

To the Standing Committee on Justice and Human Rights,

After reading Bill C-41, there are several points I feel must be amended for the safety of Canadians:

1. Currently the act does not provide federal legal protection for those practitioners and other healthcare workers who are compelled by their consciences to withhold their own participation in "medical assistance in dying". Those who are unable or unwilling to participate in "medical assistance in dying" must be legally protected, so that they are not legally compelled into acting against their consciences; this must include legal protection even from having to refer a patient to someone else who will potentially carry out a lethal injection or prescription for suicide, as a medical practitioner only refers patients for those procedures that he/she feels are worthy of a referral since a referral carries with it a legal and moral responsibility and obligation that has some degree of recommendation of exploring further the potentiality of the particular procedure in question. For those practitioners who conscientiously object to participation in any form of "medical assistance in dying", even a referral is unconscionable and would violate not only a doctor's autonomy, but also certain rights and freedoms in the Charter of Rights and Freedoms.

2. Currently the act allows for the possibility of two nurse practitioners to decide if a patient who requests it qualifies to be killed, and to carry out the killing. The act should at the very least require a minimum of one doctor, and preferably two, to be involved in this most definitive and final of all decision and actions a doctor could ever make.

3. Currently the act does not require any sort of board oversight for individual cases of patients who have requested suicide by prescription or lethal injection. What is bound to happen is that there will be those doctors and nurse practitioners who become known for their willingness to participate in "medical assistance in dying", and thus patients who have been turned down by conscientious practitioners will be able to "shop" for a doctor that will be all-to-willing to carry out "medical assistance in dying" when that patient's family doctor or specialist would not. The Bill must be amended to require specially created oversight boards that would review each case and rule on it, in addition to the other requirements.

4. The language of the bill is not restrictive enough and could allow legal immunity for covert murder. For instance, subsections 227(2) and

227(3) state, "No person is party to culpable homicide if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying in accordance with section 241.2," and "...the exemption set out in subsection (1) or (2) applies even if the person invoking it has a reasonable but mistaken belief about any fact that is an element of exemption."

Thus a doctor, nurse, nurses' aid, family member, etc., could "aid" in the homicide of a patient and all that would have to be shown is a "reasonable" belief about "any" fact that is an element of exemption.

In addition, the Bill also allows someone other than the person to be killed to sign the request, in subsection 241.2 (4), which is an obvious invitation for potential homicide which could potentially even be excused under subsection 227(3). In addition, even if such a homicide did take place, according to subsection 241.3 (3), the punishment on conviction of indictment is a term of imprisonment of a maximum of merely 5 years, or on summary conviction, to a term of not more than 18 months. Why should murder in this context be less of a crime than murder elsewhere? These prison terms should be in line with those of aiding and abetting in murder.

5. Section 241.3, "Failure to comply with safeguards," is grossly inadequate. According to this section, a doctor or nurse practitioner is only guilty of an offense if he/she "knowingly fails to comply with all of

the requirements...." Rather than using the word "any," the word "all" is used here, meaning that a practitioner would have to break each and every requirement in the Bill in order to be guilty of an offense. The language must be changed and it must be made absolutely explicit that practitioners will be found guilty if any requirement in the Bill is not complied with.

Thank you for reviewing my suggestions.

Sincerely,

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