April 30, 2016

The Honourable Members,
The Standing Committee on Justice and Human Rights,
Parliament Buildings, Ottawa ON

Being aware that BillC-14 is under study at this time, I offer the comments below to express my concerns with the Bill as it stands.

1.) The proposal that a natural death is "reasonably foreseeable". This would mean that many people whose disease will eventually severely impair their ability to communicate in any way family, friends and care staff can comprehend will be unable to qualify should they wish to request assistance later in the disease process (e.g. those with ALS, Huntingtons Disease, some with advanced Parkinsons disease, etc.) when their quality of life is severely limited by their disease.

   A specific example is a friend with Huntingtons Disease who was unable to communicate verbally, in writing, or by understandable gesture, for the last two+ years of her life. Had she desired assisted death, she would have had to request it long before she lost her capacity to communicate. However, that is not at a "reasonably foreseeable" point, as the death will/may take years.

2.) The proposal to disregard advance consent when the person becomes unable to communicate their wishes, due to a chronic, progressive disease . If such a person, described above, has left written instructions as to their wishes, as the disease progresses the proposed legislation would ignore these and force a lingering, unpleasant death over – in some cases – years.

   I urge the Committee to set a specific date for further review of this issue in the legislation – and that the date be within the current period of elected government.

   Given the ageing population of Canada and the resultant increase in dementia diagnoses, the issue of the validity of Advance Consent being ignored or invalidated after incapacity is determined is a major concern to Canadians. Less common – but equally valid - is a situation where a sudden, devastating stroke or vehicular/pedestrian accident, etc. (at any age) can render one incapable of communication in seconds and negate an Advance Consent document under Bill C-14.

   Rarer is the person who falls into a comatose or vegetative state, due to accident or criminal assault, and then has his/her advance consent nullified. This legislation, as it stands speaks not *for* them, but *against* their expressed wishes.

   There is also the issue of those with chronic mental illness where periods of capacity can alternate with legal incapacity – especially if medication is not correctly taken. Should someone with, for example, Bi-polar disease or Schizophrenia complete advance consent documents - with carefully outlined detail as to a "triggering" incident –

decline, the advance consent created while they were in good mental health is negated in the currently proposed legislation.

3.) Access to legislated services. Having lived and worked in northern BC, I am very aware that there are many smaller communities in Canada with only one physician, one pharmacist and a limited number of nurses. Where there are personal objections to offering this service once the legislation is passed, health professionals may decline. In that case, petitioners need to be able to be referred for assistance elsewhere than their home community. Some health professionals who decline to participate may also feel they cannot refer – adding to the distress, anxiety and length of an individual's search for assisted death within the legislation. I urge the Committee to address this issue fully in your study of the Bill. Possibly a central office will be needed where petitioners can receive appropriate referrals once the legislation is passed.

My comments are based on my professional practice, volunteer support activities, and extended family situations. I urge the Standing Committee on Justice and Human Rights to propose amendments that will now, and during future reviews at specific dates, ensure that the legislation is a comprehensive and as open to human rights as possible.

Respectfully submitted,

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