

To Whom It May Concern:

Please consider the points below to revise Bill C-14.

My name is Minette Lagman, and I am a Nurse Practitioner (NP) at the BC Cancer Agency in Vancouver. I have been a nurse for 13 years, 7 yrs as an RN at the BC Children's Hospital, and 6 years as an NP at the BCCA. I take pride in my profession, and I get a lot of joy in my provision of care to patients with cancer.

In my years of practice as an RN and NP, a frequent theme that surfaces in the majority of my patient encounters is: "if I can get another day with my loved one"... patients battling their illness bravely, and families desperately looking for life-prolonging innovations, if not, cure--- anything to give them that extra minute or extra day to spend with each other... a scene of a real battle for life, which in a sense is a manifestation of the value, we, as a society at large, attribute to life. This in essence is what makes my profession worthwhile-- to see, day in and day out, the love, the beauty and the value of life despite of the challenges and suffering involved.

In light of this, in Bill C-14, I urge you to please:

1. ensure protection for frontline workers, myself alike, who truly value life in its entirety. Should we encounter requests from someone to assist to die, may we be protected, in all aspects of our being (ie. legally, emotionally, and physically), to be able to simply say "no", that is: to respect the conscience rights of all institutions and all health care workers who choose not to participate in or refer patients for assisted suicide. To acknowledge the *plurality of views* on the subject by providing clear safeguards so that no institution or health care provider will suffer discrimination, penalties or loss of employment for refusing to participate in *or refer patients for* assisted suicide.

As saying "yes" would be contrary to my conscience, and ultimately to my professional and ethical duty as an NP. Without this specific safeguard, Bill C-14 will bring moral distress and anxiety, which may wrongfully force us to succumb to actions we are strongly opposed to.

It is also worth noting that part of what was engrained in us in our NP training is our professional obligation to "pink" slip patients who have any indications of being a threat to themselves, eg. if a patient says he wanted to kill himself, then we are by professional duty, to call the police authorities to take that same patient in to the hospital to stop him from killing himself. And now, here we are-- being asked to do just the opposite--- to assist patients in killing themselves?? What really are we doing here??

Sincerely,
Minette Lagman