



**The deVeber Institute
for Bioethics and
Social Research**

*Research and Scholarship for
an Informed Social Response
to Human Life Questions*

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**Mike MacPherson
Committee Clerk
Standing Committee on Justice and Human Rights**
House of Commons
131 Queen Street, 6-07
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Bill C 14 on Medical Assistance in Dying

**Comment by Ian Gentles, Research Director, and Martha Crean, Co-President,
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Bill C14 is a significant improvement over the Parliamentary Committee's recommendations in February. Given the recent experience at Attawapiskat the last thing we need is easier access to suicide for teenagers. In fact the Canadian Paediatric Society opposes the legalization of assisted dying for minors. Many psychologists and psychiatrists have spoken out against assisted dying for those suffering from mental illness such as depression. In most cases depression is a treatable psychological condition, and a depressed person is most vulnerable when opting for assisted suicide.

Freedom of Conscience

There are still major concerns with Bill C 14: it fails to guarantee freedom of conscience to medical professionals and hospitals; it fails to give adequate protection to the large number of people who fear assisted dying and want to be protected from it. Last, it does nothing to remedy the desperate shortage of high-quality palliative care in this country, or to ensure the right of Canadians to palliative care.

Freedom of conscience has to include not just the right not to prescribe the lethal pill or give the lethal injection, but also the right not to refer a patient to a doctor who will do those things. The right to "medical-aid-in-dying" will be accessible to those who choose this method. Thus doctors and nurses should have their right to say: "Morally and ethically I cannot give you a lethal injection nor can I give you a lethal prescription to cause your death; nor be complicit by enacting a referral for the same." We must all be equally protected under the Canadian Charter of Rights and Freedoms.

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To remedy this we propose the following changes:

Filing information — medical practitioner or nurse practitioner

Suggested change:

241.31 (1) Unless they are exempted under regulations made under subsection (3), a medical practitioner or nurse practitioner who receives a written request for medical assistance in dying must, in accordance with those regulations, provide the information required by those regulations to the recipient **or inform the individual that so requests that they are for reasons of conscience unable to comply with the request. Institutions will not be required to participate in MAID. The person requesting medical assistance in dying or their representative shall have the opportunity to be referred to the Ministry of Health of the Province or Territory.**

Filing information — pharmacist

Suggested change:

(2) Unless they are exempted under regulations made under subsection (3), a pharmacist who dispenses a sub-stance in connection with the provision of medical assistance in dying must, in accordance with those regulations, provide the information required by those regulations to the recipient **or inform the individual that so requests that they are for reasons of conscience unable to comply with the request. Institutions will not be required to participate in MAID. The person requesting medical assistance in dying or their representative shall have the opportunity to be referred to the Ministry of Health of the Province or Territory.**

Bill C-14 should protect those who are not truly candidates for MAID and this be reflected in the language by making the following changes to replace existing text with the following:

241.2 (1)

(c) they have **an incurable and terminal illness;**

Under Grievous and irremediable medical condition

(2) A person has a grievous and irremediable medical condition if

(a) they have **an incurable and terminal illness;**

(d) their **natural death is imminent, taking into account all of their medical circumstances.**

Addition to sections 241.1:

Protecting Canadians

For Canadians who do not want medically-assisted dying we need ‘safe places’ to obtain our health care in acute, long term and hospice palliative care facilities for those of us who oppose and even fear “medical-aid-in-dying”. Bill C 14 ignores this substantial group of people. The solution is simple:

Federal Department of Health be required to publish a regularly updated list of physicians, hospitals or facilities that offer assisted dying, or refer for it. The Department will also publish a parallel list of physicians, hospitals, and facilities that do not offer this service.

Palliative Care

Our country really needs available and accessible **high-quality palliative** care for every person who has a chronic or life threatening illness. This would diminish requests for medical assisted dying. At present barely 30 per cent of Canadians have access to this service. In reality there will be no genuine freedom of choice in the matter of dying so long as the majority of Canadians lack access to high-quality hospice palliative care. Bill C 14 should make the provision of palliative care mandatory for everyone who requests medical aid-in-dying and make it obligatory to inform patients requesting MAID of their palliative care options.

Add to the eligibility criteria subsection under 214.2 (1)

(f) All Canadians be ensured access to high quality palliative care. All those requesting MAID be informed of their palliative care options.

Ian Gentles is co-author of ***It's Not That Simple: Euthanasia and Assisted Suicide Today***, published in November 2015.