May 1, 2016

Standing Committee on Justice and Human Rights
c/o Mr. Mike MacPherson
Committee Clerk
House of Commons
131 Queen Street, 6-07
Ottawa, Ontario K1A 0A6
JUST@parl.gc.ca

To the Standing Committee on Justice and Human Rights:

Re: Bill C-14

I am a physician, in my 35th year of practice. I am a hematologist, with considerable experience in providing care to patients who are dying. I have recently completed 12 years as an Associate Dean of Medical Education. I'll focus my comments on some specific changes that should, or should not, be made to Bill C-14.

You will be pressured to make Medical Aid in Dying (MAID) available to minors, to those with mental illness alone, and by advanced directive. I urge you to hold fast to the more restricted exemptions currently delineated in the bill and to resist the call to broaden the accessibility to MAID.

The phrase "death has become reasonably foreseeable" is unnecessarily circuitous and seems to be an intentional effort to obfuscate. Notwithstanding the problems inherent in prognostication, most of us understand what is meant by "terminal medical conditions" and the legislation should use the term "terminal" if that is what is intended – and it should be.

Section 241 (6) recognizes that mistakes will be made and that wrongful deaths will occur. The Supreme Court expressed confidence that Canadian legislation could be developed that would reduce the risk of wrongful death to an acceptable minimum. To accomplish that, section 241 (6) should be omitted altogether, and replaced with a requirement for advanced legal review of each request for MAID, such that any such mistakes are identified before a wrongful death occurs. This could be accomplished through established consent and capacity boards. Any added burden in effort, time and cost would be warranted to prevent wrongful deaths. (Recall that Canadians rejected capital punishment when we, collectively, decided that one wrongful death would be one too many.)

This legislation must not be seen to normalize MAID as a solution to difficult life circumstances. Suicide is contagious and should thus MAID must be quarantined for the protection of others. Choosing death must continue to be seen and understood as an extraordinary last resort, rather than becoming a mundane, ordinary option among many.

- Vulnerable patients are already often fearful of what may befall them while under medical care, especially in palliative care settings. The legislation should explicitly require that publicly-funded medical care systems provide "euthanasia-free zones" in which any patients who so choose can

be provided with care at a demonstrable remove from any site wherein MAID is provided to others.

- The legislation must provide explicit protection of those health care professionals who choose not to participate directly or through so-called effective referral in MAID. In addition to being protected from the requirement to participate, they must be protected from negative repercussions of that choice throughout their professional lives, be it in the initial selection processes for admission to a health care profession, during education and training, and in employment and advancement throughout their careers. Every other jurisdiction with some form of MAID has found a way to implement it without any coercion of health care professionals. Surely we can do the same

- Similarly, the legislation must ensure that institutions and facilities providing medical care, including long-term care, have the freedom to recuse themselves from any participation in MAID.

Links to some sample wording (from the Coalition for HealthCARE and Conscience) that could be amended to align with the Canadian context are given below.

I wish you well as you deliberate.

Sincerely,

Sheila Rutledge Harding, MD, MA, FRCPC

cc. J. Wilson-Raybould
J. Philpott
K. Waugh
D. Anderson, S. Benson, K. Block, R. Goodale, R. Hoback, G. Jolibois, R. Kitchen, R. Lukiwski, G. Ritz, A. Scheer, B. Trost, C. Wagantall, E. Weir
R. Andreychuk, D. Batters, L. Dyck, P. Merchant, D. Tkachuk, P. Wallin

Sample wording and supporting information:

California: An act to add Part 1.85 (commencing with Section 443) to Division 1 of the Health and Safety Code, relating to end of life.

443.14 (2) Notwithstanding any other law, a health care provider is not subject to civil, criminal, administrative, disciplinary, employment, credentialing, professional discipline, contractual liability, or medical staff action, sanction, or penalty or other liability for refusing to participate in activities authorized under this part, including, but not limited to, refusing to inform a patient regarding his or her rights under this part, and not

referring an individual to a physician who participates in activities authorized under this part.

443.15 (a) Subject to subdivision (b), notwithstanding any other law, a health care provider may prohibit its employees, independent contractors, or other persons or entities, including other health care providers, from participating in activities under this part while on premises owned or under the management or direct control of that prohibiting health care provider or while acting within the course and scope of any employment by, or contract with, the prohibiting health care provider.

Supporting information can be found at:
http://www.consciencelaws.org/publications/submissions/submissions-023-002-parl.aspx

Detailed wording can be found at:

Belgium:
http://www.consciencelaws.org/law/laws/belgium.aspx

Luxembourg:
http://www.consciencelaws.org/law/laws/luxembourg.aspx

Washington State:
http://www.consciencelaws.org/law/laws/usa-washington.aspx

Oregon:
http://www.consciencelaws.org/law/laws/usa-oregon.aspx

California:
http://www.consciencelaws.org/law/laws/usa-california.aspx

Vermont:
http://www.consciencelaws.org/law/laws/usa-vermont.aspx