motion 388 to ensure that Canada's assisted suicide act also applies to Internet Suicide Predators, such as Melchert-Dinkel. Motion 388 passed in the House of Commons unanimously.

EPC will urge the government to bring forth a bill that clarifies that Internet Suicide Predators, and those who counsel suicide via communications devices, will be prosecuted under Canada's assisted suicide act.

For more information about the Melchert Dinkel case go to: [Link](#)

Posted by Alex Schadenberg at 10:27 AM 0 comments

Labels: [Assisted Suicide](#), [Internet suicide sites](#), [Motion 388](#), [Nadia Kaïouji](#), [William Melchert-Dinkel](#)

Friday, April 29, 2011

Euthanasia Prevention Coalition to intervene in a BC court case that threatens to legalize euthanasia and assisted suicide in Canada.



The BC Civil Liberties Association (BCCLA) has launched a court challenge (the Carter case) to overturn Canada's prohibition of assisted suicide and euthanasia. The Euthanasia Prevention Coalition (EPC) will intervene, when appropriate, in the case. EPC believes that the case should not be given standing by the court; however, if the case proceeds EPC

will seek intervention status.

The case is based on Kay Carter, who was diagnosed with spinal Stenosis in 2008. Kay was a member of the euthanasia lobby for many years, and was brought to Switzerland in January 2010, by her daughter Lee Carter and son-in-law Hollis Johnson. She died by assisted suicide at the Dignitas suicide clinic in Zurich. Lee and Hollis claim that they technically broke the law. The case also includes Dr. William Shoichet, a physician in Victoria BC who claims that he is willing assist the suicides of his patients, if the law were changed or struck down by the court.



The BCCLA is attempting to overturn the Criminal code provisions prohibiting euthanasia and assisted suicide by asserting that the law is unconstitutional. The BCCLA hope to bring the case to the Supreme Court with the expectation that the Court will reverse the Rodriguez decision (1993) and strike down the assisted suicide act. They also want to strike down the provisions in the Criminal Code

that prohibit euthanasia.

EPC challenges BCCLA's assertion that the Assisted Suicide Act is unconstitutional. The very basis of their case is incorrect, for several reasons. The Criminal Code does not infringe individual autonomy but rather it protects vulnerable persons.

ELDER ABUSE:
A GROWING BEAT



Canada has an interest in protecting its citizens from having death or harm imposed on them. The government must protect elders and people with disabilities from abuse and undue influence.

The BCCLA states in its "Notice of Claim" that the provisions in the Criminal Code that are unconstitutional, in relation to this case are: Sections 14, 21, 22, 222, and 241.

Section 14 states:

no person is entitled to consent to have death inflicted on him, and such consent does not affect the criminal responsibility of any person that inflicts on the person who consents.

Section 21 states:

(1) Every one is a party to an offence who: (a) actually commits it; (b) does or omits to do anything for the purpose of aiding any person to commit it; (c) abets any person in committing it.
(2) Renders two or more persons carry out an unlawful intention to carry out an unlawful purpose and to assist each other to carrying out the common purpose, commits an offence, each of them who knew or ought to have known that the offence would be a probable consequence.

Section 22 states:

(1) and (2) Renders a person who counsels another person to be party to an offence, where the person counselled is thereafter a party to an offence, also a party to the offence.

Section 222 is the homicide provision of the Criminal Code. Euthanasia is defined as a form of homicide.

Section 241 is the assisted suicide provision in the Criminal Code. Section 241 prohibits, aiding, abetting (encouraging) and counselling suicide.

The BCCLA asserts that the Criminal Code prevents people from having control over personal choices. In fact the Criminal Code does not prevent personal choice, but rather it prevents another person from causing death or being involved with causing the death of another person. The Criminal Code prohibits a person from aiding, encouraging or counselling a person to commit suicide and it prohibits a person from directly and intentionally causing the death of another person.

The BCCLA also falsely asserts that withholding medical treatment or care that may result in the death of the person is that same as actively causing the death of a person. The courts have correctly recognized that there is a difference between causing a person's death and letting them die.

EPC holds that the Criminal Code, when effectively applied, is designed to protect vulnerable people from another person influencing, encouraging, counselling or physically assisting the

suicide of a person or directly causing that persons death. The Criminal Code protects people with disabilities from others who may consider their lives as not worth living and it protects seniors and other vulnerable people from the ultimate form of elder abuse, an intended death.

Disability activist, Mark Pickup, from Alberta stated to EPC:

"the newspaper described Kay Carter (89) as a Right to die proponent. She developed spinal stenosis in 2008 which causes "pain, lack of coordination, numbness, loss of bladder and bowel control and paralysis." That was enough reason to overturn laws against assisted suicide? I disagree. I've had those very same symptoms (and many others) throughout my 27 year journey with multiple sclerosis. I want our laws prohibiting assisted suicide to stay in effect and enforced, in case I despair and happen to meet someone like Kay's daughter and son-in-law who agrees with killing me."



Based on negative social attitudes toward people with disabilities and the growing awareness of the social scourge of elder abuse, society must not remove the protections in law that exist to prevent assisted suicide or euthanasia, but rather society needs to uphold and maintain these laws while enhancing the care and protection that is provided for people with disabilities, people with chronic conditions, the frail elderly and those who are nearing death.

Posted by Alex Schadenberg at [11:22 AM](#) [0 comments](#)

Labels: [Assisted Suicide](#), [BC Civil Liberties Association](#), [Canada](#), [Dignitas clinic](#), [euthanasia](#), [Euthanasia Prevention Coalition](#), [Mark Pickup](#)

Friday, April 22, 2011

Vermont Assisted Suicide bad idea, bad bill

Grace Weber [wrote a good article](#) about the bill to legalize assisted suicide in Vermont that was published in the Burlington Free Press yesterday. Weber comments about the language of the bill and the outcome of legalizing assisted suicide. If there is nothing wrong with assisted suicide, then why do they need to lie about it.

[The article](#) is republished in full.



When we discard the euphemism "death with dignity" and replace it with plain English, we see that the Vermont Legislature proposes to endorse and enable suicide for qualifying citizens. The idea is bad, and the bill is bad.

Certainly, terminal illness is a wrenching problem. But there are others. Loss of good name, heartbreak and financial ruin are among the other reasons for which competent persons commit suicide. Does anyone doubt that mental anguish can be as great as physical pain?

No. S112688
Vancouver Registry

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

LEE CARTER ET AL.

PLAINTIFFS

AND:

ATTORNEY GENERAL OF CANADA

DEFENDANTS

AND:

ATTORNEY GENERAL OF BRITISH COLUMBIA

INTERVENOR

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