



**PROPOSED RECOMMENDATIONS FOR BILL C-14
AN ACT TO AMEND THE CRIMINAL CODE AND TO MAKE RELATED
AMENDMENTS TO OTHER ACTS (MEDICAL ASSISTANCE IN DYING)**

April 26 2016

Presented to:

**THE STANDING COMMITTEE ON JUSTICE AND HUMAN RIGHTS, HOUSE OF
COMMONS**

Submitted by:

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REAL Women of Canada is a national women's organization, federally incorporated in 1983. We support the equality of women and the family consisting of mother, father and children. We believe the family is the foundation of society.

REAL Women of Canada is deeply concerned that Canada is entering into a dangerous era in health care, whereby the lives of patients are terminated, supposedly to relieve their suffering. Medical care has always been based on the concept of "do not harm". Patients' lives heretofore have always been protected by the medical profession, especially when palliative care is a viable alternative to instant assisted death. Assisted suicide profoundly changes and detrimentally affects the practice of medicine in Canada.

Bill C-14 is further burdened by other serious defects.

1. **Notwithstanding Clause - Time pressures placed on Bill C-14**

Given the unnatural timeline set by the Supreme Court that the legislation must be passed by June 6th, and the fact that only a few weeks are remaining for Parliament to sit before that date, coupled with the uncertainty created by the recent changes in the Senate, REAL Women of Canada recommends the government invoke the Notwithstanding Clause provided in section 33 of the Charter of Rights. This will temporarily postpone the Supreme Court of Canada's decision. This will also avoid the undemocratic procedure of Closure to curtail debate on Bill C-14, the most controversial legislation introduced in Parliament this century. This crucial bill dealing with life and death should not be rushed through. If ever the value of the Notwithstanding Clause was apparent, it is now.

2. **Protection for Conscience Rights**

The Supreme Court of Canada, in the Carter case stated, that "Nothing in this declaration would compel physicians to provide assistance in dying." Conscience rights have not been provided in Bill C-14. The recent decisions of the medical associations of Saskatchewan and Ontario require physicians to refer patients for assisted suicide, thereby making them complicit to the act. The requirement of the Supreme Court of Canada on the issue, therefore, has not been complied with. There is nothing to guarantee that the provinces will provide the required protection for the physicians, nurses, pharmacists and religious institutions who oppose assisted dying for conscience reasons. An Angus Reid Poll in March 2016 found that 69% of Canadians agree that those with moral objections to assisted suicide should be permitted to refuse to participate in it.

Conscience rights of religious institutions, physicians, nurses and pharmacists must be specifically protected in the legislation.

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3. There is no advance overview by an independent third party before a patient's life is terminated.

Bill C-14 requires the doctor or nurse who participates in the assisted suicide to report the act to the authorities. There is no provision for an advance review of the decision to ascertain whether the act has been complied with prior to the death. Experience from European jurisdictions on assisted suicide, indicates that this reporting system is an unreliable source of information, and provides the opportunity to cover-up the failure to comply with the Act.

A legal review of a proposed assisted suicide should be required before the lethal act occurs, to ensure that the provisions of the Act have been complied with.

4. Bill C-14 provides that a "third party", aiding a physician or nurse providing assisted suicide, is exempt from liability.

This lack of definition of a "third party" allows anyone, even as a ludicrous example, an uninvolved passerby, to assist with this lethal action.

The "third party" must be defined, and the location where the act of death may take place, must be restricted to a medical institution or the patient's residence.

5. The expression "reasonable foreseeable death" is too broad and ambiguous. No restrictions are placed on what is meant by "foreseeable". Death is "foreseeable" for everyone. This provision should be limited to those patients with a terminal illness, at the end of their lives.

6. The bill provides that a patient who believes his /her condition is unbearable, and has consented to the assisted suicide, must wait fifteen days before the assisted suicide can take place. Palliative care relieves pain, loneliness and fear in most cases. Without experiencing palliative care, how can the patient determine that his/her condition is "unbearable"?

Mandatory palliative care should be required for the patient during this fifteen day delay. This would enable the patient to make an informed decision on the termination of his/her life.

7. Provisions for palliative care must be made available for all Canadians. Reports show only 15% of those needing palliative care are presently able to access it. Failure to provide universal palliative care is to discriminate against the vulnerable whether mentally ill, physically ill, aged or those with dementia. Human dignity requires the presence of palliative care to assist them.