TO: The Standing Committee on Justice and Human Rights
RE: Bill C-14: Ammendments
From: Tom Koch, PhD. University of British Columbia (Vancouver); Alton Medical Centre, Toronto.

To: members of the Standing Committee:

Thank you for the opportunity to comment briefly on Bill C-14 and proposals for its ammendments. For 40 years I have argued liberalization of physician assisted death is premature until and unless appropriate hospice, paliative, rehabilatiative and social services are in place. Were I to argue for any ammendment it would be that as a medical procedure termination cannot stand outside the need for a standard of these services as yet unmet in most provinces.

That said, I support Bill C-14 in its present form and without the ammendments being proposed by others. They seek to advance the idea of autonomy and choice without either an understanding of clinical realities or the need for the Charter's protections of life and liberty guaranteed in Section Seven.

On the basis of more than 25 years of experience in this area as a familial caregiver, clinician, consultant, research and writer (academic and popular) I ask leave to comment on the ammendments being discussed, and their rationale.

Cautions that some will suffer intolerably but whose natural death is not reasonably foreseeable does not violate the right to "life, liberty, and the security of person." Intolerable physical and psychological suffering can be minimized in perhaps 95 percent of all cases through expert palliative, psychological, rehabilitative, and social services. Attention to the physical and social causes of suffering, rather than termination by a physician—as the Dutch call it—should be the focus. I have often dealt with patients who say they want to die because of this or that discomfort which, when addressed, removed their suicidal ediation.

Some insist that advance directives requesting termination be honoured in the cases of conditions resulting in diminished capacity. It has been my experience that many who say, early on, that they would rather die than live with diminished capacity do not feel that way when the

effects of their chronicities occur. There is still life to be lived, and enjoyed, across the course of these cognitively limited states. In our fear of them, and before their onset, the death that seems preferable is in the experience not necessarily desirable or sought. Simply, advance directives made in relative health may have little bearing on the preferences of people living in these somewhat diminished but still viable states of life.

Restricting access to adults at least 18 years of age again makes experiencial sense. We have several times in Canada seen teenagers who while capacitated in theory make choices and judgments that simply reflect parental views rather than their own best medical interests. That is, they have a capacity to reason but not the experience to arrive at decisions independent of parental perspectives. Example are available.

Requiring witnesses to any request for physician termination, and a waiting period between requests and physician engagement, similarly makes sense. I have in Canada and the US seen physicians who sought to hasten death for a variety of reasons. And we know from the literature this sometimes happens. Requiring witnesses, a waiting period, and perhaps a more rigorous review are sensible protections against haste to end a life that, on reflection, might have value to the person and his or her community. Again, there is literature here.

Persons with competence-eroding conditions will typically go through periods of depression and suicidal thought. This is true of cognitive diseases as well as neurological conditions, spinal chord injuries and traumatic brain injuries. Experience and the literature insist that with good clinical care and social support most of those patients, given time, find an equally valuable if different life is possible. If we believe it is the nation’s duty to assure that possibllity then to limit access to early termination in these cases makes sense.

This brief submission is offered without a wealth of supporting documentation. It has a 740 word limit, after all. Much of that documentation may be found in my books, articles, and my

briefs in both Carter et al. and the Leblanc case in Quebec where I was a consultant for Justice Canada. Upon request I would be more than willing to answer questions about these specifics or submit detailed response to Committee questions in this regard.

Thanking you in advance for the opportunity to submit this brief response to the issue of the Bill and its ammendments I am,

Sincerely,

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Current Appointments:

- Adj. prof. of medical geography, University of British Columbia, Vancouver.
- Bioethicist, Canadian Down Syndrome Society, Resource Council.
- Consultant in bioethics, gerontology, and chronic care, Alton Medical Centre, Toronto.
- Director, Information Outreach, Ltd.
- Former professor (adj.), gerontology, Simon Fraser University, Vancouver.