

To the Members of the House of Commons Justice and Human Rights Commission:

We are far from the idea that was sold to us when this debate began, what the S. C. had in mind. From proposing death for exceptional cases, we are now considering MAID as normal "HEALTH CARE"?!? Doctors provide "Medical Assistance in Dying" everyday - but that does not involve killing their patients.

All social engineering is preceded by verbal engineering.

---C-14 is a perfect example with its vague, misleading and confusing language.

---C-14's makes no distinction between physician assisted suicide and euthanasia.

---While it is important to outline the difference - C-14 calls both MAID. In jurisdictions that offer only PAS, such as Oregon, these deaths account to 0.3%, per year, while jurisdictions that offer euthanasia - death accounts for 3%. In Canada this would be ca 780 deaths under PAS regime = 7.800 under Euthanasia, per year.

---C-14 gives the false impression of being prudent and restrictive. Far from it. Government is already contemplating to study requests for allowing physician assisted suicide by mature minors and persons with mental health issues as soon as the population has swallowed the first poison pill.

---C-14 needs to include a system of judicial oversight in order to protect vulnerable persons. While 2 independent witnesses and 2 independent doctors sounds good on paper, the risks of overt or subtle coercion are too great, the possibility of abuse too real.

---C-14 needs to include:

- requirement for advance review by a competent legal authority, or

- requirement for a review by a judge, or

- that an independent lawyer certified and retained for that purpose replace the role of one of the witnesses.

---Doctors, health care professionals and health care institutions NEED CLEAR CONSCIENCE PROTECTION !!!!!

- a lack of conscience protection will push good, experienced doctors out of the so much needed palliative care. We need them now more than ever.

---Canadians who are suffering NEED A REAL OPTION FOR PALLIATIVE CARE, which does not include killing.

---As mentioned already at the beginning: THE SOFTENED, MISLEADING LANGUAGE HAS TO BE CLARIFIED:

-what means: terminal? incurable? irremediable treatment? terminal?

- What is the concept of 'death being in the reasonably foreseeable future' ? (that excludes no one)

- Someone who kills an unwilling patient can be let off the hook if he or she claims 'a reasonable but mistaken belief that the criteria applied'- this clause means it would be impossible to prosecute anyone who kills a patient without consent.

- Data from Benelux countries show alarmingly high rates of euthanasia for patients who have not consented; however, prosecutions are almost non-existent.

Belgium's advice to Canada:

---MAID - don't go there

---Safeguards are an illusion

---Protect Doctor's Conscience Rights

---Protection of the vulnerable = the Euthanasia Deception

---C-14 as is, will make a bad situation worse. It will leave vulnerable, sick and disabled persons at risk without meaningful restrictions.

A study published in the British Medical Journal, May 3,2016 found that medical error is the 3rd leading cause of death in the US. (251.000per year= 700 per day=9.5% of all death) C-14, as written now - will enable doctors to cover up medical errors, diagnosis etc. by approving MAID.

Unfortunately, the timeline given did not allow many groups like L'Arche or Dr. Balfour Mount, (considered the father of palliative care) to appear before the Committee.

Please fix the Bill, or block it, since it is unworthy of Canadian society.

Sincerely,

Ch. Towler