



## *Deliverance Newsserver*

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### **1. Inquest told dose too high**

The Age  
Julia Medew  
November 1, 2006

Dr Carl Grace arrives at the Geelong Coroners Court for the inquest on his patient Irene Bryant.

Photo: Andrew de la Rue

A 59-YEAR-OLD Geelong woman was allegedly prescribed an excessive dose of morphine by her doctor five days before she was found dead in her home, an inquest has heard.

The Geelong Coroners Court heard yesterday that Irene Bryant's doctor, Carl Grace, prescribed on January 3, 2002, 100 milligrams of morphine to be taken twice daily. Mrs Bryant was found dead in her Newtown home five days later.

Dr David Soo, who worked with Dr Grace in 2002, told coroner Ronald Saines that the dose was "very excessive" for a 63-kilogram woman who had not taken the drug before.

"My opinion is that this dose was a very excessive dose of morphine for someone who had not had morphine before," he said.

Dr Soo, who had previously prescribed Mrs Bryant Panadeine Forte for her back pain, said he would have started her on 10 milligrams twice daily as per the pharmaceutical guidelines for someone who had not taken morphine or similar narcotics before.

Victorian Institute of Forensic Medicine director Stephen Cordner said he believed Mrs Bryant died from a combination of morphine and another pain killer tramadol, and inflammation of the heart muscle.

The court heard Mrs Bryant had attended Dr Grace's practice in Ryrie Street, Geelong, 41 times between May 2001 and

January 2002. A report tendered to the court showed she suffered from depression and back pain and had been prescribed 14 different medications in the two weeks before her death, including five painkillers, a sedative, anti-psychotic medication, antibiotics and a steroid.

While Mrs Bryant had been to Geelong Hospital complaining of chest pain that was radiating down her left arm eight days before she died, physical examinations and other tests could not explain her complaints.

A urine sample taken on January 4, 2002, and a blood sample taken the following day revealed bacteria in her system.

Con Heliotis, QC, for Dr Grace, said Mrs Bryant had attempted suicide several times, usually with a drug overdose.

The possibility of suicide as a cause of death had been "underassessed", he said, and he would pursue this question.

While it was difficult for toxicologist Olaf Drummer to determine how much of the morphine Mrs Bryant had taken, 14

100-milligram capsules of morphine were found to be missing at the time of death, when only nine should have been taken.

The inquest continues.

For help or information visit [beyond blue.org.au](http://beyondblue.org.au), call Suicide Helpline Victoria on 1300 651 251 or Lifeline on 131 114.

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## **2. College urges euthanasia for sickest newborns**

From correspondents in London  
November 05, 2006 05:57pm  
Article from: AAP

BRITAIN'S Royal College of Obstetricians and Gynaecology is reportedly calling on doctors to consider euthanasing "the sickest of newborns" which it says can disable healthy families. The Sunday Times newspaper said today the proposal was in reaction to the number of such children who were surviving because of medical advances.

The college argued "active euthanasia" should be considered for the good of families, to spare parents the emotional burden and financial hardship of bringing up the sickest babies.

The proposal is contained in the college's submission to an inquiry into ethical issues raised by the policy of prolonging life in newborn babies.

Euthanasia of newborns is illegal in Britain.

"A very disabled child can mean a disabled family," the submission says.

"If life-shortening and deliberate interventions to kill infants were available, they might have an impact on obstetric decision-making, even preventing some late abortions, as some parents would be more confident about continuing a pregnancy and taking a risk on outcome.

"We would like the working party to think more radically about non-resuscitation, withdrawal of treatment decisions, the best interests test and active euthanasia as they are ways of widening the management options available to the sickest of newborns."

The newspaper reported that the college was not formally calling for active euthanasia to be introduced, but wanted the mercy killing of newborn babies to be debated by society.

In the Netherlands mercy killing was permitted for a range of incurable conditions, including severe spina bifida and the painful skin condition called epidermolysis bullosa, The Sunday Times said.

Dr Pieter Sauer, co-author of the Dutch national guidelines on euthanasia of newborns, told the paper British paediatricians were performing mercy killings and the practice should be open.

Joy Delhanty, professor of human genetics at University College London, told the paper she supported the proposal, declaring it was "morally wrong to strive to keep alive babies that are then going to suffer many months or years of ill health".

However, the British Council of Disabled People told the newspaper if euthanasia were introduced for certain conditions it would tell people with those conditions "they were worth less than other members of society".

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### **3. Haunted mother who backs mercy killing**

Sunday Times(UK)  
SUN 05 NOV 2006,  
By Sarah-Kate Templeton and Steven Swinford

JONNY KENNEDY lived and died in agony. From the moment he was born until his premature death at the age of 36 he was covered with blisters and sores, the result of a rare genetic skin condition called epidermolysis bullosa (EB). The mildest touch caused his skin to bleed and sheer off.

When he died of skin cancer on September 26, 2003, his mother Edna, who lives in Newcastle upon Tyne, admitted that her primary reaction to his death was relief, not grief.

In the Netherlands doctors are permitted to carry out mercy killings of babies born with disabilities including severe forms of EB and spina bifida. Now a professional medical body in Britain says that society should consider "active euthanasia" here for the sickest babies.

Kennedy says she is instinctively opposed to euthanasia but after almost four decades of caring for Jonny, she believes it should be an option in some circumstances.

"Jonny actually contemplated suicide at the age of 18, unbeknown to me. But, as a mother, it was much more difficult. I remember the doctor said, 'Just leave him at the hospital, forget about him'. But I couldn't have done that -it wouldn't have been in my nature. He was my responsibility. I had to deal with him," Kennedy said.

"I never thought about euthanasia, but it did cross my husband's mind. He offered when Jonny was little to put a pillow to his head and end the suffering. I couldn't condone it.

"But knowing what I know now, I couldn't in all conscience bring a child into the world who was going to suffer like that. In extremely controlled circumstances, where the baby is really suffering, it should be an option for the mother."

Five years ago Dr Pieter Sauer, now head of paediatrics at the University Medical Centre Groningen in the Netherlands, agreed to the mercy killing of a baby boy born at the hospital with EB. The infant was in constant pain but, because his skin was so tender, his parents could not touch or lift him to offer comfort because even the most gentle contact increased the agony. They could only watch helplessly as their baby, covered from head to toe in layers of bandages,

suffered. They appealed to Sauer for help and the child died at three months old.

Sauer insists the killing offered relief to the infant, his parents and hospital staff.

"The parents came to me and said, 'Please help us because this is suffering without any purpose. In no way is this in the interests of this child'," he said.

Every day in hospitals across Britain doctors and parents are faced with fraught decisions about how far they should go to keep alive severely disabled babies. At the moment medics can offer high-tech intensive care or, if everyone agrees that it is pointless to give the infant invasive treatment that would be unlikely to succeed, the baby is fed and kept warm but allowed to pass away in their own time. While raising the issue of euthanasia of newborns, the Royal College of Obstetricians and Gynaecologists has stopped short of specifying the level of disability which would justify it.

However, the case of Charlotte Wyatt, the severely handicapped infant whose parents fought a series of lengthy court battles to stop doctors letting her die, crystallises many of the dilemmas. Portsmouth Hospitals NHS Trust, which runs St Mary's hospital where Charlotte is a patient, won a High Court ruling, against her parents' wishes, to allow doctors not to resuscitate her. Doctors told the court that ventilating Charlotte, who was born at 26 weeks, would be "purposeless and intolerable to her". They also said that Charlotte was in constant pain and would be unable to have any quality of life (although an independent medical report later disputed this), and that she was unlikely to make it through the winter of 2004.

Charlotte has defied the predictions and, at the age of three, is well enough to leave hospital. However, the burden of caring for her played a part in the break-up of her parents' marriage and she will not be able to leave hospital until a foster family is found for her.

Advanced medical treatment means that babies born after only 23 weeks can be saved but doctors point out that many live with severe disabilities, creating a lifelong burden for their parents and considerable costs to the taxpayer. A study, EPICure, led by researchers at Nottingham University, found that by the age of six, only 20% had no disabilities.

The cost of treating very premature babies is high. A neonatal intensive care bed costs about Pounds 1,000 a day and extremely premature babies can require intensive care for four months.

Full submission by RCOG [www.timesonline.co.uk/](http://www.timesonline.co.uk/) sundaytimes

Caption: Edna Kennedy with Jonny as a toddler. Photograph by Channel 4

Section: HOME NEWS

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***The Peaceful Pill Handbook*** by Dr Philip Nitschke & Dr Fiona Stewart  
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Launched in Toronto Sept 2006, now in second printing