Amendment to Bill C-14: Personal (Not Collective) Authorization

In the attempt to gain support for legal innovations it is usual to minimize negative factors which might impede their acceptance. This is natural; nothing is perfect; and the author of any novelty will wish to make the most appealing presentation possible.

However, once a course of action has been accepted, as is the case with Bill C-14, legislators have the practical and moral duty to honestly recognize potential difficulties. Such is the essential requirement of any hope to introduce new social practice with a minimum of unintended consequences.

In this case, I believe that we have not sufficiently weighed the seriousness of authorizing individuals to pass beyond the universal prohibition against homicide. The simple interdiction, "Thou shalt not kill", is not an arbitrary religious artifact. It is, rather, a deep social and evolutionary response to our collective human experience. Accordingly, I believe it is obvious that --should we wish to tinker with this fundamental social rule--, we must expect serious and perfectly foreseeable consequences which we have an equally serious duty to minimize through a lucid structural plan of implementation.

What then are the risks?

First, at the personal level, we must consider the negative effects which will, or may, be inflicted upon the psychological well-being of those individuals chosen to pass beyond the interdiction to kill; we must honestly evaluate the psychological consequences for those doctors and nurses who will be required to participate in making the fatal decisions that will lead to the planned decease of qualified patients, and particularly, the psychological effects upon those doctors, nurses, and auxiliaries, which must result from performing the homicidal acts contemplated. In other words: we do not have the right, I believe, from the comfort of our theoretical perspective –and regardless of what benefits we hope to achieve--, to pretend that these doctors, these nurses, these auxiliaries, can simply pass over thousands of years of ancestrally ingrained taboos, without being subjected to extreme psychological stress.

Secondly, we must consider the social and economic effects --upon families, upon communities, and in particular upon the efficiency of our public health care system--, of the aggregate impact of all these innumerable, personal and intimate psychological wounds, taken in their functional totality.

Space is lacking in the present format to deal adequately with the details of this problem, however, I believe the general contour will be obvious to all. I will therefore proceed with the presentation of my proposed amendment:

In the principal exceptions for "assistance in dying" (227.1) and "aiding practitioner" (227.2), as well as in all similar formulations throughout the Bill, let the words "No medical practitioner or nurse practitioner (commits culpable homicide)" (227.1) and "No person (is a party to culpable homicide)" (227.2) be replaced with the following:

"No **specially licenced** medical practitioner or nurse practitioner"

And

"No **specially licenced** person"

The intent, of course, is to recognize that the authorization to pass beyond the legal prohibition against homicide, is a serious and extraordinary exception which should be accorded only to specific individuals who have:

1. Expressed an informed and fully voluntary desire to act in this capacity, and

2. Passed whatever training and psychological screening shall be developed to ensure fully informed participation and, hopefully, to protect through elimination, the more vulnerable.

It is the current view that allowing entire professional bodies, *all* nurses, and *all* doctors ----that is approximately *half a million persons*--, to participate legally in homicidal actions, is to invite personal and social disaster, be it only as regards the resultant increase of Post Traumatic Stress Disorder. Moreover, to expect that future generations of doctors and nurses will be recruited only among those psychologically adapted to kill would probably involve the loss of most of those people traditionally inclined towards such service. As a practical matter, no doctor should ever be required to justify a desire *not* to kill. Not to kill is our normal social default. And even more emphatically: no nurse or auxiliary should ever be *accidentally* exposed to a request for assistance in terminating a life.

Again, this is not a question of “conscientious objection” based in some religious dogma, this is simply a reflection of normal behavior. To pass *beyond* normality should require a specific and personal exemption.

This, I believe is the minimum requirement for any serious attempt to attenuate the impact of Bill C-14 upon the medical establishment, and by extension, to protect the quality of the service rendered by this establishment to our society.

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