

To the Standing Committee on Justice and Human Rights,

After reading Bill C-14, there are several points I feel must be amended for the safety of Canadians:

Bill C-14 requires that approval for euthanasia or assisted suicide be done by two independent physicians or nurse practitioners, without requiring oversight from an independent third-party.

Further to this, the bill permits that the same practitioners who do the killing also be the ones who file the report after the fact. This means that any incompetence or coercion on the part of these two practitioners would not likely be admitted. With the patient dead, no one will ever know. The bill must be amended to require specially created oversight boards that would review each case and rule on it.

Bill C-14 has exemptions in place for people who commit assisted suicide and assist with euthanasia in error, meaning without the patient's consent, under "Reasonable but mistaken belief". This bill also allows someone other than the person to be killed to sign the request, in subsection 241.2 (4), which is an obvious invitation for potential homicide which could potentially even be excused under subsection 227(3). This clearly paves the way for abuse and opens the door to deaths without patient consent.

Section 241.3, "Failure to comply with safeguards," is grossly inadequate. According to this section, a doctor or nurse practitioner is only guilty of an offense if he/she "knowingly fails to comply with all of

the requirements...." Rather than using the word "any," the word "all" is used here, meaning that a practitioner would have to break each and every requirement in the bill in order to be guilty of an offense. The language must be changed and it must be made absolutely explicit that practitioners will be found guilty if any requirement in the Bill is not complied with.

Bill C-14 gives us cause to be greatly concerned for the vulnerable in our country. The draft legislation appears to make assisted suicide available to anyone whose death is deemed "reasonably foreseeable.... without a prognosis necessarily having been made as to the specific length of time that they have remaining." But whose death is not reasonably foreseeable? This level of ambiguity in a law that aims to regulate life and death is not only inexplicable, but also very dangerous.

Section 241.2.(3) (g) states that the 15 day waiting period between consent and medically assisted death may be shortened if the medical practitioners are of the opinion that the person's death or ability to provide consent is imminent. This clause makes the 15 day waiting period meaningless, particularly since the medical practitioners administering the death are the ones who file the report after the death. The 15 day waiting period must be firm.

Bill C-14 fails to protect the conscience rights of health care workers and health care institutions, hospices and long term care facilities whose mission, vision and values commit them to heal and care, to reject providing measures of death to patients entrusted to their care. The wording must be changed to protect the conscience rights of health care workers and those institutions who conscientiously object to both providing medical assistance in dying and referring their patients to those who will assist in dying.

Thank you for considering my recommendations for changes to Bill C-14.

Sincerely,

Lorraine Reimer

