

Dear Committee Members,

I am pleased that we will soon have legislation for Medical Assistance in Dying in Canada. We will have the opportunity to compassionately hasten the imminent death of Canadians and this is an indication of a thoughtful mature society. Inclusion of all members of a medical/care team to assist the dying individual is very good. Not requiring prior judicial review of a patient is also good. My concerns lie with areas where I believe the legislation falls short of the *Carter* ruling and the probability of a missed opportunity by our government to be bold enough in the breadth of the legislation so as not to discriminate against any suffering individual for whom their circumstances are intolerable. If the legislation were to include the recommendations of the Special Joint Committee, we would be able to move forward with clear guidance for the provinces and territories. We would place this matter out of the necessary social arena for legislation and back into the private realm of medicine, where it belongs for the individual at end of life. We would further give the medical team confidence to proceed based on the needs of their patients as opposed to concerns about legality as they begin to perform a medical service previously unknown to them. I request consideration of my following recommendations. I am dismayed by our repeated conversations about the perils of assisted dying, when the conversations about the legislation should be about ensuring Charter rights.

Starting with the preamble a tone is established that conflates other important issues with MAID.

Page 1: Lines 10-20 read as though MAID would lessen the value of a life that could be identified as compromised. While some individuals may choose to endure suffering for personal beliefs, suffering itself has no inherent value. I do not have negative perceptions about the elderly, ill or disabled, I have negative perceptions about unnecessary suffering.

Regarding vulnerability, all people are vulnerable to a variety of stressors and events at all points in their life. It is patronizing to identify individuals or groups as vulnerable without understanding what their self identification would be. A person in a moment of weakness simply would not qualify for assistance in dying with this legislation.

Suicide is not assisted dying. Suicide is the language of the Criminal Code. Suicide as an act is usually undertaken by those who cannot find an end to the torment of living, people choosing MAID are looking to end the torment of their dying. Conflating the tragedy of suicide in distressed individuals who have no access to appropriate services, or groups of people who have been marginalized in Canada, does not serve the reading of this legislation.

Page 2: Lines 13-23 I am concerned about “non legislated” processes to address conscientious objection, advance consent, mature minors and mental illness. These aspects of MAID should not be left to the provinces and territories concerning conscientious objection. Individuals may opt out of providing MAID, but publicly funded institutions across the country must find a way to allow access to MAID in their facilities, if not – remote areas and small communities may not have access to this necessary medical service. This directive should come from a federal level. Advance consent, mature minors and mental illness must be included in the legislation. I am concerned about the need to return to the SCC with challenges to include these categories, especially if there will not be a review of the legislation for 5 years. A workable solution is inclusion of these groups as recommended by the Special Joint Committee, with staged implementation as more study is done. A concrete timeframe for implementation should be established. Complex individual cases will come forward. Let's look at them within a medical framework, rather than being required to return to the Supreme Court.

The Draft Legislation:

Section 241.2 1.(b) Reword this to include extraordinary circumstances for competent mature minors.

- 2.(a) Remove incurable, irremediable should stand in. *Carter* clearly states that if a remedy exists, but is not suitable to the individual, they do not have to endure it.
- (d) It is impossible to prognosticate a natural death that is reasonably foreseeable. This should be eliminated.
- 3.(g) 15 days is arbitrary and does not have relevance to the individual circumstance.
- (h) I agree with an opportunity to withdraw consent. It should not be necessary to confirm the request at time of MAID.

Most everyone has a compelling personal experience with the death of a loved one. In addition to the personal, my professional work has been involved intimately with life and death for 26 years in my capacity as a veterinarian. I have been volunteering in assisted death advocacy to help make this a real choice for all Canadians. There is great fear in the medical community about this new unknown. It will always be a solemn event to end a life, and it is an extraordinary duty and privilege to assist someone to end the suffering of their dying. There are many medical individuals who will never want to participate in MAID. While their desire to opt out must be honoured, it is important to recognize that these individuals will continue to place obstacles in the path of implementation of MAID, and this must not be allowed. Less than 1% of Canadians will likely use the services of MAID, however 100% of Canadians will have the opportunity to choose MAID if the legislation crafted includes amendments. The choice to not participate in MAID has never been in peril. The peace of mind and resultant quality and longevity of life to suffering Canadians who may choose MAID is currently imperilled. An amended legislation would be an extraordinary legacy of our current government.

Dr Sue Hughson