

**Recommendations for Bill C-14: An act to amend the Criminal Code and to make related amendments to other acts ( Medical Assistance in Dying)**

**Submitted to The Standing Committee on Justice and Human Rights, House of Commons**

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**Submitted by:**

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**To the Standing Committee:**

**I am submitting this brief to the Standing Committee as a concerned citizen and member of the public. There are a number of concerns that I have regarding Bill C-14, which include, but are not limited to the following points.**

- 1. Timeframe for passing Bill C14: The Supreme Court of Canada has set an unrealistic time frame for Parliament to come up with a Bill that will allow euthanasia and assisted suicide. This is the most important Bill that Parliament has had to deal with, at least since World War II. It is a life and death issue which will profoundly and detrimentally affect the practice of medicine in Canada. If ever there was a time to invoke Section 33 of the Charter of Rights, the Notwithstanding Clause, it would be now, in order to postpone the Supreme Court's decision. This Bill must not be rushed in order to meet some arbitrary deadline, imposed by an unelected body.**

2. **Grievous and irremediable medical condition: Section 241.2 (2):** The term “reasonably foreseeable death” is very broad and ambiguous. Death is foreseeable for everyone. It is untenable that a death can be declared “reasonably foreseeable” without a prognosis being necessary. This provision should be limited to patients with a terminal illness.
3. **Protection for Conscience Rights: Section 241.31 (1):** This states that a medical or nurse practitioner must respond to a request for euthanasia by providing the information required to the recipient or to the Minister of Health. It must be explicitly stated that a practitioner who has conscientious objection against euthanasia not be discriminated against for refusing any involvement. This protection should NOT be left to the provinces. The Charter of Rights applies to all Canadians. The Bill should also explicitly state religious institutions be protected by the Charter of Rights, from engaging in this legal killing which is against their consciences and values.
4. **Exemption for person aiding practitioner 241(3) or patient 241 ( 5):** This facilitates a clear opportunity for abuse, even from family members. The lack of definition of a third party allows anyone, even an uninvolved passerby, to assist with the lethal action. The third party must be defined, as well as the location where the death is to take place. Alternatively, this provision should be eliminated entirely.
5. **Third Party Oversight required: Sec 241.2 (3)** The Bill permits that the practitioner who orders the death, can be the one who does the killing and files the report afterwards. This is a self-reporting system that protects persons who do the act. People do not self-report abuse of the law. There needs to be a competent, independent third party to oversee the death of any patient, preferably through judicial oversight.
6. **“Reasonable but mistaken belief” 241 (6):** There are exemptions in place for people who either commit or assist in a legal killing, but do so in error. This implies the killing of a patient who did not intend to be killed . This provides loopholes for someone who wrongfully causes another’s death.

If foolproof safeguards were in place, with third party oversight, then under no circumstances should a person be killed by mistake. This provision should be removed.

7. **15 Day Waiting Period: 241.2 (3)**: This waiting period should be minimum 30 days, to allow mandatory palliative care during this time. This would enable the patient to make an informed decision about terminating his/her life. Without experiencing palliative care, a patient cannot determine that their condition is unbearable. Palliative care relieves pain and fear in most cases.
8. **Safeguards: 241.2 (3)** : The Bill states that the medical practitioner must be of the “opinion” that the patient meets the criteria, must be “satisfied” that the request was signed..., and must be of the “opinion” that the patient’s death is imminent. These are very vague and low standards to determine if a patient is to be euthanized. It is very easy for someone to say that he/she, was “of the opinion”. This is not professional and is wide open to abuse. There must be objective, verifiable and rigorous criteria.