

Mark Davis Pickup

30 April 2015

Mike MacPherson
Committee Clerk
Standing Committee on Justice & Human Rights
House of Commons
OTTAWA, ON, K1A 0A6

Dear Mr. MacPherson:

Recommendations for C-14

I wish with all my heart things had not come to this point in Canada where medical killing is being legalized for suicidal sick and disabled people whose deaths are “reasonably foreseeable” (whatever that means). Let me begin by registering my outright opposition to Bill C-14 or any other law that weakens protections for vulnerable life, like mine.

As I mentioned earlier, I live with advanced multiple sclerosis (MS) and meet virtually all the criteria of “grievous and irremediable medical condition” – as defined in 241.2 of Bill C-14: I have a serious and incurable illness that has severely disabled me (241.2(a)). After thirty-two years with aggressive MS, I am in an advanced state of irreversible decline (241.2.(b)). My disease has caused enduring physical and psychological suffering (241.2.(c)), for more than 3 decades. There have been times when my state seemed intolerable. If C-14 had been available back in the mid-1980s when my grief was at its height, and if I had not been surrounded by the love of my wife and family, my faith community, and my God, I might have opted for assisted suicide. Things were that horrible. But they lifted up my value as someone worth protecting and cherishing, even when I doubted my own value. I am so happy today I did not opt for suicide. I never would have known my five beautiful grandchildren.

Medically assisted death is called palliative care – not help with suicide. Assisted suicide is a profound abandonment of people at the very time they need a most tender care. There are two deaths that occur in helping someone killing themselves: The first death happens in the suicidal person when you agree their life is unworthy of living. The second death occurs with the deed. (In actual fact, there is also a third death. It is the death of conscience in the person who assists in the suicide.) Canada does not need more suicide. Canada needs the best palliative care available to all Canadians at their point of need. That brings me to my first recommendation for amendments to the proposed law.

Recommendation #1: Amendment to C-14 to recognize and fortify Charter guarantees of freedom of conscience and religion and expression. Physicians, nurses and pharmacists who have profound conscientious or religious objections to participating, in any way, with euthanasia or assisted suicide must not be forced into it or required to refer patients to doctors who are willing to kill. This must be unequivocal in the legislation! Such emphatic recognition of religious freedom is a hallmark of a pluralistic society.

There are forces at play to force this on them.¹ Imbed in the legislation recognition of the supremacy of Charter guarantees of freedom of conscience and religion, and its expression (CANADIAN CHARTER OF RIGHTS AND FREEDOMS, Section 2, (a,b)).

From a Christian point of view, the Canadian Supreme Court decision on assisted suicide legitimized something that is intrinsically evil. Many Christian medical professionals can not comply; recognize this by exempting those with conscientious objections and curtail provincial or professional associations from imposing participation in assisted suicide or forcing them to refer for assisted suicide. Mitigate the extent of this moral evil by endorsing conscience rights for doctors, nurses and pharmacists who have deep moral objections to participating *in any way* with medically assisted suicide.

Recommendation # 2: Ensure places of safe haven exist for people like me and my family, such as Catholic healthcare institutions, where we know euthanasia and assisted suicide are not practised.

My family and I need to be able to rest assured the only medically assisted death I will receive is palliative care that rejects assisted suicide and euthanasia. The structure you are setting up will make people like me fear hospitals and nursing homes.

There are plenty of doctors and nurses willing to euthanize patients in secular health care situations. I don't want them. My family and I need to know I can go someplace to receive care that will not acquiesce to euthanasia or assisted suicide – even if I request it because of depression, feeling I am a burden, or multiple sclerosis has affected my mental state.²

Thank you for considering my recommendations.

Mark Davis Pickup

CC: Anthony Housefather, Chair, Standing Committee on Justice & Human Rights
Ted Falk, Vice-Chair, Standing Committee on Justice & Human Rights
Murray Rankin, Vice-Chair, Standing Committee on Justice & Human Rights
Other committee members

¹ See Report of the Special Joint Committee on Physician-Assisted Dying, Recommendations 10 & 11. Also see Michael Cook, "Canada's euthanasia Leviathan", *MercatorNet.com*, <http://www.mercatornet.com/careful/view/canadas-euthanasia-leviathan/17961>

² See A LETTER TO MY DOCTOR NOT TO KILL ME. I placed the text of that letter on my blog. See <http://www.humanlifematters.org/2016/04/a-letter-to-my-doctor-not-to-kill-me.html>