Health Law in Canada

Editor-in-Chief: Gilbert S. Sharpe, B.A., LL.B., LL.M.
Co-Editor-in-Chief: David N. Weisstub, M.A., J.D.

November 2010 VOLUME 31, NUMBER 2 Pages 37-64

• SUICIDE, CANADIAN LAW, AND EXIT INTERNATIONAL'S "PEACEFUL PILL" •

Russel D. Ogden
Department of Criminology and Department of Sociology
Kwantlen Polytechnic University, British Columbia

ABSTRACT

Australia's Exit International ("Exit") is probably the most visible and controversial right-to-die organization in the world. Founded by Dr. Philip Nitschke, Exit is known for do-it-yourself ("DIY") suicide workshops and a book banned in Australia: *The Peaceful Pill Handbook*. In 2009, Exit held its first workshop in Canada. Due to legal concerns, the Vancouver Public Library reneged on a commitment to give Exit a venue, so the workshop proceeded in the sanctuary of a church hall. This article summarizes the history of suicide law in Canada and gives an overview of the emerging DIY movement. A case report describes how a Canadian woman studied Exit's literature and learned how to import veterinary pentobarbital. In accordance with Exit's information, she ended her life. Ethical and legal implications for researching DIY suicide are discussed and it is argued that prohibition contributes to an undesirable situation of uncontrolled and unregulated suicide.

• IN THIS ISSUE •

Whether they are prohibited, permitted, or tolerated, suicide and assisted suicide are controversial. Their legal treatment in Canada is conflicting because suicide is not a crime but it is a serious offense to assist, encourage, or counsel someone to suicide. Individuals can lawfully take their lives, but they must act independently. This legal situation has given rise to a do-it-yourself ("DIY") right-to-die movement dedicated to technologies and information to enhance the possibilities for planned and humane suicide, while limiting the legal exposure of sympathetic third parties (Martin, 2010; Ogden 2001).

My aim is to summarize the legal history of suicide in Canada and discuss the emerging social movement for DIY suicide and assistance in suicide. Exit International ("Exit"), based in Australia, is a leading organization in this movement. I present a case report that describes how a Canadian woman ended her life using DIY techniques learned from Exit. Some ethical and legal implications for researching DIY suicide are discussed. I argue that the DIY movement is an undesirable consequence of prohibition.

CANADA'S CRIMINAL CODE AND SUICIDE/ASSISTED SUICIDE

ATTEMPTED SUICIDE

The human obsession with fighting death has helped to turn living into an obligation (Bayatrizi, 2008). In common law, suicide was a crime of self-murder and aiding or abetting a person to suicide was equivalent to second-degree murder (Burbidge, 1890).

HEALTH LAW IN CANADA

Health Law in Canada is published four times a year by LexisNexis Canada Inc., 123 Commerce Valley Drive East, Markham, Ontario L3T 7W8

ISBN 0-433-45917-4 **ISSN 0226-88411**
ISBN 0-433-45916-6 (PDF)
ISBN 0-433-45915-8 (Print & PDF)

Subscription rates: $305 plus GST per year (Print or PDF)
$370 plus GST per year (Print & PDF)

Please address all editorial inquiries to:

Boris Roginsky, Journals Editor
LexisNexis Canada Inc.
Tel. (905) 479-2665; Fax (905) 479-2826
E-mail: hlic@lexisnexis.ca.

When Canada enacted its first *Criminal Code* on July 1, 1893, suicide was not specifically forbidden by statute but attempting suicide was an indictable offence punishable with a maximum of two years imprisonment (Taschereau, 1893). In 1955 the penalty for attempting suicide was reduced to a maximum of six months imprisonment. In 1972 attempting suicide was decriminalized (Downie, 2004). A review of Canada's *Annual Report of Statistics of Criminal and Other Offences* shows that from 1876 to 1972, there were over 8600 convictions for attempted suicide, and 22 percent received jail sentences (Statistics Canada, 1872-1973).[1]

When the Canadian parliament decriminalized attempted suicide it was argued that suicide "is not a matter which requires a legal remedy, that it has its roots and its solutions in sciences outside of the law and that certainly deterrent under the legal system is unnecessary" (House of Commons Debates, 1972, p. 1699). In other words, suicide attempts would no longer be treated as criminal acts, but they would be seen as symptomatic of psychological disturbance or mental illness in need of treatment.

ASSISTED SUICIDE

Since 1893 counseling, aiding, or abetting suicide have been *Criminal Code* offences. The maximum penalty was originally life imprisonment, but in 1955 this was reduced to 14 years. Judicial sympathy for a crime that currently carries the second most severe punishment available under Canadian law is evident in a number of convictions that resulted in fines or suspended sentences (Statistics Canada, 1876-1973). The longest reported sentence is four years in an Ontario case where a husband gave his wife a loaded shotgun. The wife survived a self-inflicted wound to the belly and her husband's conviction and jail sentence were overturned on appeal (*R. v. Loomes*, 1975). The next longest sentences are two British Columbia cases that each received 42 months of jail (*R. v. Allen*, 1997; *R. v. Fraser*, 2010). Notably, *Loomes*, *Allen*, and *Fraser* all involved men accused of giving loaded shotguns to individuals who were not suffering from serious physical illness.

Only two physicians are known to have been convicted for aiding or abetting the suicides of their patients. Both received two-year sentences (*R. v. Genereux*, 1999; *R. v. Sharma*, 2007) and their professional bodies also struck them from medical practice ("Dr. Sharma," 2007; *Genereux (Re)*, 1998).

In 1993, the Supreme Court of Canada narrowly (5-4) denied a terminally ill woman's petition for a constitutional right to physician-assisted suicide

(*Rodriguez v. British Columbia*, 1993). Recently, the federal parliament soundly defeated Bill C-384 (Young, 2010), a law that would have permitted voluntary euthanasia and assisted suicide (House of Commons, 2009). In contrast to parliament's position, public opinion polls show majority support for physician-assisted suicide and euthanasia (Angus Reid, 2009, 2010).

Retention of Canada's 117-year prohibition on assisted suicide is grounded in the premise that it affirms the value of life. The general counter-argument is that life includes death, and the value of life is diminished if one cannot do what one wants with it. In her dissenting opinion in *Rodriguez v. British Columbia* (1993), Justice McLachlin (now Chief Justice of the Supreme Court of Canada) observed that the law makes an arbitrary and illogical distinction between suicide and assisted suicide in that the former is legal and the latter is not.

Whether arbitrary or illogical, the effect of the law is that individuals who choose to suicide in a law-abiding manner must act to minimize the legal culpability of others. Therefore, some right-to-die proponents are backing away from legal reform agendas and are instead focusing on humane and effective DIY approaches for suicide (Battin, 2005; Côté, 2008; Docker, 2007; Humphry, 2010; Nitschke & Stewart, 2009).

THE RISE OF THE NUTECH MOVEMENT

In 1999, NuTech — new technologies for self-deliverance — was formed to promote self-empowerment through technological solutions for humane suicide (Ogden, 2001). Its principals were John Hofsess of the Right to Die Society of Canada; Derek Humphry, founder of the Hemlock Society, and Dr. Philip Nitschke, founder of Exit International (Côté, 2008; Humphry, 2008). NuTech focuses on the development of simple and non-violent suicide methods that do not require medical prescriptions. Some of the devices developed under the NuTech program use inert gas to cause death by oxygen deprivation (Ogden, 2001; Ogden & Wooten, 2002). Others methods involved carbon monoxide delivery systems (Prahlow & Doyle, 2005) and lethal barbiturates have been synthesized in home-style laboratories (Nitschke & Stewart, 2009).

Dr. Philip Nitschke entered the world stage as the first physician to legally provide euthanasia in 1996 and 1997 when Australia's Northern Territory briefly allowed the practice. Nitschke developed *Deliverance*, a software-enabled suicide machine that was used to help four people die. In 1997, the Australian federal parliament stopped the practice of euthanasia with legislation that overturned the Northern Territory *Rights of the Terminally Ill Act* (Nitschke & Stewart, 2005). *Deliverance* is now on display in the Science Museum of London (Euthanasia Machine, n.d.).

Nitschke foresaw that prohibition would paradoxically encourage research into effective suicide techniques. At NuTech's second meeting, held in Seattle, Washington, in 1999, Nitschke argued:

> ... it is [politicians'] cowardice that has provided the greatest fillip to the NuTech enterprise. Their activities have changed forever the voluntary euthanasia debate which will now move, I believe, away from legislative models towards those strategies that provide individual self empowerment.
>
> This is a future that will cause anxiety amongst many from within the voluntary euthanasia movement and NuTech will attract considerable internal censure. In the same manner as Jack Kevorkian's activities were denounced as destructive by many supporters of voluntary euthanasia, so too will those who advocate technical solutions be criticised from within.
> (Nitschke, 1999, p. 7)

Nitschke has dedicated himself to fulfilling his prophecy. An array of new suicide techniques have appeared in recent years and many of the answers about how they work are available in libraries, bookstores, and Internet sources (*e.g.* Humphry, 2010; Nitschke & Stewart, 2009). Medico-legal, forensic, and other scholarly journals have taken keen interest in the mechanics of these techniques and their social implications (Gallagher, Smith, & Mellen, 2003; Grellner, Anders, Tsokos, & Wilske, 2002; Harding & Wolf, 2008; Lyness & Crane, 2010; Martin, 2010; Ogden, 2010a, 2010b; Ogden, Hamilton, & Whitcher, 2010; Ogden & Wooten, 2002; Prahlow & Doyle, 2005).

THE PEACEFUL PILL HANDBOOK

Philip Nitschke launched the first edition of *The Peaceful Pill Handbook* (Nitschke & Stewart, 2006) at the 2006 World Federation of Right to Die Societies biannual conference, held in Toronto. Australian censors soon banned the book because it allegedly instructed on matters of crime for the manufacture, storage, possession, and importing of barbiturates, and also matters of crime for the mandatory reporting of sudden deaths (Australian Government Classification Review Board, 2007). The ban in Australia

has probably helped sales since the book can be purchased in most countries through the Internet bookseller, Amazon. Indeed, the cover of the 2009 edition displays the annotations "Banned in Australia" and "Amazon Top 100 Bestseller."

The Peaceful Pill Handbook gives explicit information about several suicide methods, including hypoxia inside a plastic bag, carbon monoxide poisoning, cyanide poisoning, and overdose with certain prescription drugs. The methods are rated according to the "Exit RP Test" — a reliability and peacefulness test (Nitschke & Stewart, 2009, p. 36). Pentobarbital has the highest "reliability and peacefulness" score. This drug, in the form of barbituric acid, was first synthesized in 1864 (Mendelson, 1980) and introduced for clinical use in 1904 (López-Muñoz, Ucha-Udabe & Alamo, 2005). Pentobarbital is a hypnotic capable of inducing sleep or coma, and in large doses it will quickly cause death from respiratory depression. A variety of barbiturates with differing properties in terms of speed of action and duration were prescribed under the trade names of Veronal, Seconal, Amytal, Pentothal and Nembutal (Figure 1). Their hypnotic and sedative effects were so dominant commercially that fewer than a dozen other sedative-hypnotics enjoyed market success prior to 1960 (Charney, Mihic, & Harris, 2001). Before safer benzodiazepine sleeping pills started to replace barbiturates in the 1960s, prescription barbiturates were involved in more than half of drug suicides (Mendelson, 1980), including the "probable suicide" of Marilyn Monroe (López-Muñoz, Ucha-Udabe & Alamo, 2005, p. 339).

Figure 1 Medical journal advertisement for tablet and suppository secobarbital (*JAMA* August 27, 1949, page 35)

For animal euthanasia, injection of sodium pentobarbital is considered the fastest and most reliable agent (Figure 2) (American Veterinary Medical Association, 2007). Pentobarbital is also the preferred drug for human euthanasia and assisted suicide, where permitted. For lethal purposes, the standard oral dose in the Netherlands is 9g (Kimsma, 1996), 10g in Oregon and Washington (Nitschke & Stewart, 2009), and 15g at Dignitas in Switzerland (L.A. Minelli, personal communication July 4, 2010). The maximum daily therapeutic dose is 200mg. (López-Muñoz, Ucha-Udabe & Alamo, 2005).

Figure 2 Veterinary pentobarbital. 100ml bottle contains 6g of pentobarbital (Photo R.D. Ogden, 2006)

There are reports of suicides by pentobarbital in veterinarians and staff who have access to the drug (Clark & Jones, 1979; Cordell, Curry, Furbee & Mitchell-Flynn, 1986; Poklis & Hameli, 1975). In the Australian Capital Territory ("ACT"), concern has arisen that veterinarians are giving pentobarbital to animal owners. The following veterinary board statement probably has more to do with the protection of human life and professional compliance than animal care:

> It has come to the notice of the Board that some veterinarians may be providing owners of animals with pentobarbitone to administer in the case of an animal with a terminal condition which does not improve with appropriate treatment.
>
> Pentobarbitone is an extremely dangerous drug in untrained hands. The dangers to the owner or other members of the household in having pentobarbitone available are extremely serious.
>
> The Board considers that the supply of pentobarbitone in this manner constitutes unprofessional conduct and is not to be undertaken.
> (ACT Veterinary Surgeons Board, 2007, p. 6)

EXIT INTERNATIONAL AND THE VANCOUVER PUBLIC LIBRARY

The Australian government's attempt to censor Dr. Nitschke has probably had the unintended effect of spreading Exit's message more widely (Jansen & Martin, 2003; Martin, 2010). Nitschke regularly promotes Exit's literature and self-help message at workshops around the world. In the autumn of 2009 Exit scheduled its first Canadian workshop, which was to be held at the Vancouver Public Library in

British Columbia. However, the library reneged on a commitment to allow Exit a facility for the workshop (Bermingham, 2009). Library authorities said legal advice warned that the Exit program could contravene Canada's criminal law (Vancouver Public Library, 2009).

Exit eventually held the workshop before a packed crowd of senior citizens at a Vancouver Unitarian Church. Sales of Exit books and DVDs were brisk. As part of Exit's due diligence, attendees were required to sign an "Exit Workshop Disclaimer" verifying that they were over the age of 50 and that they would not use the workshop information "in any way to advise, counsel, assist in the act of suicide, either my own or any other person."

Veterinary pentobarbital was discussed at the workshop, complete with empty sample bottles and a video clip showing people purchasing the drug from veterinary suppliers in Mexico. Dr. Nitschke informed the audience that people had also purchased the drug in Peru, Thailand and China. To overcome language barriers, *The Peaceful Pill Handbook* has many photographs of pentobarbital products so that foreigners need only show veterinary shopkeepers the image of the item they want to purchase.

It is impossible to know whether any of the workshop attendees actually used the DIY information to die. However, one woman who was too ill to attend the workshop later used Exit's information. I will describe how I came to research this woman's suicide, how she obtained veterinary pentobarbital, and how she used *The Peaceful Pill Handbook* to plan her death.

METHOD

PARTICIPANT CHARACTERISTICS

The participants were husband and wife for more than 50 years. Nothing suggested that they lacked the competence and capacity to make informed decisions about suicide. The female was in her late 70s and suffered from a number of debilitating and incurable physical illnesses. Her health was deteriorating and for about two years she had been considering ways to suicide.

SAMPLING PROCEDURE AND DATA COLLECTION

Recruitment was passive. The couple contacted me after they were unsuccessful in reaching Exit International at a USA telephone number. They wondered whether I knew if the phone number was active. I was not aware of an Exit International office in Washington State and I explained that my role as a researcher precluded giving the sort of individualized information that they hoped Exit would provide them.

In the next few weeks the couple made further inquiries about my research. After viewing the Public Broadcasting Service television documentary *The Suicide Tourist* (Zaritsky, 2010), about assisted suicide at Dignitas, in Switzerland, the wife offered to participate in my research. She said the documentary was educational for her and she wanted to make a contribution to knowledge.

Data collection included telephone and face-to-face interview, direct observation, and textual records provided by the couple. Oxygen saturation and pulse data was collected with a Nonin 8500M pulse oximeter and analyzed with nVision software.

ETHICAL AND LEGAL CONSIDERATIONS

The Research Ethics Board ("REB") of Kwantlen Polytechnic University approved the protocol for "Observation and documentation of a NuTech deathing." The protocol was submitted in September 2004, and approved in July 2005. The most recent "ongoing review" by the REB was completed April 8, 2010. Originally, the research proposed to observe a suicide/assisted suicide of a specific individual who intended to die with the support of a NuTech activist in 2004: the participants were true volunteers and it was their idea to make the planned death a subject of scientific observation.

The REB obtained independent evaluation for scholarly merit of the research proposal and it deliberated for nine months before giving ethical clearance. In the course of its review, the REB revised and expanded the protocol to include a series of observations additional to the original case. It was agreed that recruitment of additional research participants would be passive. The final protocol said: "For other research opportunities, I intend no active recruitment of participants. I have let activists know that I'm interested in observing an assisted death and plan to wait for other offers to arise."

An assurance was given to the REB that the research would stop if I became aware of social pressure to suicide or if I believed that the research was a determining factor in the decision to suicide. The ethical conditions included the right to withdraw and assurances of strict confidentiality (unless waived). The participants in this case report were informed that I had successfully resisted subpoenas seeking confidential research data (see Lowman & Palys, 2007a; Palys & Lowman, 2000, 2002, 2010) and that I would do the same for them if necessary.

The possibility of reactivity, that participants might follow through with suicide or assisted suicide out of desire to complete my research, was a concern for the REB. To address it, the REB required that participants receive a statement about the power of reactivity (Figure 3). Repeatedly, the participants were informed that they could change their minds and that I was just as interested in decisions to continue living as decisions to die. This was reinforced with a legal release (Figure 4).

Figure 3 Text of Statement to Address Participant Reactivity

> Sometimes research participants alter their normal behaviour patterns because they are aware that they are being observed. This is known as 'reactivity' to the researcher. Reactivity is defined as 'atypical or artificial behaviour produced by respondent's awareness of being studied.' It is a requirement of the Research Ethics Board (REB) that I inform you that my presence as a researcher may influence your behaviour.
>
> I am not asking you to complete this deathing. Even though I am here at your request to document this planned death, you do not have to carry through with it because I am here. You can change your mind.
>
> The REB is concerned that my presence may be a factor in causing this death to take place, because you have asked me to document it. The REB requires that I ask you to consider this possibility.
>
> The REB's ethical approval of this research in no way is intended as a statement about the ethical status of this proposed deathing.

Figure 4 Text of Legal Release

> To Whom It May Concern:
>
> It is my careful and well considered decision to end my life according to my values and beliefs. This decision was made without regard to Mr. Ogden or his research. It is my desire to have Mr. Ogden with me when I decide that it is time for me to end my life.
>
> I am not seeking publicity. I want it known it is clear to me Mr. Ogden is not facilitating, advancing, promoting, expediting, inciting, emboldening, urging or encouraging me to end my life.
>
> My decisions and my actions are carefully considered and I have evaluated the choices available to me. I am clearly aware that I am free to change my mind if I choose. I understand that Mr. Ogden is equally interested if I choose to continue to live.
>
> I understand that Mr. Ogden is an observer and his purposes are academic research, for the benefit of education and scholarship. It is my wish that no harm come to him as a consequence of his attendance.
>
> Dated at _____ this ____ day of _____, 2010
>
> _____
> Name(please print)
>
> _____
> Address
>
> _____
> Signature

In Canada there is no duty for a researcher to intervene to prevent a suicide and it is not an offence to be present at a suicide. Nevertheless, in December, 2006, the Kwantlen Polytechnic University Provost and Vice President Academic issued an edict to stop the research: "... you are not to engage in any illegal activity including attending at an assisted death." Months after it issued its edict, the University obtained a legal opinion that stated "We have concluded that it is likely that the proposed research project would be construed by a court as constituting a criminal offence" (L.T. Doust, Q.C., personal communication April 19, 2007). Inexplicably, Kwantlen's legal counsel arrived at this opinion without reviewing the actual research protocol. Over a year later, a subsequent legal opinion by Kwantlen's counsel declared that even though suicide is not a crime "that does not mean that the *Criminal Code* is neutral on the subject of suicide. Rather, it embodies a clear moral stance against suicide" (L.T. Doust, Q.C., personal communication June 13, 2008). It is worth noting that nowhere in the *Criminal Code* is there any *moral* stance against suicide. The *legal* stance is against those who counsel, aid, or abet suicide. While law is grounded in morality, people are not obliged to behave morally. They are accountable only to the law, not morality.

By the time Kwantlen obtained its second legal opinion, I had attended two suicides. Those deaths are reported in *The American Journal of Forensic Medicine and Pathology* (Ogden, 2010b). The Vancouver Police Department investigation reached a conclusion opposite to that of the Kwantlen administration and its legal counsel:

> Det. Robertson who interviewed Ogden, also felt that there was no evidence to believe that Ogden had committed a criminal offence.
>
> Det. McCartney and Det. Reid both agree that there is evidence that Russell Ogden is a researcher as he has published a number of papers on the subject of suicide. While many people would find that the act

> of Ogden observing people commit suicide is repugnant and ghoulish, there is no legal requirement for Ogden to intervene to stop the suicide and as long as he does not counsel to commit suicide or do anything to assist in the suicide, he does not commit a criminal offence. Being both a criminology professor and a researcher into suicide, Russell Ogden is no doubt aware of the Criminal Code sections relating to suicide and he would likely know what line would have to be crossed to commit the offence of 'Counselling or Aiding Suicide.' .... In summary, Det. McCartney, (and) Det. Reid are of the opinion that no evidence of a criminal offence being committed by Russell Ogden has been found in these two cases.
>
> (Vancouver Police Department, 2008)

The Kwanten Faculty Association filed a grievance contending that the University edict infringed my academic freedom to do REB-approved research (Jaschik, 2008). In November 2008, the University capitulated and lifted the "stop edict" ("Ogden case settled," 2009).

RESULTS

BACKGROUND

The woman in this case report was under regular medical care and she lived in constant pain. Over a period of several years her daily tasks of living were increasingly compromised and her pleasure in life was severely diminished. Her husband supported her decision to end her life and he said it was a surprise that she had carried on as for as long as she had. The husband did not want his wife to die, yet he felt he had no right to insist that she live in a condition of physical torture. For most of their nearly six decades together, the relationship followed traditional roles, but the husband adapted to his wife's disabilities by assuming many of her household tasks.

The wife and husband were lifelong participants in a religion that proscribes suicide. They felt that they could not raise the issue within their congregation and extended family. The woman said, "my church is totally opposed to abortion and there is no way that I could talk to anyone there about my suicide."

The couple attempted to borrow *The Peaceful Pill Handbook* from a public library but the waiting list was so long that they eventually purchased a copy from Amazon.com. The woman studied the book carefully and marked it with many "sticky" notes. Months before we met she had started to arrange her end-of-life affairs. She praised the book's technical content but criticized its limited content about end-of-life preparations for funeral home arrangements, closing out accounts, and ridding oneself of belongings that might burden survivors. She organized her cremation, parts of her obituary, and memorial service. Her husband was given detailed instructions about who to contact following her death, including her general practitioner and cremation service.

Strategically, the woman took measures to ensure that her physician and social circle were aware that her health was failing, but she was "hanging on." Her formal education and career had been in medical health care. Veterinary pentobarbital was her suicide method of choice, because Exit gave the drug a high reliability rating. This choice was validated by the peaceful pentobarbital death that she saw on the television broadcast of *The Suicide Tourist* (Zaritsky, 2010).

The 2009 edition of *The Peaceful Pill Handbook* provides a website address to facilitate ordering pentobarbital from a source in Mexico. The woman contacted the source and placed an order for two bottles of pentobarbital, paying approximately $500. She thought she might have been scammed because communication with the Mexico source lapsed after the money was sent. As a result, she began to focus on her second suicide method of choice, breathing helium inside a plastic bag. The woman believed that her physical limitations would hinder her assembly of the helium apparatus, and she worried that she might have to ask her husband to provide assistance.

About six-eight weeks after placing her order, two bottles of Sedalphorte arrived in the mail (Figure 2). A single bottle contains 6g of pentobarbital in 100ml solution. The woman showed me correspondence with the source in Mexico, who had politely suggested that she notify Exit International that the drug had entered Canada. The source also encouraged her to post a favourable comment about the service on an Internet discussion site. The woman did not act on either request.

THE SUICIDE

The woman gave me 24 hours notice of her suicide. Within two minutes of my arrival at her home she was seated at the edge of a bed with the pentobarbital, amaretto chaser, and two drinking cups. She had also set out a bucket and tissues in case she vomited. To minimize risk of vomiting, Exit International recommends taking the anti-emetic, metoclopramide. In this instance, she took 10mg three times per day in the 72 hours prior to her death. All the advance preparations were entirely consistent with the high degree of organization that I had seen in our previous meetings.

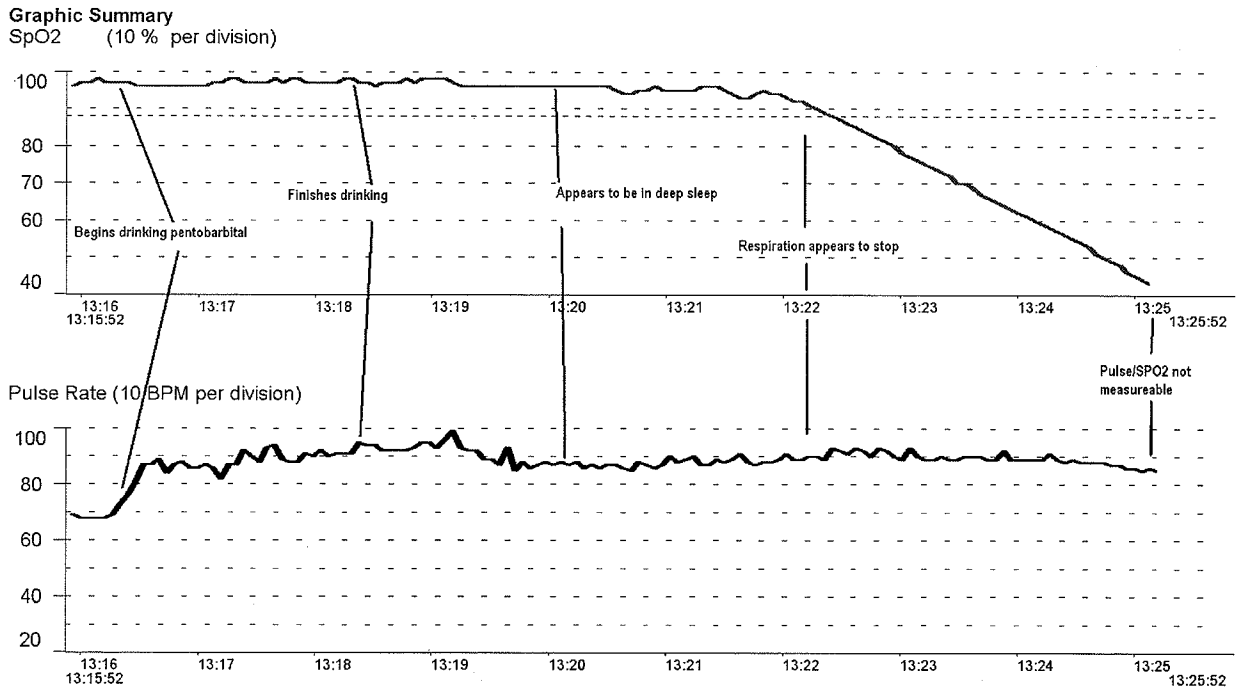
Liquid pentobarbital is very bitter. The woman decided to drink the liquid through a flexible straw. Since the front of the tongue has more taste receptors, she theorized that placement of the straw at the back of the tongue would mean less experience of the bitter taste. In advance of taking the drink, she tested her tolerance for the taste by taking a small swig directly from the bottle. "I can handle that," she announced.

Doing this kind of research is highly conflicting. Nothing in life has prepared me to watch someone die. Previous home visits and interviews were leisurely, but this time I had been in the home fewer than five minutes and no time was being wasted. As in earlier visits, I produced the "statement on reactivity" and "legal release" for review, again emphasizing that the woman and her husband were free to change their minds and that I was just as interested in decisions to not die (Figures 3-4).

Next, the woman asked her husband to lead a prayer. He gave praise for their long lives together and asked God to welcome his wife to heaven. Starting at about 13:16 hrs, the woman attached the pulse oximeter sensor to her finger, poured the contents of both pentobarbital bottles into a cup and drank it. She coughed and paused three times to wipe her mouth with a tissue, pointing out that there was nothing to worry about because she often reacted to drink that way. There was no regurgitation. It took approximately 1 min. 45 sec. to drink the pentobarbital, after which she poured about 40ml of amaretto into a separate glass, rinsed her mouth with it, and swallowed. Next she lay back on her bed, closed her eyes, and fell asleep. With the exception of two snores early in her sleep, respiration was almost imperceptible and she was motionless. The husband held her hand and at about 13:20 hrs he remarked that her grip had gone. At about 13:21-13:22 hrs we both were unable to detect any breathing.

Figure 5 shows the data for oxygen saturation and pulse rate. In a separate test of the pulse oximeter a few minutes before drinking the pentobarbital, the woman's resting pulse was about 70 beats per minute ("BPM"). The data indicate that her pulse rate increased when she started to drink the pentobarbital and remained around +/- 90 BPM until total cessation. Oxygen saturation declined at 13:19 hrs and at about 13:22 hrs it fell precipitously. At 13:25 hrs the oximeter "flat-lined," when the pulse became undetectable. The death appeared peaceful and as unremarkable as falling asleep.

Figure 5 Oxygen saturation and pulse rate before and after drinking 12g pentobarbital in 200ml liquid



The woman had left contact information for her husband to notify her physician. Failing a response from the physician, she had written down the telephone number for the local coroner. I left the home on the understanding that the husband would report his wife's death. The family's general practitioner attended the home and signed the death certificate. Prior to contacting the physician, the husband said that he cleared away the empty pentobarbital bottles. The body was cremated and a religious service was held. I accepted the husband's invitation to attend the service. I later learned that the physician did not ask the husband about the cause of death and no coroner attended the scene.

DISCUSSION

LEGAL CONSIDERATIONS FOR THE HUSBAND AND WIFE

The unauthorized importing of pentobarbital is an offence against the *Controlled Drugs and Substances Act* (1996). Given that the drug was a relatively small quantity for personal use, prosecutors would probably treat it as a summary rather than indictable offence.

The physician recorded the underlying disease as the cause of death. However, provincial statutes in Canada require the reporting of suicides and other sudden deaths. British Columbia's *Coroners Act* (2007) says that a person must report the facts and circumstances of sudden deaths, including those by "self-inflicted injury," to a coroner or peace officer. The judicial interpretation of the legal requirement to report is not clear and I have not found any instances where a person has been prosecuted for failing to report a suicide. In 1994 I documented over 30 suicides and assisted suicides in a master's thesis (Ogden, 1994). The B.C. Coroner did not raise any concerns about non-reporting of death after reviewing my thesis.

A recent Ontario case raises unique issues for individuals who attend the suicide of their spouse (*R. v. Fonteece*, 2010). Mr. Peter Fonteece entered into a suicide pact with his wife, Ms Yanisa Fonteece. Before ending her life with an overdose of an unknown type of sleep medication and alcohol, Ms Fonteece made her husband promise that he would not intervene and that he would not end his own life until she was dead. In the three days after his wife died, Mr. Fonteece's attempts to suicide failed, and he eventually called 911. He was indicted on charges for aiding suicide and causing death by criminal negligence. The aiding suicide charge was eventually dismissed because the evidence showed that his wife died without assistance. Mr. Fonteece pled guilty for causing death by criminal negligence and he was sentenced to 105 days for the time he served before the trial, plus 12 months probation. Although it is not a crime to be present at a suicide, Canadian law prescribes a duty on spouses to provide the necessaries of life. This meant that Mr. Fonteece had a legal duty to try to rescue his wife:

> Because Mr. Fonteece was the husband of Yanisa Fonteece, he had a duty in law to preserve her life by seeking medical care for her. His failure to do so represents a wanton or reckless disregard for her safety. This is the omission that is referred to in s. 219: failing to secure medical aid when he was under a duty to his spouse to provide medical care in order to preserve her life. The law does not make an exception for the expressed wishes of the spouse to end her life.
> (*R. v. Fonteece*, 2010, para. 13)

Canadian law establishes the right of competent adults to refuse unwanted life-preserving treatment (*Nancy B. v. Hôtel-Dieu de Québec*, 1992). Perhaps because Mr. Fonteece pled guilty, the court did not address this conflict with his wife's verbal advance directive refusing medical care: "She instructed him not to intervene and not to call for help, saying she did not want to wake up in the hospital. She made him promise that he would not commit suicide until she was past reviving" (*R. v. Fonteece*, 2010, para. 6).

When it comes to suicide, the *Fonteece* case confirms a paternal duty of one spouse to override the autonomy and self-determination of the other. In the context of the woman consuming veterinary pentobarbital in the presence of her husband, it is an open question whether his obligation to call 911 after she lost consciousness would have been anything less than futile. The massive dose brought death so swiftly that it is difficult to imagine how prompt medical care could have helped. Nonetheless, the *Fonteece* case introduces a legal nuance for spouses who plan deaths in accordance with Exit International's information:

> The contest between the state's wish to preserve life and an individual's lawful right to take her own life come into sharp focus in this case. Had Ms. Fonteece not been the spouse of the accused, he would have had no legal duty to seek medical assistance for her. He would not have been subject to prosecution by the state. While the law is grounded in morality, its business is not morality. The law does not require its citizens to engage in moral behaviour; it

> only requires them to act according to the law. It is against that background that this court must sentence Mr. Fonteece.
> (*R. v. Fonteece*, 2010, para. 18)

ETHICAL AND LEGAL CONSIDERATIONS FOR THE RESEARCHER

Canada's national standard for research ethics is the 1998 *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* ("TCPS") (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada & Social Sciences and Humanities Research Council of Canada, 1998). The TCPS recognizes that ethical and legal approaches may conflict. In such instances, the federal granting councils that authored the TCPS agree that it is up to the researcher to determine the most acceptable course of action:

> [T]he Councils, as agents of the Canadian government, expect all Council-funded research to conform both to the ethical principles set out in the Tri-Council Policy Statement (TCPS) and the relevant laws. At the same time we also recognise that, in rare instances, ethical and legal approaches can conflict.... If there is a conflict, the researcher must decide on the most acceptable course of action.
> (Lowman & Palys, 2007b, p. 122)

Researchers have an ethical obligation to minimize foreseeable risks of harm to participants. Individuals who disclose illegal conduct to researchers often have expectations of confidentiality, otherwise they would not share the information. For this reason, this case study offered assurances of strict confidentiality. Researchers in Canada have no statutory basis for maintaining promises of confidentiality, but some academics argue that there ought to be "shield laws" similar to those that exist in the U.S.A. (Palys & Lowman, 2006).

Despite the lack of statutory protections, it appears that no Canadian researcher has ever been compelled to violate promises of confidentiality. In 1994 I was subpoenaed to a B.C. coroner inquest and confronted with a demand for confidential data. The coroner's court eventually ruled in favour of a common law argument based on the "Wigmore criteria" that allowed continued protection of the privacy of my research participants (Lowman & Palys, 2000). The "Wigmore criteria" for deciding claims of privilege in the absence of a statutory basis is recognized by the Supreme Court of Canada (*Slavutych v. Baker* et al., 1976).

> (1) The communications must originate in a *confidence* that they will not be disclosed;
>
> (2) This element of *confidentiality must be essential* to the full and satisfactory maintenance of the relation between the parties;
>
> (3) The *relation* must be one which in the opinion of the community ought to be sedulously *fostered*; and
>
> (4) The *injury* that would inure to the relation by the disclosure of the communications must be *greater than the benefit* thereby gained for the correct disposal of litigation.
> (Wigmore, 1905, p. 3185)

This particular case study is constructed with Wigmore in mind. If law authorities were to seek information beyond that already disclosed in this article, I would argue that Wigmore's criteria should privilege the personal information of the participants. Further to the 1994 subpoena to coroner's court, I received subpoenas in 2003 and 2004 to a criminal trial of a woman who was charged (and later acquitted) for aiding in two suicides. On both occasions the Crown Counsel was advised that I would resist, and the subpoenas were withdrawn.

The reporting of death requirement contained in provincial coroner legislation raises a conflict of ethics and law. In law, the husband's duty to report the suicide of his wife might also apply to me. Ethically, a researcher must take reasonable steps to protect participants from harm; if I were to report the suicide this would have immediate consequences for the husband and violate the privacy desired by his wife. There appears to be no judicial interpretation of provincial reporting of death requirements, and in accordance with the guidance offered by Canada's three granting councils, it is the researcher who must determine the most appropriate course of action when ethical approaches conflict with law. In this particular case, it would be unethical to violate confidentiality and act against the wishes of the woman and her husband. If I were to do that, this kind of research would not be possible and the resulting knowledge would never see the light of day.

Accurate vital statistics demand valid data for the true manner and cause of death. If some suicides are reported as natural deaths, it is probably of little consequence to public health. In principle, however, it is better to minimize misreporting. The coroner's service has reporting protocols and memoranda of understanding with numerous agencies that have an investigative or safety role (*e.g.* police, rail, mines,

hydro, liquor control, gas safety, and fire). Several times I have asked the Chief Coroner of British Columbia to open a discussion for a reporting of death protocol that would apply to suicides in this research. I argued that potential benefits would include the appropriate administration of justice, efficient use of resources, and enhanced communication between me and the coroner. The Chief Coroner's response was a flat refusal:

> I have reviewed your request to meet and discuss a reporting protocol for suicides. The Coroners Act contains all of the necessary provisions for the reporting of deaths by all parties and I currently see no need to enter into further agreements. Additionally, the B.C.C.S. already has appropriate data collection protocols in place and this data is shared freely with others within the parameters established by provincial legislation. I now consider this matter closed.
>
> (Personal communication, Terry Smith, Chief Coroner, April 16, 2009)

I believe that a formal reporting protocol would benefit public safety organizations such as the coroner's service. After all, knowledge about suicide prior to it actually occurring may be more important than the knowledge that can be gained from autopsy.

THE FUTURE OF SUICIDE AND ASSISTED SUICIDE

In less than a century, suicide in Canada has gone from being among the most serious of crimes of free will to no crime at all, reconstituted as a social problem to be addressed by "sciences outside of the law" (House of Commons Debates, 1972, p. 1699). Whether suicide should be a mental health problem subject to "prevention" is a matter of debate (Szasz, 1986).

Martin (2010) describes three general paths for the future of assisted suicide. Path 1, prohibition, is the path Canada has always followed. This path forces covert conduct. Path 2, legalization and quasi-legalization, is that taken by Switzerland, Netherlands, Belgium, Luxembourg, Oregon, Washington, and Montana. This path fosters regulation and accountability (Griffiths, Weyers, & Adams, 2008). Path 3 involves the dissemination of information about techniques for peaceful death. This path is difficult to regulate and it appears to be gaining popularity. This case report of the woman who followed Exit International's guidance to import pentobarbital and then end her life illustrates not only that the DIY advice is effective, but also that current controls of law enforcement and public health authorities are easily skirted.

I have argued elsewhere that the non-medical deathing counterculture is a direct consequence of prohibition (Ogden, 2001). In the *Rodriguez* case, Justice Sopinka said that "relaxation of the absolute prohibition takes us down 'the slippery slope'." (*Rodriguez v. British Columbia (Attorney General)*, 1993, para. 165). Absolute prohibition, however, also means an absolute lack of control. A more desirable option would be for policy makers to define situations and criteria for the regulation or legalization of assisted death so that underground activities can be limited, rather than promoted. Regulation can help to ensure society's interest that suicides occur in "appropriate" circumstances, with some assurance that it is done well and correctly, and properly documented. In the meantime, the techniques and the strategies of the DIY movement are sure to become more refined and sophisticated, thereby making it much more difficult for regulators to get the kind of "buy-in" that has been achieved in jurisdictions more permissive than Canada (Ziegler, 2009; Ziegler & Bosshard, 2007).

[*Editor's note*: The author wishes to extend his thanks to Dick Côté, Greg Jenion, John Lowman, Brian Martin, Ludwig Minelli, Jean McKendry, and Ted Palys for their many useful comments on an earlier draft of this article.]

REFERENCES

LEGISLATION

STATUTES

Controlled Drugs and Substances Act, S.C. 1996, c. 19.

Coroners Act, SBC 2007, CHAPTER 15. Retrieved from <http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_07015_01>.

CASES

Nancy B. v. Hôtel-Dieu de Québec, [1992] Q.J. No. 1, 69 C.C.C. (3d) 450.

Rodriguez v. British Columbia (AG), [1993] S.C.J. No. 94, [1993] 3 S.C.R. 519.

R. v. Allen, Vancouver, No. CC960754 (B.C.S.C.) (May 14, 1997) (Unreported).

R. v. Fonteece, [2010] O.J. No. 2020.

R. v. Fraser, Vancouver, No. 25097 (B.C.S.C.) (April 27, 2010) (Unreported).

R. v. Genereux, [1999] O.J. No. 1387, 44 O.R. (3d) 339, 136 C.C.C. (3d) 338.

R. v. Loomes, [1975] O.J. No. 1259.

R. v. Sharma, Vernon, No. 41187-1 (B.C. Prov.C.) (June 11, 2007) (Unreported).

Slavutych v. Baker et al., [1975] S.C.J. No. 29, [1976] 1 S.C.R. 254.

PROFESSIONAL DISCIPLINARY CASES

Dr. Sharma, Ramesh Kumar. (June 11, 2007,). *Disciplinary Actions of the College of Physicians and Surgeons of British Columbia*. Retrieved from <https://www.cpsbc.ca/files/pdf/2007-06-11-sharma.pdf>.

Genereux (Re), [1998] O.C.P.S.D. No. 4.

SECONDARY MATERIALS AND OTHER SOURCES

BOOKS

Margaret P. Battin. (2005). *Ending life: Ethics and the way we die*. Oxford: Oxford University Press.

Zohreh Bayatrizi. (2008). *Life sentences: The modern ordering of mortality*. Toronto, Canada: University of Toronto Press.

George W. Burbidge. (1890). *A digest of criminal law of Canada (crimes and punishments)*. Toronto, Canada: Carswell.

David S. Charney, S. John Mihic & R. Adron Harris. (2001). Hypnotics and sedatives. In Joseph G. Hardman, Lee. E. Limbird & Alfred G. Gilman (Eds.), *Goodman & Gilman's pharmacological basis of therapeutics* (pp. 399-427). New York, NY: McGraw-Hill.

Richard N. Côté. (2008). *In search of gentle death: A brief history of the NuTech group*. Mount Pleasant, SC: Corinthian Books.

Chris Docker. (2007). *Five last acts*. Edinburgh, Scotland: Exit.

Jocelyn Downie. (2004). *Dying justice: A case for decriminalizing euthanasia and assisted suicide in Canada*. Toronto, Canada: University of Toronto Press.

John Griffiths, Helen Weyers. & Maurice Adams. (2008). *Euthanasia and law in Europe*. Portland, OR: Hart Publishing.

Derek Humphry. (2008). *Good life, good death: Memoir of an investigative reporter and pro-choice advocate*. Junction City, OR: Norris Lane Press.

Derek Humphry. (2010). *Final Exit: The practicalities of self-deliverance and assisted suicide for the dying* (3rd ed. rev.). New York, NY: Delta.

Wallace B. Mendelson. (1980). *The use and misuse of sleeping pills: A clinical guide*. New York, NY: Plenum Medical Book Company.

Philip Nitschke & Fiona Stewart. (2005). *Killing me softly: Voluntary euthanasia and the road to the peaceful pill*. Camberwell, Victoria, Australia: Penguin.

Philip Nitschke & Fiona Stewart. (2006). *The peaceful pill handbook*. Lake Tahoe, NV: Exit International U.S.

Philip Nitschke & Fiona Stewart. (2009). *The peaceful pill handbook* (Revised ed.). Bellingham, WA: Exit International U.S.

Henri E. Taschereau. (1893). *The Criminal Code of Canada as amended in 1893 with commentaries, annotations, precedents of indictments, etc.* Toronto, Ontario: Carswell.

John H. Wigmore. (1905). *A treatise on the system of evidence in trials at common law, including the statutes and judicial decisions of all jurisdictions of the United States, England, and Canada.* Boston, MA: Little, Brown and Company.

JOURNAL ARTICLES

William H. Cordell, Steven C. Curry, R. Brent Furbee & David L. Mitchell-Flynn. (1986). Veterinary euthanasia as suicide agents. *Annals of Emergency Medicine, 15*, 939-943.

Michael A. Clark & J.W. Jones (1979). Suicide by intravenous injection of a veterinary euthanasia agent: Report of a case and toxicologic studies. *Journal of Forensic Sciences, 24*, 762-767.

Kenneth E. Gallagher, David M. Smith & Paul F. Mellen. (2003). Suicidal asphyxiation by using pure helium gas: Case report, review and discussion of the influence of the Internet. *American Journal of Forensic Medicine and Pathology, 24*, 361–363.

Wolfgang Grellner, Sven Anders, Michael Tsokos & Jochen Wilske. (2002). Suizide mit exit bags: Umstände und besondere problemlagen bei sterbebleitungen [Suicide using exit bags: Circumstances and particular problems surrounding assisted deaths]. *Archive Fur Kriminologie, 209*, 65-75.

Brett E. Harding & Barbara C. Wolf. (2008). Case report of suicide by inhalation of nitrogen gas. *American Journal of Forensic Medicine and Pathology, 29*, 235-237.

Sue C. Jansen & Brian Martin. (2003). Making censorship backfire. *Counterpoise, 7*, 5-15.

Gerrit K. Kimsma. (1996). Euthanasia and euthanazing drugs in the Netherlands. *Journal of Pharmaceutical Care in Pain & Symptom Control, 4*, 193-210.

Francisco López-Muñoz, Ronaldo Ucha-Udabe & Cecilio Alamo. (2005). The history of barbiturates a century after their clinical introduction. *Neuropsychiatric Disease and Treatment, 1*, 329-343.

John Lowman & Ted Palys. (2000). Ethics and institutional conflict of interest: The research confidentiality controversy at Simon Fraser University. *Sociological Practice: A Journal of Clinical and Applied Sociology, 2*, 245-264.

John Lowman & Ted Palys. (2007a). Strict confidentiality: An alternative to PRE's limited confidentiality manifesto. *Journal of Academic Ethics, 5*, 163-177.

John Lowman & Ted Palys. (2007b). PRE'S "Interface of law & ethics in Canadian research ethics standards: An advisory opinion on confidentiality, its limits & duties to others": The "law of the land" doctrine in all but name. *McGill Health Law Publication, 1*, 117-122.

James R. Lyness & Jack Crane. (2010). Carbon monoxide poisoning from disposable charcoal barbeques. *American Journal of Forensic Medicine & Pathology*. Advance online publication. doi:10.1097/PAF.0b013e3181d03ce7.

Brian Martin. (2010). Techniques to pass on: Technology and euthanasia. *Bulletin of Science, Technology & Society, 30*, 54-59.

Russel D. Ogden. (2001). Non-physician assisted suicide: The technological imperative of the deathing counterculture. *Death Studies, 25*, 387-402.

Russel D. Ogden. (2010a). The debreather: A report on euthanasia and suicide assistance using adapted scuba technology. *Death Studies, 34*, 291-317.

Russel D. Ogden. (2010b). Observation of two suicides by helium inhalation in a prefilled environment. *American Journal of Forensic Medicine and Pathology, 31*, 156-161.

Russel D. Ogden, William K. Hamilton & Charles Whitcher. (2010). Assisted suicide by oxygen deprivation with helium at a Swiss right-to-die organization. *Journal of Medical Ethics, 36*, 174-179.

Russel D. Ogden & Rae H. Wooten. (2002). Asphyxial suicide using helium and a plastic bag. *American Journal of Forensic Medicine and Pathology, 23*, 234-237.

Ted Palys & John Lowman. (2002). Anticipating law: Research methods, ethics and the law on privilege. *Sociological Methodology, 32*, 1-17.

Ted Palys & John Lowman. (2000). Ethical and legal strategies for protecting confidential research information. *Canadian Journal of Law and Society, 15*, 39-80.

Ted Palys & John Lowman. (2006). Protecting research confidentiality: Towards a research-participant shield law. *Canadian Journal of Law and Society, 21*, 163-185.

Ted Palys & John Lowman. (2010). Going boldly where no one has gone before? How REB/TCPS risk aversion is killing research on sensitive topics. *Journal of Academic Ethics*. Advance online publication. doi:10.1007/s10805-010-9113-0.

Alphonse Poklis & Ali Z. Hameli. (1975). Two unusual barbiturate deaths. *Archives of Toxicology, 34*, 77-80.

Joseph A. Prahlow & Barrett W. Doyle. (2005). A Suicide Using a Homemade Carbon Monoxide "Death Machine." *American Journal of Forensic Medicine and Pathology, 26*, 177-180.

Thomas Szasz. (1986). The case against suicide prevention. *American Psychologist, 41*, 806-812.

Stephen J. Ziegler. (2009). Collaborated death: An exploration of the Swiss model of assisted suicide for its potential to enhance oversight and demedicalize the dying process. *Journal of Law, Medicine & Ethics, 37*, 318-330.

Stephen J. Ziegler & Georg Bosshard. (2007). Role of non-governmental organizations in physician assisted suicide. *British Medical Journal, 334*, 295-298.

NEWSPAPER ARTICLES

John Bermingham. (October 26, 2009). An Unholy Debate: Vancouver church opens its doors to right-to-die advocate. *National Post*, p. A3.

Scott Jaschik. (July 7, 2008). When a university kills suicide research. Inside Higher Ed. Retrieved from <http://www.insidehighered.com/news/2008/07/07/suicide>.

Ogden case settled. (2009). *CAUT Bulletin, 56*, p. A5.

Hillary Young. (May 1, 2010). Don't fear the slippery slope. *The Ottawa Citizen*, p. B.7.

PROFESSIONAL STANDARDS STATEMENTS

ACT Veterinary Surgeons Board. (2007). *Standards Statement: Use and management of S8, euthanasia solutions and benzodiazepines*. Retrieved from <http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=-1437583211&sid=>.

American Veterinary Medical Association. (2007). AVMA Guidelines on euthanasia. Schaumburg, Il: AVMA. Retrieved from <http://www.avma.org/issues/animal_welfare/euthanasia.pdf>.

OPINION POLLS

Angus Reid. (September 3, 2009). Britons, Canadians on the same page on legalizing euthanasia (Opinion poll). Retrieved from <http://www.visioncritical.com/2009/09/britons-canadians-on-the-same-page-on-legalizing-euthanasia/>.

Angus Reid. (February 15, 2010). Two thirds of Canadians express support for legalizing euthanasia (Opinion poll). Retrieved from <http://www.visioncritical.com/wp-content/uploads/2010/02/2010.02.15_Euthanasia_CAN.pdf>.

DOCUMENTARY

John Zaritsky. (Producer). (2010). *The suicide tourist* (Documentary). Available from <http://www.shoppbs.org>.

THESES

Russel D. Ogden. (1994). *Euthanasia and assisted suicide in persons with Acquired Human Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)*. (Master's thesis, Simon Fraser University, Burnaby, B.C., Canada).

MISCELLANEOUS

INTERNET PAGE

Euthanasia machine, Australia, 1995-1996. (n.d.). Retrieved from <http://www.sciencemuseum.org.uk/broughttolife/objects/display.aspx?id=91717>.

UNPUBLISHED PAPER

Philip Nitschke. (1999). *Self deliverance new technology conference*. Unpublished paper.

POLICE REPORTS

Vancouver Police Department. (July 16, 2008). Unpublished investigation report # 2007-117316 and # 2007-199815.

PRESS RELEASE

Vancouver Public Library. (2009). *Legal counsel advises assisted suicide workshop could contravene Criminal Code* [Press release]. Retrieved from <http://www.vpl.vancouver.bc.ca/news/details/legal_counsel_advises_workshop_could_contravene_criminal_code>.

GOVERNMENT DOCUMENTS

Australian Government Classification Review Board. (February 24, 2007). *Review decision: Peaceful Pill Handbook*. Retrieved from <http://www.classification.gov.au/www/cob/rwpattach.nsf/VAP/(084A3429FD57AC0744737F8EA134BACB)~989+-+Decision+7+February+2007+-+The+Peaceful+Pill+Handbook.pdf/$file/989+-+Decision+7+February+2007+-+The+Peaceful+Pill+Handbook.pdf>.

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada & Social Sciences and Humanities Research Council of Canada. (1998). *Tri-Council policy statement: Ethical conduct for research involving humans*. Ottawa, Canada: Author.

House of Commons. (2009). *Bill-C384: An Act to amend the Criminal Code (right to die with dignity)*. <http://www2.parl.gc.ca/HousePublications/Publication.aspx?Docid=3895681&file=4>.

House of Commons Debates, 4th Session, 28th Parliament, Vol. II (1972) (testimony of Otto Lang). Ottawa, Canada: Queen's Printer.

Statistics Canada. (1876-1973). *Annual report of statistics of criminal and other offences* (Series 85-201). Ottawa, Ontario: Author.

---

[1] The figures on suicide prosecutions are based on preliminary data in a statistical project with my colleague Greg Jenion, PhD.