

Thank you for the opportunity to provide comment on C-14. Thank you for your work on this critical and important issue.

Let me preface my comments by saying I am a General Medical Practitioner, having practiced anesthesia, in-patient hospital work and community family practice, including palliative care, since 1987. I have practiced in the same small Ontario town since in 1991.

As a health care practitioner, I have a conscientious objection to participation in Medical Aid in Dying (MAD) both to performing the act and also to referral to have the act performed.

I would like to now comment specifically on certain aspects of Bill C-14.

The opening summary states that C-14:

“Amends the Criminal Code to create exemptions from the offences of culpable homicide.” I think it is important to note that MAD has NOT been declared a constitutional right by the Supreme Court of Canada (SCC) Carter ruling. Rather the SCC stated that the prohibition of MAD should be struck from the Criminal Code. This clarification sets the tone for the discussion and debate of the details surrounding MAD.

Preamble:

“Robust safeguards, reflecting the irrevocable nature of ending a life, are essential to prevent errors and abuse”. I heartily agree. I think this is vitally important to prevent wrongful death; even one wrongful death. This precedent is evident in the stance taken in Canada on Capital Punishment. Even one wrongful death is too many and we have erred on the side of abolishing the death penalty to protect society at large.

“Vulnerable persons must be protected.” I strongly agree again. More and not less must be done to achieve this goal. There are strong provisions already in C-14 when it comes to mature minors, primary mental illness and advance directives. More could be done by insisting that applicants with a primary physical diagnosis BUT an underlying or co-existing mental illness be required to undergo psychiatric assessment.

The judicial pre-reviews that are currently required to proceed with MAD in the non-Quebec provinces have shown us that this is a feasible system. I believe pre-review goes a long way to protect the vulnerable and should be considered as a viable alternative.

“Consistent approach to medical assistance in dying across Canada”. I agree. Although one could argue that C-14 needs to respect Provincial responsibilities for health care, more needs to be done to ensure uniformity. Provincial Ministries of health and more importantly Governing Professional Colleges have already shown a significant disparity of approaches to the implementation of MAD especially in regards to conscience protection. The interim policy of the College of Physicians and Surgeons of Ontario (CPSO) would mandate an effective referral from a conscientious objecting doctor on June 7. This goes against the Charter right of conscience and would not satisfy C-14’s goal of uniform approach. C-14 needs to

support conscience rights of objecting health care providers and those of faith-based health care facilities.

“Support the improvement of a full range of options for end-of-life care” I agree. Please be more explicit and name Palliative Care as the obvious option here. More needs to be done to ensure what all Canadians and jurisdictions know. Palliative Care needs to be more readily and uniformly available. This becomes especially crucial with the introduction of C-14. It provides the proper and necessary balance to the availability of MAD in Canada.

“Respect the personal convictions of health care providers.” Yes, but this statement is too weak! Consider changing “respect” to “protect” for a more appropriate balance.

241.2 (2) (d)

“Their natural death has become reasonably foreseeable”

This is a good concept. It provides protection against premature and wrongful death. The wording “reasonably foreseeable” is unfortunately vague and open to significant judgement. The term “imminent” is a better one and is more commonly used in the medical field. It captures the understanding of most people and parallels the Quebec Legislation’s term “terminal”.

Thank you for allowing input into your deliberations. This complex and emotional issue will continue to demand vigorous discussion, debate and adjustment for many years to come. It is imperative that we get it “right” as best we can from the onset.

Best wishes,

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