

To the Standing Committee on Justice and Human Rights;

On behalf of the members of the Nova Scotia Chapter of Dying with Dignity Canada I ask that, as you study the legislation in the next few weeks, you consider the following points:

- ◆ The proposal “*that a natural death be reasonably foreseeable*” will result in many people who are suffering from chronic diseases such as: MS, Huntington’s and ALS to suffer much longer than necessary. These diseases leave a person unable to move, yet with a very clear mind, essentially trapped in their own body waiting to die but with no idea of the when or how. Meanwhile they suffer tremendous physical suffering from bedsores and the psychological suffering of knowing they will likely drown in their own saliva. Like my husband they pray for a peaceful and dignified end.
- ◆ The use of *advanced care directives* would provide for people who are diagnosed with forms of dementia such as Creutzfeldt-Jakob disease and other degenerative medical conditions the comfort of knowing that should they request assistance in dying while still competent their wishes will be respected even though they lose competency at a later date. Gillian Bennett would not have had to make the heartrending decision to take her own life while she still could. She died much too soon.
- ◆ To require proof of *competency at the time of the assisted death* could result in someone losing capacity before the scheduled date or during the fifteen- day waiting period and living just the type of existence they sought to avoid. People who have been diagnosed with these awful diseases have already given much time, thought and discussion to their death. It is cruel to have this final possibility hanging over their heads when they have been given the hope of release. The competency of the patient at the time of request should be sufficient.
- ◆ There is no qualification for “*irremediable*” in the decision. *Carter* states that irremediable does not require the patient to submit to any treatment that is not acceptable to them. If the individual uses their right to refuse or discontinue treatment they find unbearable, this should in no way effect their accessibility to assistance in dying. Our charter rights include, as per the Supreme Court decision the right to liberty of the person. In other words the answer to Sue Rodriguez’s question; “Who owns my life?”; is you do.

- ◆ The language of the *Carter Decision* should be used in the legislation ensuring that the law is in compliance with the decision and the Canadian Charter of Rights and Freedoms.

The Report from the Expert Panel took great care to consider possible court challenges in the recommendations they made. Every attempt should be made to continue this effort.

Medical science has made so many advances over the last few decades that the body can be kept alive long after the individual has ceased to have any quality of life. What harm is done by prolonging a life no longer worth living? Is it more humane to provide an individual the release they desire or compel them to starve themselves to death over a number of days?

We understand this is a very contentious topic for any number of personal and political reasons. However this is a personal choice based on the convictions and wishes of the individual and should not be judged based on the traditions and beliefs of others. Over 80% of Canadians and 89% of Nova Scotians have spoke in favour of choice.

Loved ones whom I have watched take their last breath have all been very sincere and unambiguous as to their wishes at end of life. As I watched my husband in his last hours after eight years with ALS I realized that sometimes death is the only thing that can end the suffering. Moreover many of the members of Dying with Dignity have had the experience of being asked repeatedly by someone they love dearly to help them end their misery.

Thank you for the time you have taken to read this letter and the deep contemplation with which I am sure you will approach this review.

Yours truly,

Sheilia Sperry