

Dear Members of the Standing Committee on Justice and Human Rights:

My reason for writing is to let you know how deeply concerned I am with the proposed legislation brought forward in Bill C-14. I would like to emphasize the key issues I have with the Bill.

- **Changes to Reflect Carter:** As is, the draft legislation does not meet the minimum standard of the Supreme Court of Canada's decision in Carter. Carter does not require terminal illness, but the government's legislation proposes that a natural death is **reasonably foreseeable**, or in other words, terminal. People with chronic conditions, for example MS or ALS, would not qualify for an assisted death unless their deaths were imminent.
- **Advance Consent:** Without advance consent, people with a diagnosis for dementia and other degenerative medical conditions will be faced with a cruel choice: take their own lives too early or die a horrific death. If advance consent is not included in legislation now, I strongly believe the law should state it will be phased in within 3 years.
- **“Green light” Cases:** The bill suggests that the patient must be **competent** at the time of request and the time of the assisted death. If someone is scheduled to have an assisted death, let's say, on Monday but loses competency on Sunday (due to a coma or sudden stroke), then they would no longer qualify. Or, if they lose competency during the mandatory **fifteen-day waiting period**, they would also not be able to receive an assisted death.
- **Definition of grievous and irremediable:** The Carter decision states that irremediable “does not require the patient to undertake treatments that are not acceptable to the individual.” Irremediable, however, is not qualified in the proposed legislation.
- **Language of Carter:** I strongly believe and am totally in agreement with Dying With Dignity Canada that lawmakers should **use the language of Carter in legislation**, as this will ensure the law is compliant with both Carter and the Charter of Rights and Freedoms.

In addition to the above, I would like to express how I feel about doctor referrals and institutional obligations. These issues may not be on the federal agenda and be left to provincial and territorial jurisdictions, but I think they should be mentioned. Doctors are opposed to assisted dying should of course not be forced to provide it. However, I do think the patient's needs and right to care cannot be ignored. Doctors should be required to provide effective transfer of care to a provider, or at least refer the patient to a third-party referral agency if one is available. I also believe any publicly funded institution should be obligated to provide a full range of services, as some locations have very limited facilities. Effective referral procedures and assurance that assisted dying be allowed in all publicly funded healthcare facilities need to be developed.

Please do not allow Canadians to be discriminated against on the basis of their diagnoses. The majority of Canadians, including me, are asking for their rights to be in compliance with the Supreme Court's unanimous decision in Carter v. Canada and under the Charter of Rights and Freedoms.

Very truly yours,

Sigrid Wili