

Bill C-14: Proposed Amendments

Problem: Inadequate Protection for the Mentally Ill

The Trudeau government has tabled Bill C-14 to regulate assisted suicide, offering limited protection to Canada's vulnerable, who are threatened to varying degrees by the prospect of assisted suicide. The bill's protective measures do not go far enough.

Proposed Amendment: Under s. 241.2(1)(b), which defines eligibility, mental competence should be an added requirement, so the provision reads: "they are at least 18 years of age, **mentally competent and** capable of making decisions with respect to their health;"

Rationale: Neither minors nor the mentally ill should be eligible for assisted suicide.

Problem: Terminology: "Medical assistance in dying."

Proposed Amendment: Throughout, Bill C-14 uses the phrase "medical assistance in dying," but it should be replaced by "assisted suicide," which accurately describes the taking of human life that is occurring.

Rationale: As drafted, the bill freely adopts the language of Canada's euthanasia advocates, replacing the term "assisted suicide" with the euphemism, "medical assistance in dying." The meaning of assisted suicide is clear. Whether assisted or not, suicide is not about dying. It's about killing. A human life is being taken. Thus, the phrase "medical assistance in dying" does not accurately reflect what is taking place, and should not be used in any law enacted by Parliament.

Problem: Lack of Effective Federal Oversight

Bill C-14 provides for no federal oversight of assisted suicide. While it gives the Minister discretion to enact regulations to that end, there is no obligation for him or her to do so, and no certainty about what, if anything, the regulations will contain.

Proposed Amendment: Under s. 241.31 (3), instead of using the permissive "may," the section should *require* the Minister to enact regulations providing a clear structure for federal oversight. The bill should clearly describe the kind of oversight needed, requiring the minister to ensure that regulations sufficiently strict to meet the spirit of the law are enacted. Finally, no exemption from the filing requirements set out in 241.31 (1) should be allowed (s. 241.31 (3)(d) should be deleted).

Rationale: Since assisted suicide involves taking human life, any regime charged with carrying it out needs strict, ongoing oversight to ensure a minimum level of public safety. That should include timely, regular and thorough reporting, monitoring, and documenting, ensuring that all assisted suicides

go on the public record, making abuse of the law more difficult. Include the oversight requirements in the law itself, not the regulations.

Problem: Toothless “Safeguards” that Offer No Safety

As drafted, Bill C-14 contains a list of supposed “safeguards,” set out in s. 241.2 (3) (b) to (h). Yet, when it comes to prosecution, only a doctor or nurse who fails to comply with **ALL of the safeguards** has any chance of being prosecuted. Thus, practitioners may with impunity disregard several or even most of the safeguards. As drafted, the bill virtually ensures that no doctor or nurse will be prosecuted for failing to comply, since it would be very rare for anyone to disregard ALL of the safeguards. Only in the latter case, however, would a prosecution ensue.

Proposed Amendment: In section 241.3, the word “all” should be replaced by “any,” so that it reads as follows: “A medical practitioner or nurse who, in providing medical assistance in dying, knowingly fails to comply with **any** of the requirements set out in paragraphs 241.2(3)(b) to (h) **or** subsection 241.2(8)...”

In addition, when prosecuting by indictment, s. 241.3 should stipulate maximum imprisonment of 10 years, instead of five, as drafted.

Problem: Protection of ‘Conscience Rights’

Bill C-14 offers no statutory protection for conscience rights of healthcare professionals, whether doctors, nurses or pharmacists, who object on principle to being involved in assisted suicide or to playing any role in the chain of causation that results in assisted suicide.

Proposed Amendment: All members of the healthcare professions have the right to “opt out” of assisted suicide, and they have no obligation, legal or otherwise, to refer any patient seeking assisted suicide to other practitioners for that purpose. No healthcare professional should face professional, disciplinary or other sanctions for refusing to facilitate an assisted suicide.

Rationale: Many doctors decline to make assisted suicide referrals because they would feel morally complicit in any ensuing suicide. They believe they are enabling suicide as much by referring patients as by assisting suicides directly.

Problem: Death Certificates Should Accurately Reflect the Cause of Death

Proposed amendment: Any death certificate issued following the death of any person by assisted suicide should clearly indicate the cause of death was assisted suicide. The name of any healthcare professional(s) assisting should also be recorded on the death certificate.