

Standing Committee on Justice and Human Rights

Sixth Floor, 131 Queen Street

House of Commons

Ottawa ON K1A 0A6

Canada

Dear Standing Committee on Justice and Human Rights,

Concerning the wording and the text of Bill C-14, here are some of my concerns and recommendations:

CLARITY OF TERMS AND WORDING

I am concerned by the lack of specificity in Bill C-14 in terms of the criteria for patient eligibility. The terms used are quite vague; so much is left to the individual interpretation of the doctor and the patient. Terminology in this legislation such as death being “reasonably foreseeable”, limited to patients with “serious and incurable illness, disease or disability”^[i], and so on; are not medical terms and unnecessarily unclear. Undue pressure and stress will be placed on the individual doctors and nurse practitioners who will have to decide for themselves what these vague terms mean in a true medical sense. When it comes to a life and death matters such as medical assistance in dying, absolute clarity is essential in order to prevent deadly mistakes of judgement.

LACK OF CRIMINAL LIABILITY

Bill C14 provides protection from criminal liability for doctors and nurse practitioners participating in ending a patient’s life. Medical practitioners who make “reasonable but mistaken beliefs”^[ii] about the eligibility of any given patient for medical assistance in dying, are protected and face no repercussions. Worse still, with no country wide independent review board of the completed voluntary assisted suicides and euthanasia cases, nor country wide statistic gathering and documentation reporting system; there will be no way of knowing just how many deathly “mistakes” are being made.

FREEDOM OF CONSCIENCE FOR MEDICAL PERSONEL

While there is nothing in the proposed legislation that explicitly compels health care providers to provide direct or indirect medically assisted death; it does allow for individual provinces to do so. In fact, “it would be up to individual provinces and territories to determine whether some medical institutions would be allowed to decline to provide medical assistance in dying. Nothing in Bill C-14 addresses this issue.”^[iii] Why does the Federal government not consider it just as much of a priority to protect the moral conscience rights medical personnel, as it is protecting in protecting from all criminal liability medical practitioners who end up killing a patient in error? If medical staff, opposed to participation in medically assisted death, is mandated by their province to participate; there will be indirect negative repercussions for all patients. One such repercussion, is that some doctors will choose to leave their practices, in order to practice in a location where they can freely exercise their conscience. Some will undoubtedly stay put despite their objections. However, what benefit are there to Canadians to be served by medical professionals who are willing to violate their conscience, in what they believe to be a form of murder, simply in order to keep their jobs. Explicit protection for the freedom for all medical practitioners to refuse involvement in medically assisted death of patients is essential.

KEEPING PUBLIC TRUST IN THE MEDICAL SYSTEM

For many Canadians, in order to be able fully trust the medical system, they need to be able to choose treatment by a doctor or nurse practitioner who has guaranteed to never participate or refer patients for medically assisted death. For many patients, to be denied this option, would add one more barrier of anxiety to be willing to see a doctor. Allowing the patients to make an informed choice in this matter, is just as important as allowing women the option to be treated by a female doctor.

While I realize that the legislation at this point does not allow mentally ill patients to be voluntarily euthanized or be aided in suicide, it does speak to that potentially being changed in the future. I cannot express the depth of grief and fear this causes me. As an individual with severe depression; I am acutely aware how an individual's state of mind can change depending on the progression and stage of my mental illness. When well, I would never want to commit suicide or have anybody, including a doctor, aid me in such an endeavor. However, I also know that when unwell, and in the midst of a depressive episode, I may nonetheless request it. As my treatment-resistant depression does not involve any form of psychosis or loss of legal competency, and has been part of my whole adult life and is unlikely to go away; I may, in the future, fit the criteria for eligibility. Combine this with my ability to accomplish much even while persistently suicidal, and my reserved and restrained manner of communicating; I fear in the future becoming a casualty of new legal medically assisted suicide.

RIGHT TO PALLIATIVE CARE

Finally, until quality end of life care is available to all Canadians, it seems irresponsible to make easy access to medically assisted death the priority. In a country where an estimated 70 to 80% of all Canadians do not have access to palliative care, to prioritize the legal right to medically hastened death over proper medical services seems illogical.^[iv] Can medically assisted suicide and euthanasia truly be freedom of choice if the specialized pain management, psychological and physical needs of a patient are not fully being addressed? First, the gaps in the palliative care systems in Canada, as well, as the gaps and wait times for specialists of all types need to be addressed; and then, and only then, should legislation concerning medically assisted death be developed and put in place.

Thank you for your consideration of these recommendations,

Stephanie Gauthier

Composer and Music Teacher

^[i] House of Commons Canada, "Bill C-14 (First Reading), April 14, 2016.

^[ii] House of Commons Canada, "Bill C-14 (First Reading), April 14, 2016.

^[iii] Medical Assistance in Dying, Questions and Answers, Department of Justice, Government of Canada, <http://www.justice.gc.ca/eng/cj-jp/ad-am/faq.html>

^[iv] Harvey Max Chochinov, "Canada Failing on Palliative Care", *thestar.com*, Published on Wed Feb 18 2015, <http://www.thestar.com/opinion/commentary/2015/02/18/canada-failing-on-palliative-care.html>.