



Summer 2013

Research and Scholarship for an Informed Social Response to Human Life Questions



Think Suicide in the Elderly is Courageous? Think Again

By Jean Echlin, Palliative Care Specialist

In February of this year, a national paper printed an extraordinary posthumous letter from a 91-year-old woman who died by suicide because she was tired of living. She wanted to end her life with dignity. Though most of the published responses thought she was courageous, I disagree. I believe there is more to the issue when anyone contemplates suicide.

Ultimately, I believe, suicide in the elderly is a failure.

We must ask ourselves, is it because pain and suffering weren't addressed?

Did individuals thinking of suicide, and their families, not have access to help and support?

Is it because of societal ambivalence about mental health issues or stigma about the elderly?

Is it due to encouragement and even pressure by pro-suicide groups like Dying with Dignity?

What is the future of this legacy?

Rory Butler, founder of award winning agency Your Life Counts (www.yourlifecounts.org), and a suicide survivor himself, asks "what message do the elderly convey to our youth if they advocate suicide? Adversity and physical discomfort are not the sole preserve of the elderly. So often I hear their family will 'get over (their suicide)...' but my experience has shown that families often struggle with this loss for the rest of their lives." Rory notes that individuals

in families who have lost a loved one to suicide are at an increased risk of suicide.

Further Butler says "instead we should give our youth the message that adversity, pain and struggle are part of the life cycle...that's what it means to be human... so persevere, press on, don't give up! Yet we hear some grandparents say it's okay to give up. Ultimately suicide is the triumph of pain, fear and loss over hope."

World renowned Dr. Antoon Leenaars speaks as a preeminent psychologist on suicide. "It is a myth to think that courage motivates suicide. Genuine courage is to change what you can and accept what you cannot change... (and to) confront the pain that is motivating the thoughts of suicide and seek help."

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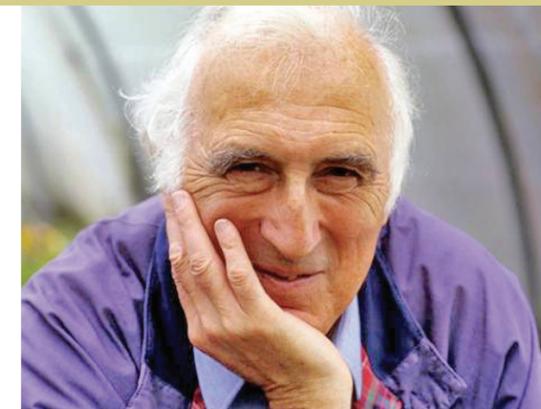
Tim Wall

Executive Director, Canadian Association for Suicide Prevention (CASP)

A Summary of “Not to be Forgotten: Care of Vulnerable Canadians”

by the Canadian Parliamentary Committee on Palliative and Compassionate Care¹

The Canadian Parliamentary Committee tasked with examining the issues facing Canadians at the end of their lives heard from a very broad range of speakers, including Dr. L.L. deVeber, pediatric oncologist, and Jean Echlin, Nurse Practitioner in Palliative care, from the deVeber Institute. Jean Echlin was asked by the Chair of the Parliamentary Committee, Harold Albrecht, to consult on the final report. Below is a summary of a part of the report. The full report can be read on our website at: www.deveber.org/parliamentaryreport



Jean Vanier is the founder of the international movement of L'Arche communities, where people with developmental disabilities and the friends who assist them create homes and share life together.

Jean Vanier says vulnerable persons are a reminder of our fragility, and this is a gift that they give the world, as it “calls forth the powers of love in others, and creates unity around us.”⁶

Dr. Leenaars of Windsor Ontario explains: Underlying suicidal feelings in the elderly are hopelessness, discouragement, illness — but always and especially despair. They see no alternatives. They reject everything. They see their lives as meaningless. They think ‘I might as well be dead.’ “For Dr. Leenaars “it takes a community to help individuals find meaning when they feel they have no meaning. Their pain is immense. We must find a way to give them hope. Medication, therapy, hospice, family, community — all can help.”

“What is especially tragic is that suicide can be prevented with compassion and access to appropriate services” states Tim Wall, executive director, Canadian Association for Suicide Prevention (CASP) in the report Not to be Forgotten: Care of Vulnerable Canadians, from the Parliamentary Committee on Palliative and Compassionate Care. “In fact most people who are suffering and at risk for suicide can recover and experience a meaningful and hopeful life.”

Aging naturally brings some loss of independence, often chronic discomfort and pain, and even chronic illness. Do these problems mean our lives are no longer of value?

Dr. Leenaars poses the question “Why do some cultures have low rates of suicide?” and he responds that in these cultures, reasons for living are everybody’s business.

I believe family inclusion, and valuing the elderly, play a big role in this. As someone advanced in years, who lives with chronic pain, and who has been with hundreds of people at the end of their lives, I know that aging is a daily struggle with its own share of joy and hope.

I believe advancing in years does not diminish the value of our contributions. As a society, we need to value our elderly, and reach out to them in their need. Not encourage them to take their lives.

(A shorter version of this article was published in the Windsor Star)

Jean Echlin, RN, MSN
Nurse Consultant-Palliative Care & Gerontology

Jean Echlin is an award winning palliative care nurse, widely appreciated and recognized for her long experience in palliative care, her compassion, and her willingness to speak out about the vulnerable. She is an Advisor to the Institute.

Pain Control:

- Many Canadians live in daily chronic pain, for which they receive little or no relief.
- They may have difficulty getting understanding and support from family, friends, co-workers and even medical professionals.
- Medical students currently receive very little training on pain control, in fact “veterinarians receive 5 times more education on pain control than do doctors who treat humans.”²

Suggested Changes:

- There is a need to “encourage medical students to enter into areas of study in the field of pain control and management”³.
- Changes to the Controlled Drugs and Substances Act (CDSA) to include nurse practitioners would allow them to prescribe pain control medications, resulting in a reduction in the workload of doctors.
- Make changes so that serious chronic pain is recognized as a medical condition, helping to reduce stigma and create conditions to better support these patients.

Human Rights Issues:

- Human Rights affirm the dignity of every human being, including the vulnerable. In our day-to-day lives we rarely come face-to-face with the most vulnerable.
- “Human Rights Declarations seek to overcome our natural lack of awareness of the needs of vulnerable persons.”⁴
- They remind us “that every human being has a fundamental dignity that should elicit from us a response of compassion and a sense of profound identity in our shared humanity.”⁵
- We need a paradigm shift which changes the way we view those in need, so that we change from seeing them as unproductive and burdensome to viewing them as partners in building community.

1. <http://pcpcc-cpspsc.com/wp-content/uploads/2011/11/ReportEN.pdf>

2. *ibid* p.45

3. *ibid* p.45

4. *ibid* p.48

5. *ibid* p.48

6. *ibid* p.48

The full version of this summary and the original Government document are available on our website at: www.deveber.org/parliamentaryreport



Our new book, *Complications: Abortion's Impact on Women* will be released this Fall, 2013.

This year's Annual Public Lecture will be on Thursday, November 7th 2013 with Dr. Priscilla Coleman who will speak about the psychological impact of abortion on women's health followed by a full-day conference the next day on the new book *Complications: Abortion's Impact on Women* Friday, November 8th, 2013, from 10 am to 4 pm. To register or obtain more details please contact us at 416-256-0555.

Our work has come a long way, but we need your help!

We continue to push the boundaries and areas of research with topics that affect us, our families and our communities. From free talks on stem cells, to hosting experts on palliative care and euthanasia and our continued extensive exploration

of how abortion affects women — we continue to bring research that matters. We can attribute our success only to one person: YOU, our donors, our life-line. You allow our work to continue thanks to your donations.



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