



Rachel Heineman, Assistant Director  
MY Canada Association

**RE: Bill C-14**

**Dear Honourable Members of the Standing Committee on Justice and Human Rights**

On behalf of all Canadians, I want to sincerely thank you for serving our nation as Parliamentarians and as members of this committee. I know that the topic of euthanasia and assisted suicide is a very polarized and difficult one, and the task ahead of you is not an easy one.

As a young wife and mother of two young children, and as a very proud Canadian, I want you to know that I am fundamentally opposed to any level of assisted suicide or euthanasia in our beloved nation. I believe in the sanctity of human life and feel strongly that the taking of even one innocent life goes against who we are as a society.

In addition to my personal concerns as a Canadian mother, situations I have witnessed in my own life further lead me to strict opposition of assisted suicide and euthanasia. A dear family friend was diagnosed with terminal cancer and given 3-6 months maximum to live. With the wonderful doctors and medical services we are blessed to have in Canada as well as the constant support of family and friends, this special woman is still alive today, nearly 8 years later. She is still battling cancer but has been given the opportunity to witness her daughter get married and to enjoy 8 more years of life. Had assisted suicide been offered to her upon her diagnosis, the fear of pain, physical decline, or becoming a burden may have caused her to miss out on these years of life. That, to me, would have been a tremendous tragedy and all of our lives would have been the lesser without her in this world.

The door to assisted suicide and euthanasia being opened, even to a select few, will only become wider and wider over time as proven by a simple study of other nations who have opened this door before us. Citizens of Belgium have offered warning to Canada not to make the same mistake that they did twelve years ago. Let us please heed this warning before we find ourselves on a slippery slope from which we cannot recover. This truly is a matter of life and death and innocent lives are at risk.

Members of Parliament and our mainstream media seem to be under the impression that assisted suicide absolutely must be made legal due to what the Supreme Court of Canada decided in *Canada vs. Carter*. I have come across an independent legal analysis which proves that Parliament can still prohibit all euthanasia and assisted suicide - without invoking the notwithstanding clause - by explicitly stating in a new law that the purpose of the prohibition is broader than merely protecting vulnerable persons in a moment of weakness.

According to ARPA Canada, Parliament can make euthanasia and assisted suicide legal "*by clarifying in law that the purpose of an absolute prohibition goes beyond what the Supreme Court mistakenly concluded it was in the Carter decision. The Court thought that the objective*

*of the criminal prohibition on assisted suicide was merely to protect vulnerable persons from being induced to commit suicide at a moment of weakness. The Court thought that the objective was not to protect life broadly speaking, or even to prevent suicide. This distinction effectively determined the outcome of the case. But what if the purpose or objective of the assisted suicide law was actually much broader than the SCC thought? Parliament has opportunity now to clarify.”* (<https://arpacanada.ca/assisted-suicide-total-ban.pdf>)

**I respectfully, but wholeheartedly urge Parliament to use this opportunity to pass a new law making assisted suicide and euthanasia illegal and upholding the Canadian principle of the inviolability of life, and in doing so, to protect not only the vulnerable but all Canadians.**

If Parliament is determined to allow the killing of innocent Canadians through euthanasia and assisted suicide, then I recommend the following **amendments to Bill C-14** that will at minimum help to protect at least some Canadians from being killed.

The biggest concerns in the current proposed legislation of assisted suicide, C-14, are the lack of protection for vulnerable Canadians due to vague wording, the absence of judicial oversight and reporting, and the fact that C-14 does not offer protection of the conscience rights of healthcare workers.

**Recommended Amendments to C-14 are as follows:**

**1. 241.2(3)(a):** Replace “be of the opinion that the person meets all the criteria...” to “**be certain and have documented proof that the person meets all the criteria...**”

a. Rationale: Having an opinion requires little justification. When the outcome determines whether someone will live or die, there absolutely must be certainty, both to the individual making the decision and those they will have to justify it to.

**2. 241.2(2)(d):** Replace “their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.” to “**their illness is terminal with a prognosis of not more than 3 months.**” – the physician must be sure that the specific illness the patient has will cause the patient's death within 3 months.

a. Rationale: The current wording is extremely vague and can be applicable to anyone. Natural death is reasonably foreseeable for every human being.

b. Parliament has the freedom to precisely define the term “grievous and irremediable”. Precise terms, including a confirmed diagnosis and prognosis, is crucial for limiting assisted suicide. Failure to do so leaves it open to subjective and contradicting standards which could include thousands of Canadians who suffer from chronic illness, psychiatric illness, or long-term disability.

c. A requirement for life expectancy of less than three months, with diagnosis and prognosis confirmed in writing by more than one doctor, protects against abuse and the expansion of the availability of suicide as a means to avoid being a “burden” on society or on family.

**3. 241.2(2)(c):** Remove the words "or psychological". Add to s. 241.2(2) the following: “**(e) a mental illness or psychiatric disorder is not a grievous or irremediable medical condition for the purposes of this section.**”

- a. Rationale: psychological suffering on its own **cannot** qualify a person for euthanasia/assisted suicide. Psychological suffering categorically invalidates the free and informed consent of a patient because psychological suffering renders the judgement of the patient impaired.
- b. The Carter decision noted that “Complex regulatory regimes are better created by Parliament than by the courts” (par.125). Psychological suffering is inherently subjective and difficult to measure. Permitting assisted suicide for psychological suffering will result in far more deaths and is particularly susceptible to abuse.
- c. The Oregon Death with Dignity Act provides the following safeguard: “If in the opinion of the attending physician or the consulting physician a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, either physician shall refer the patient for counseling. No medication to end a patient’s life in a humane and dignified manner shall be prescribed until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment” (Oregon Death with Dignity Act 127.825 s3.03)

**4. Remove section 241(5)** which provides an absolute exemption from criminal liability for **any person** who helps a person self-administer a prescribed poison.

- a. Rationale: There is absolutely no supervision here. Prosecution for abuse would be extremely difficult, if not impossible. Further, taking the poison prescription home to self-administer at any time is also problematic. How can it be determined whether or not somebody did pressure/force/fool the deceased into taking them? Where is the oversight as to whether the safeguards found in section 241.2 are being followed?

**5. Add conscience protection** language akin to the Civil Marriage Act to C-14 in order to protect the best practices of medicine. I recommend adding to the body of C-14 the following: **Conscientious Protection Physicians and other health practitioners are free to refuse to participate in or refer for assisted suicide and euthanasia in accordance with their professional medical opinions or sincerely held religious beliefs.** For greater certainty, no person or organization shall be deprived of any benefit, or be subject to any obligation or sanction, under any law of the Parliament of Canada solely by reason of their exercise, in respect of refusal to participate in or refer for an assisted suicide or euthanasia, of the freedom of conscience and religion guaranteed under the Canadian Charter of Rights and Freedoms.

**6. Remove 241.2(4)** Unable to sign.

- a. Rationale: This section undermines the earlier safeguard requiring signed confirmation by allowing someone else to do so in their place, simply on the basis that they are in the person’s presence. Being in someone’s presence in no way ensures that someone else speaks on their behalf, especially when they are vulnerable. Other means of ensuring consent on behalf of the patient can be found.

Thank you for taking the time to consider these recommendations. I have every confidence that you will make the right decisions to protect and uphold the value of Canadian lives.

Sincerely,  
Rachel Heineman