

CHAPTER 1

THE LATIMERS

Wilkie is one of hundreds of small rural Saskatchewan towns, most of them established along the train lines that gave market access to the vast wheat fields of that province. About 160 kilometres northwest of Saskatoon, the Wilkie townsite was first populated in the early 1900s as a stop along the new CPR line, which arrived in 1908. The town was incorporated in 1911 and named, for some reason, after the president of the Imperial Bank of Canada. Maybe that was to make it easier for the growing community to get loans.

The first grain elevator in Wilkie was built around the same time; elevators were being built frequently along the rail lines that were appearing all through the grain-growing areas, so farmers would have relatively short distances to travel by horse and wagon to get their crops on the way to markets. The picturesque elevators, which became a symbol of the province, are quickly disappearing now as modern trucking techniques allow for more centralized grain storage. Some towns would like to keep the old elevators, for aesthetic and historical reasons, but kids sneak into them and climb the towers, and many towns are arriving at the conclusion that it is just too dangerous to keep them standing.

Things are changing in rural Saskatchewan. Farms continue to get bigger as equipment has become too expensive for small farms, and economies of scale inexorably push against the viability of smaller family-run farms. Wilkie maintains an optimistic public face, though. In the spring of 2010

Wilkie's website proclaimed:

*Tree-lined streets and friendly faces welcome you to Wilkie.
As a prairie community, Wilkie radiates the warmth [that]
epitomizes rural Saskatchewan.
Meeting the medical and educational needs of all ages, Wilkie
provides a safe and healthy family environment. Boasting a
skilled labour force and a quality of life unequaled anywhere.*

The motto on the town's website is "A Pioneer Town that Keeps on Growing," despite the fact that the population, which was 1,500 in 1912, now stands at about 1,300. By all accounts, though, Wilkie is a warm and friendly community that, if not quite meeting all the medical and educational needs of all ages and if not exactly, by most reckonings, providing an unequalled quality of life, is undoubtedly a good place to live, with good people who look out for one another.

Robert Latimer is one of those good people. While he lived on a farm just outside Wilkie he had a reputation as a kind and honest man and a good, caring, hardworking husband and father. The Latimer farm, which Robert took over in 1978 from his parents Bill and Mae, covers about 518 hectares. Located on Highway 29 about sixteen kilometres north of Wilkie, it is a "small" farm in a land of huge agribusinesses. Like many of their neighbours, the Latimers grow wheat and canola.

Bill bought the farm in 1948. It included some outbuildings and a somewhat dilapidated and not-well-insulated farmhouse that the family lived in during the summer. In the winter they moved into a more comfortable place in town. Marjorie, one of Robert's older sisters, says that staying at the old farmhouse was like camping out—rustic and fun. They all have good memories of those times. The original owner had planted a lot of trees on the property, and the children loved to play around the secluded grassy places hidden among the trees. Some years later Bill built a new house on the farm, and then lived there until Robert and Laura took the farm over and moved in. At that point, Bill and Mae moved into town.

Mae was married twice. Her first husband was Ralph Donald, and they had three children—Dale, then Marjorie or "Marj," and Barbara. In the

winter of 1942, Ralph came down with a serious tooth infection, something we do not now think of as a life-threatening ailment. But Ralph's timing was bad. In mid-1942 there was only enough penicillin in the United States to treat about ten patients. And Ralph was in snow-covered northern Saskatchewan. His parents were able to get him to a doctor, but his condition worsened and there was little the doctor could do. Ralph died, leaving Mae with the three children, aged two, four, and six. Marj can remember her father, but she does not know now how many of these memories are real ones and how many come from pictures she has seen and stories she has heard. Mae and the children had a hard time of it for a while, but she was able to earn some money by teaching at a small school in the Saskatchewan hamlet of Cloan, where she had been born. Then she married Bill Latimer in 1947, and they bought the farm a year later. The Latimers had four children: Pat, John, Robert, and Dorothy. There were nineteen years between Mae's first child, Dale, and her youngest, Dorothy. As of 2010, all her children are still alive.

Both Bill and Mae were raised in Saskatchewan. Bill was a good farmer and a good provider, and when he and Mae got married, he took on his three new children, as Marj says, "as though they were his own." Mae always said she was lucky to have had "two good husbands."

Robert Latimer was born on March 13, 1953. His half-sister Marj was sixteen years older than he was, and she remembers helping "with general baby care with Bob." Marj left home when Robert was still young, but always kept in close touch. Marj says, "Bob was a high-spirited little boy, but he was always kind. I don't ever remember him hurting anyone." For a farm boy he was unusually sensitive in regard to what his younger sister Dorothy, who later became a nurse, refers to as "blood and guts." Dorothy remembers him fainting once in school, in Grade 8 or 9, after getting an immunization shot. He especially hated going to the dentist. Dorothy and the other children still at home liked to tease young Robert about his squeamishness.

Robert, as he began to grow up, was not exactly a shy and retiring youth; he went to lots of parties, did lots of drinking, and smoked some marijuana. He ran into trouble with the law a few times then and received a conviction for impaired driving in 1976. Two years before that, he and a friend were

convicted of sexual assault, but that conviction was overturned on appeal, on the grounds that there had been undue judicial pressure on the jury. The prosecutor declined to retry the case. This particular event has often been raised by those who want to suggest that there is something sinister about Latimer, but the episode was many years ago, he was only twenty-one, and the evidence about what happened was questionable.

After his youthful escapades in Wilkie, Robert spent some time in British Columbia as a young man. He worked in various places, including the Victoria shipyards. He obtained a pilot's licence at one point and remembers the thrill of flying over the beautiful Gulf Islands. He returned to Wilkie in 1977 and met Laura, who was visiting her grandmother there. Born in British Columbia, Laura was an attractive, capable, and smart young woman who was teaching in Kitimat. The young Latimer was strong and ruggedly handsome—later in life he began to look a bit like the Canadian actor Graham Greene—and he was maturing into a friendly, soft-spoken, and kind man. The two young people fell in love and got married in Kitimat in 1978. Then they settled down in Wilkie to run the family farm.

Robert was well liked and respected by his neighbours. One of them, Wilson Barker, has said that he was proud to have known Robert since the day he was born. He described his neighbour as "very strong, both physically and mentally. He had faith in himself." Robert worked hard on the land, getting help at harvest time. Another neighbour, who helped with some harvests in the early nineties, remarked that Robert was sometimes "grouchy," but that neither Robert nor Laura ever complained about anything.

Today, the family farm has about four hectares of yard around the modest three-bedroom frame bungalow that Bill and Mae built. Many of the original trees have been cut down, so it is more open than it was in the early days when Marj and the other children played there, but Robert has planted new trees that are starting to fill in now. There are a number of outbuildings, including two Quonset huts, a couple of sheds, a shop, and a very large hip-roofed barn. The barn was once used for cattle but now is used mostly for storing machinery. Robert, on the farm, is almost obsessively tidy—something that his brothers and sisters frequently tease him about.

Both Robert and Laura are well liked and respected in the community.

They are members of the Wilkie United Church, which Laura still attends. Their children are Tracy, born in 1980; Brian, born in 1983; Lindsay, their second daughter, born in 1985; and Lee, their second son, born in August, 1993, two months before Tracy died.



Tracy Lynn Latimer was born on November 23, 1980, in the small hospital in North Battleford, Saskatchewan, about a half-hour drive from the Latimer farm. After an “uneventful” pregnancy, Laura and Robert arrived at the hospital around nine a.m. on the twenty-second, and the birth took place about twenty-four hours later.

But the birthing process was not so uneventful. At some point Tracy suffered severe brain damage as a result of oxygen deprivation. The Latimers never found out exactly what happened because the hospital, likely fearing a lawsuit, was cagey about what information it would release to them. The Latimers could have found out more by launching a suit, but it was not in their nature to do so. But Robert said later that they would never go back to that hospital again for any future births.

What the Latimers did know was that during Laura’s long labour she had bled the whole time. Because the fetal heart monitor was broken it couldn’t be used to monitor the baby’s heart rate, which was mistakenly thought to be much higher than it was. Once the actual rate was discovered, the doctor made a decision to extract the baby immediately, using forceps. Laura said that Tracy looked dead when she first saw her: “...usually a baby will have their knees drawn up to their tummy, but she was flat, just literally flat... And they started to work on her right away, they got her breathing, they wheeled her by me...I wasn’t to hold her or anything, but they did allow me to see her for a minute, and then they took her away.”

Robert noticed signs of unusual behaviour almost immediately. The baby’s fingers were twitching. He asked a nurse about it, and she incorrectly said it was due to hypoglycemia, a fairly common condition in newborns.

At four the next morning Laura was wakened by a doctor and a nurse. They told her that the baby was having seizures and that she would have to be taken immediately to the Royal University Hospital in Saskatoon, about 145 kilometres away. Tracy was taken in an incubator, by ambulance, with the Latimers following by car.

After arriving at University Hospital, Tracy was put into a drug-induced coma for about eight days, to lessen the swelling in her brain and to lessen the seizure activity. Finally, after five days, Laura was allowed to hold her baby, though Tracy was comatose. When Tracy was awakened the seizures seemed to have been stopped, probably with the aid of phenobarbital. By this time the medical staff knew that Tracy had brain damage, but they did not know how much. That would be determined by observations over Tracy's first year. Everyone hoped it would not be too severe.

Tracy had no seizures when she got home—a good sign—and she was taken off the medication. Laura described her as a “happy little baby.” But at four or five months Laura and Robert noticed her hand twitching again, pretty well continuously—not a good sign. They took Tracy to a doctor in North Battleford, who believed the twitching was from seizures. Fearing the constant seizures could further damage the little girl's brain, he made an appointment for Tracy to see a neurologist at University Hospital in six weeks' time. The Latimer family went home to wait, but Bob and Laura could not bear the idea of biding their time for so long, especially since the seizures might be causing more brain damage. They contacted the hospital themselves and were told to bring Tracy in right away. Tracy was admitted immediately and remained for three weeks. The doctors tried different drugs to control the seizures, but when they sent her home she was still twitching continuously, at least while she was awake.

During the first four years of Tracy's life, the Latimers worked with doctors at University Hospital to determine which medications would best control her seizures. She was eventually given the drug clonazepam (brand name Rivotril) in combination with another drug, Tegretol, which reduced the seizures to five or six a day. That was the number of seizures Tracy continued to have every day for the rest of her life. The doctors told the Latimers that during those initial months, when the seizures were uncontrolled, Tracy likely suffered additional brain damage.

The drugs to suppress the involuntary movements of the seizures also induced lethargy and exacerbated the damage that had already been done to such vital functions as breathing and digestion. During her first few years Tracy could not swallow food, which had to be massaged down her throat. She vomited frequently and continued to have problems breathing.

Although unable to move like normal babies, she could, when she was small, roll across the room. But, as Laura said, "She didn't purposefully reach over and pick up something and bring it to her mouth or anything like that." That simple action of a baby's putting an object in its mouth, something that causes anxious moments for parents of normal children, would have brought joy to the Latimers. But it never happened.

Tracy's difficult start was the beginning of a difficult life. Tracy's condition is known as cerebral palsy, the medical definition of which is, "a non-progressive but not unchanging disorder of movement and/or posture, due to an insult to or anomaly of the developing brain." "Non-progressive" means that it is due to a one-time event that causes permanent damage, but it is "not unchanging" because the effects of the damage can cause increasing bodily damage, especially in severe cases. Some sort of trauma to the brain, usually oxygen deprivation, interferes with the brain's ability to communicate with the body, usually causing involuntary body movements. Some cases of cerebral palsy, about a sixth of them, are relatively benign, sometimes noticeable only as a slight physical awkwardness. Only about a third of the cases are quite severe, and only a small proportion of those are as severe as Tracy's. Most people with cerebral palsy lead relatively normal lives; these people, the majority, are not mentally compromised and they have normal lifespans.

Not so with Tracy. Dr. Anne Dzus, an orthopaedic surgeon who first examined Tracy in 1985, described her as having "one of the worst forms of cerebral palsy in that she was totally body-involved. Her total body was involved from her head right down to her toes so all four limbs, her brain, her back, everything was involved..." Such severe cases often result in cognitive problems as well. In Tracy's case, she was locked into the mental capacity of a four- or five-month-old baby.

Tracy's first operation, when she was four years old, was to ease muscle tension in her left leg; but the result was increased pain through involuntary movements in her right leg. And Tracy could no longer roll over and bat at toys as she used to do. Pain was starting to become a factor in her life, but nothing stronger than Tylenol could be given to her because stronger medications would further suppress muscle reflexes that were already suppressed by her anti-seizure drugs. This would have made her essentially comatose,

requiring hospitalization for life support.

Laura and Robert worked hard to cope with the challenge of raising a severely compromised child. Laura said it was like having a little baby “you have to do everything for,” except that in Tracy’s case it would continue for her entire life. Still, Laura and Robert loved her; she was their daughter. And she brought them closer together. Laura said that “If one got depressed, the other person would be up and say, we’ll get through this...Tracy will get through, we’ll be all right.” But Laura cried herself to sleep for a year, grieving over what had happened to her baby. After that she just decided to stop the crying and accept the way things were.

After a few years, when Tracy was seven, one of the anti-seizure drugs she was taking, Tegretol, was determined to have reached a toxic level in her system. Robert explains, “The Tegretol problem left Tracy vomiting for four to six months, stuff the consistency of coffee grounds. Tracy would be fed, and the food would be thrown up. So milk would be given to her, and some food she could keep down at times. But it was hard to feed her enough food without her throwing up, so often by evening she would be dehydrated, and we would take her to the Wilkie hospital, and a doctor would give her liquid intravenously. Before it was determined that Tegretol was the problem, a doctor from Saskatoon was recommending that Tracy have a feeding tube cut into her stomach. We were told Tegretol is a drug that is hard to gauge its level of toxicity and that was the reason for it taking so long to decide to stop giving it to Tracy. She continued on with only one drug, clonazepam, to control her seizures the rest of her life, and her stomach problems improved.”

Because the cerebral palsy affected Tracy’s entire body she eventually developed scoliosis, an abnormal curvature and rotation of the back. Tracy, like most children with this severe form of cerebral palsy, started to develop partially dislocated hip joints because of muscle imbalance and abnormal signals from the brain. The hip problem became a source of considerable pain, which lasted for the rest of her life.

By March 1989, when Tracy was eight, the scoliosis had progressed to the point where her backbone was fifty degrees out of alignment, which Dr. Dzus considered to be very significant. Vital organs were now being compressed by the spinal curvature, and Tracy continued to suffer convulsions

and vomiting. Furthermore, the tendency of Tracy's hip to dislocate was becoming a real problem. To ease the situation, Dr. Dzus operated in February of 1990, trying to balance the various muscle pressures by lengthening some muscle tissues and cutting some tendons. Tracy emerged in a much more symmetrical condition. Although her scoliosis was still active, she seemed better off than she had been.

Tracy had another examination by Dr. Dzus in March 1992, when she was eleven years old. Her hip was becoming more problematic and her spinal curvature was now sixty-seven degrees. Left untreated, Tracy's rib cage would likely begin to press on her pelvis, possibly causing a lot of pain and perhaps even death. Another surgery was carried out on August 27, 1992. By this time the curvature was seventy-three degrees. Dr. Dzus was able to get it back to about fifteen degrees by putting L-shaped stainless steel rods on either side of Tracy's spine, with wires to hold them in position. The lower ends of the Ls went through holes drilled in her pelvis. Dr. Dzus described this as "major surgery," taking seven to eight hours, but the sort of thing often needed by children with medical conditions as severe as Tracy's.

Although complications from such surgery often occur, Tracy had none of significance. Dr. Dzus said that she "came through it very, very well." She saw Tracy again on September 16 and noted again that she was doing quite well, no longer vomiting as she had after the operation and sleeping better. Her wound had healed and, with the aid of the rods in her back, she was able to sit up more comfortably. Her hips did not seem too bad, according to Dr. Dzus, although her right hip—the one that had always been the most problematic—looked as though it could cause trouble. Dr. Dzus saw Tracy again on November fourth, and again Tracy seemed to be improving. In particular, she was able to sit for long periods of time, something that is very difficult for children with untreated scoliosis. Nevertheless, her right hip was now causing her considerable pain. Dr. Dzus thought that an operation would be necessary on the hip, and she discussed this with the Latimers, but wanted to wait until Tracy had more fully recovered from the trauma of the back surgery.

Throughout all of these discussions and procedures, the Latimers remained worried. Although the uncramping of Tracy's lungs and stomach

had improved her breathing and eating, the rods made her body stiff. "She was rigid as a board," Laura observed. "Before the surgery she was flexible. You could sit and rock with her, and she loved to be rocked...Bob used to rock her for hours..." But now most positions were uncomfortable for her, and sleeping was more of a problem. And so was the hip. "Tracy was never the same again [after the operation], never. She was never the happy person she used to be, ever, ever again. She couldn't cuddle any more, she couldn't rock..."

The prospects for Tracy were not good. Even Dr. Dzus, who was focused on trying to improve Tracy's life, had trouble being optimistic. She noted that Tracy could sit and breathe more easily after the surgery and no longer vomited as much, but admitted she was suffering in other ways. Tracy had lost her flexibility and was in severe pain, most likely because of her hip.

To Tracy's parents, the picture seemed even grimmer. Dr. Dzus was looking at what she could do that might help. The Latimers were watching their daughter suffer and fearing the increasing deterioration of her compromised body, whatever Dr. Dzus might do.

The next visit to Dr. Dzus was in February 1993. Tracy was suffering from her right hip, which by now was dislocated. Dr. Dzus told the Latimers that she thought it was still too soon for more corrective surgery, so she scheduled another appointment for the fall.

Laura gave birth to the Latimers' fourth child, Lee, on August 11. Having Tracy at home during the final months of her pregnancy was too much for Laura to manage, so from July 5 to October 1 Tracy was cared for at a North Battleford group home. Staff at the home reported that Tracy did quite well while she was there, although they noted that she had some pain and lost some weight. In fact, Tracy lost about one-sixth of her body weight while she was there and was down to about thirty-eight pounds. She ate well only when her mother was helping her. The Latimers also found that by this time she was not sleeping well, probably because of the pain from her hip.

The final appointment with Dr. Dzus—the fateful one—was on October 12, 1993.

Laura and Tracy went to that last appointment on their own, without Robert, who was very busy with harvesting. The main thing Dr. Dzus remembered from that meeting was Tracy's extreme pain: "She was lying

on the examining table when I came in," Dr. Dzus testified. "Her mother was holding her right leg in a fixed flexed position with her knee in the air and any time you tried to move that leg Tracy expressed pain, and her way of expressing pain was to cry out." While her left hip seemed all right and her surgically repaired back seemed fine, her right hip could not be moved without causing severe pain.

Some sort of surgery was needed to reduce her distress, and Dr. Dzus discussed the options with Laura. Major hip reconstruction—reassembling the ball and socket—would be feasible only if the cartilage on the joint were healthy enough for it to be put back inside the socket along with the ball of the femur, which also could not be too damaged. X-rays showed that this probably would not work for Tracy; the ball joint was too badly eroded, and the cartilage was probably too badly worn. The only real recourse then would be, as Dr. Dzus put it, "a salvage job." She explained that this meant removing parts of the ball and socket, covering the head of the femur with tissue, and leaving it unconnected as a "flail joint." This is a general term for any joint that has an excessive amount of mobility. In Tracy's case there would be no bone connection at all, just a space that would eventually fill up with scar tissue. Dr. Dzus anticipated that the top quarter of her femur would have to be cut off and removed. This operation, called "resection arthroplasty," is sometimes done instead of a hip replacement. Those who have this operation are usually relieved of pain, eventually, but have difficulty walking because of problems in controlling the movement of the resulting flail joint. But then, Tracy never had been able to walk, and never would be able to do so.

Dr. Dzus's news came as a shock to Laura. "I was stunned," she said later. "I was absolutely stunned. I couldn't stop crying." Dr. Dzus had been talking for years about the eventual need for hip surgery, but she had always described it in terms of a reconstructive procedure. This was the first time she had suggested that the hip might be too far gone for that.

And the outlook, even with surgery, was not good. Dr. Dzus observed that, although the spinal rods had helped Tracy in some ways, the lack of mobility the rods caused was creating other problems. Because she was moving less, she was developing bed sores. Her weight loss and her pain all contributed to a deteriorating quality of life. Even if this proposed

surgery was successful, Tracy would probably need more surgical interventions in the future. It seemed likely she would need surgery on her left hip and to have a feeding tube inserted into her stomach to bypass the mouth and swallowing mechanism. Clearly, given her weight loss, nutrition was becoming a major problem.

Even more upsetting to Laura was that, as Dr. Druz explained, "the post-operative pain can be incredible." It can be mitigated in hospital, for a time, by using epidural catheters to freeze the bottom half of the body, but eventually the child has to leave the hospital. Recovery would take "a good year, and maybe even longer."

Because of the severity of Tracy's pain, Dr. Dzus wanted to schedule the surgery as soon as possible. She happened to have a cancellation on November 4, 1993, and scheduled the operation for then. Tracy was to be brought in a day earlier so that her weight loss could be investigated. If blood tests indicated she might not survive the operation, the surgery would be temporarily cancelled until they could get Tracy into "optimum shape," as Dr. Dzus put it. She did believe that the operation should be carried out as soon as possible, however, despite the risks, because Tracy's condition was "too painful to do nothing."

It was clear that Tracy's life was deteriorating, and the prospects for improvement any time soon were non-existent. The hip operation would not relieve pain immediately, and in fact would temporarily increase it. Perhaps in a year this source of pain would be diminished, but by then what else would go wrong? If the other hip was gone by that time, there would be another operation on that one, and an increase in pain, perhaps for another year. And then what?

Along with the deterioration was the ongoing issue of inadequate pain medication. While most people going through an operation such as the one proposed for Tracy could have their pain eased with powerful drugs, the uncomprehending Tracy would, for the most part, just have to bear it. The anticonvulsant she took to control her seizures would likely interact with any strong pain medication, probably causing her to choke on her own secretions.

So Laura Latimer, on October 12, 1993, learned that her daughter's difficult, pain-filled life would get worse for at least a year, with prospects

beyond that that were not at all hopeful, except that by then one hip might give her less pain. Laura went home to give her husband the bad news. He had been working in the fields all day and did not come in until dark. They had dinner, but the kids and a worker who had been helping Robert were around, so Laura had no real chance to talk to her husband about what she had learned from Dr. Dzus until they went to bed that night.

"He was horrified," Laura reported. "We held each other, and we cried. I said to him that really I thought it would be better for Tracy if she died, it would be the best thing for her. I told him I wished we could call Dr. Jack Kevorkian." Robert listened silently. When Laura was asked later if she and her husband had discussed Dr. Kevorkian any further, she said, "No."