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(HANSARD)

Tuesday, May 31, 2016

Speaker: The Honourable Geoff Regan

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HOUSE OF COMMONS

Tuesday, May 31, 2016

The House met at 10 a.m.

Prayer

ROUTINE PROCEEDINGS

• (1005)

[*Translation*]

COMMISSIONER OF THE ENVIRONMENT AND SUSTAINABLE DEVELOPMENT

The Speaker: I have the honour to lay upon the table, pursuant to subsection 23(5) of the Auditor General Act, the 2016 spring reports of the Commissioner of the Environment and Sustainable Development to Parliament.

These reports are permanently referred to the Standing Committee on Environment and Sustainable Development.

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INTERPARLIAMENTARY DELEGATIONS

The Speaker: I have the honour to lay upon the table the report of a Canadian parliamentary delegation concerning its visit to the United Kingdom and France from April 25 to 27, 2016.

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[*English*]

GOVERNMENT RESPONSE TO PETITIONS

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, pursuant to Standing Order 36(8), I have the honour to table, in both official languages, the government's response to 10 petitions.

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COMMITTEES OF THE HOUSE

TRANSPORT, INFRASTRUCTURE AND COMMUNITIES

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): I have the honour to present, in both official languages, the fourth report of the Standing Committee on Transport, Infrastructure and Communities in relation to the supplementary estimates 2016-17.

Mr. Speaker, I also have the honour to present, in both official languages, the fifth report of the Standing Committee on Transport,

Infrastructure and Communities in relation to the motion adopted by the committee regarding certain provisions of the Fair Rail for Grain Farmers Act.

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CANADA ELECTIONS ACT

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP) moved for leave to introduce Bill C-279, an act to amend the Canada Elections Act (length of election period).

He said: Mr. Speaker, I rise today to introduce a bill that will amend the Canada Elections Act to limit the length of our elections.

As we examine changes to our electoral process, it is not enough to change the way we elect our representatives, we must also ensure there is fairness in the system and that all parties compete on a level playing field.

Money distorts the ability for all people to have an equal voice in an election. My bill seeks to remedy this by placing a reasonable limit on election campaigns. The current minimum length for a campaign is 36 days, and there is no explicit maximum length, which was a loophole exploited by the previous Conservative government when it allowed spending limits to increase each day that a campaign exceeded 37 days.

Canadians do not need or want long elections to make their choice, which is something I heard constantly over the previous 78-day marathon campaign. It was a campaign that cost \$443 million.

I invite all members to join with me and support this bill.

(Motions deemed adopted, bill read the first time and printed)

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PETITIONS

PHYSICIAN-ASSISTED DYING

Mr. Tom Lukiwski (Moose Jaw—Lake Centre—Lanigan, CPC): Mr. Speaker, I have the honour to present petitions circulated by the Canada Family Action Coalition that feature the signatures of several hundred Saskatchewan residents who are calling upon the government to allow for sufficient time to broadly consult, more aggressively than it has been doing, on the issues of euthanasia and physician-assisted suicide.

Routine Proceedings

They also ask that the House of Commons and the members therein be stringent and serve to minimize the occurrence of euthanasia and physician-assisted suicide in Canada, enact laws that would protect the vulnerable members of our society, and that they do so today.

PALLIATIVE CARE

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Mr. Speaker, I have the honour to present five petitions. I will be brief with respect to each one.

The first petition is from constituents in my riding who are calling upon Parliament to establish a national strategy on palliative care.

PHYSICIAN-ASSISTED DYING

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Mr. Speaker, the second petition is from constituents in my riding who are calling upon Parliament to protect the conscience rights of health care providers as it relates to physician-assisted suicide.

The third petition is also from constituents in my riding, who are calling upon Parliament to invoke section 33, the notwithstanding clause, in the matter of the *Canada v. Carter* decision in order for Parliament to have more time to examine the topic of physician-assisted suicide.

JUSTICE

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Mr. Speaker, the fourth petition is from Canadians across our country, with a large number being from the community of St. Denis in my riding, who are calling upon Parliament to recognize pre-born children as separate victims when they are injured or killed in the commission of an offence.

RELIGIOUS FREEDOM

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Mr. Speaker, the fifth petition is from constituents and people living in Saskatoon who are calling upon Parliament to ensure that religious freedom remains a central component of Canada's foreign policy, and that the Office of Religious Freedom's mandate be renewed.

PHYSICIAN-ASSISTED DYING

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Mr. Speaker, I am pleased to rise to present a petition on behalf of constituents right across British Columbia. The Family Action Coalition has put together a petition outlining that there should be adequate safeguards in any legislation, such as Bill C-14, that parliamentarians should seek to consult in a timely and robust way, as well as to make sure that conscience rights are protected.

IMMIGRATION

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, it is a great honour for me today to present a lot of petitions on the issue of home children.

The petitioners call upon Parliament to offer an unequivocal, sincere public apology to the home children who died while being ashamed of their history and deprived of their family.

To the living, yet elderly home children, this is a significant issue. I present a number of petitions on the issue of the home children.

● (1010)

FALUN GONG

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, I have the pleasure of presenting thousands of petitions in regard to the Falun Gong community, asking on their behalf that the Canadian Parliament and government pass a resolution to establish measures to stop the Chinese Communist regime crime from systematically murdering Falun Gong practitioners for their organs, that we amend Canadian legislation to combat forced organ harvesting, and that we publicly call for an end to the persecution of Falun Gong in China.

JUSTICE

Mr. Mel Arnold (North Okanagan—Shuswap, CPC): Mr. Speaker, I present three petitions today, all on the same issue.

The petitioners call on the House of Commons to pass legislation which would recognize preborn children as separate victims when they are injured or killed during the commission of an offence against their mothers, allowing two charges to be laid against the offender instead of just one.

AGRICULTURE

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, it is my honour to rise this morning to present two petitions.

The first petition is from people throughout my riding who are very concerned about the rights, particularly of family farmers in developing countries, to save their seeds to plant in the next season. This is a time-honoured right, but is now threatened by large multinationals.

The petitioners ask the Government of Canada to ensure that programs are developed in consultation with small family farmers to protect this right.

INSECTICIDES

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, the second petition is also from residents throughout my riding, but also extending into Vancouver, and even to Kirkland Lake, Ontario, calling for action to ban the threat to pollinators across Canada via neonicotinoid insecticides.

JUSTICE

Ms. Rachael Harder (Lethbridge, CPC): Mr. Speaker, I rise in the House today to present two different petitions.

The first petition is on behalf of 81 of my constituents who signed a petition with regard to Molly's law, a private member's bill which stands up for a woman's choice to have her child. It is in order to ensure that a judge considers her preborn child during sentencing.

Routine Proceedings

PHYSICIAN-ASSISTED DYING

Ms. Rachael Harder (Lethbridge, CPC): Mr. Speaker, the other petition I present in the House today is a lengthy petition from members all across the province of Alberta, my home province.

The petitioners are coming forward with the Family Action Coalition with regard to Bill C-14. They are asking for stringent safeguards to be put in place on behalf of the vulnerable. They are asking for conscience protection for medical practitioners, and they are also calling on the government to consult widely with regard to Bill C-14.

Mr. Robert Sopuck (Dauphin—Swan River—Neepawa, CPC): Mr. Speaker, I have the honour to present a petition on behalf of the Family Action Coalition, signed by citizens from right across Manitoba.

The petitioners request that the government allows sufficient time for broad consultation on Bill C-14, that there are sufficient protections for the vulnerable, and that conscience rights for health care providers are protected.

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, I am honoured today to present a petition signed by hundreds of Ontarians regarding Bill C-14, requesting consideration and accommodation for medical practitioners, stringent legislation, as well as sufficient time for consultation.

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QUESTIONS ON THE ORDER PAPER

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, Question No. 105 will be answered today.

[Text]

Question No. 105—**Mrs. Carol Hughes:**

With regard to applications for Indian Status submitted to Indigenous and Northern Affairs Canada, specifically as a result of the passage of the Gender Equity in Indian Registration Act, Bill C-3, 40th Parliament, Third Session: (a) how many applications have been submitted; (b) how many applications have been approved; (c) how many applications have been denied; (d) what is the average length of time required to process an application; (e) is there currently a backlog of processing applications; (f) if the answer to (e) is in the affirmative, how long has there been a backlog of processing applications; (g) does the Department have a projected date by which they will be caught up on any backlog that may exist; (h) has the Department identified any causes for delays in processing applications, and, if so, what are these causes; and (i) has the Department identified a staffing shortage for people required to process applications?

Hon. Carolyn Bennett (Minister of Indigenous and Northern Affairs, Lib.): Mr. Speaker, in response to part (a) of the question, the number of GEIRA applications received as of April 14, 2016, was 50,530.

Regarding part (b), the number of GEIRA applications approved as of April 14, 2016, was 36,969.

In response to part (c), the number of GEIRA applications denied as of April 14, 2016, was 7,340. In addition, 3,063 incomplete files were closed without a decision being made as a result of applicants not responding to requests for additional information.

In terms of the average length of time to process an application, or part (d), in 2014-15, the department processed 74% of applications within the service standard of 26 weeks.

Regarding the number of applications in backlog, or part (e), as of April 14, 2016, 720 applications were in the processing queue for more than the service standard of 26 weeks, which is considered backlog, and 2,163 applications were in the queue for less than 26 weeks, which is inventory. In addition, 275 applications were on hold pending receipt of additional information from applicants.

In response to part (f), or how long there has been a backlog of applications, when Bill C-3 was introduced, the department started receiving applications and decided to keep them on file pending the coming into force of the Gender Equity in Indian Registration Act on January 31, 2011. As such, on that date, there was a backlog of 3,900 applications previously put on hold to be processed under the provisions of the new act. The number of applications in the processing queue went up to 9,000 by July 2011, and has been decreasing since then.

Regarding part (g) of the question, the projected date by which the backlog will be eliminated is November 2016. This date is based on the current processing rate, including the number of files to process, the average length of time taken to process an application, and the number of resources available to process.

In response to part (h), causes for delays in processing GEIRA applications, delays were in part caused by the initial backlog of applications on hold pending the coming into force of the GEIRA on January 31, 2011, and the initial influx of applications shortly thereafter. In addition, there were a number of workload issues that were resolved in the first year of operation of the GEIRA processing unit. In particular, progress was slowed initially by the need to hire and train a large number of new officers. A 12-month training program is required for officers to process complex GEIRA applications, which require more in-depth genealogical research and analysis.

Finally, regarding part (i), the staffing shortage, the department is able to address the backlog situation with existing resources by improving training tools for processing officers, and by modernizing its policies, procedures, and processes, which is resulting in greater operational efficiency.

* * *

[English]

QUESTIONS PASSED AS ORDERS FOR RETURNS

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, if Questions Nos. 104 and 106 could be made orders for return, these returns would be tabled immediately.

The Deputy Speaker: Is it the pleasure of the House that the aforementioned questions be made orders for return and that they be tabled immediately?

Some hon. members: Agreed.

Government Orders

[Text]

Question No. 104—**Mr. James Bezan:**

With regard to the \$3.716 billion for large-scale capital projects that was reallocated from 2015-2016 to 2020-2021: (a) has the government earmarked this money for specific projects, and, if so, to which projects will this funding reallocation be applied; (b) for each project that had its funding reallocated to 2020-2021, what is the anticipated average annual inflation cost of each project for the next five years; (c) based on calculations from (b), how does the government anticipate that inflation costs will impact the government's buying power; and (d) are additional funds being set aside in the fiscal framework to account for schedule slippage as a result of the reallocation of \$3.716 billion?

(Return tabled)

Question No. 106—**Mr. Chris Warkentin:**

With regard to the upcoming agricultural policy framework replacing the current Growing Forward 2 framework, and the ongoing consultations being held in preparation of the agreement: (a) what information, including all the details of documents and correspondence, has the Minister of Agriculture, his staff, or the department of Agriculture and Agri-food Canada shared with, or received from, their provincial counterparts; (b) what information, including all the details of documents and correspondence, has been exchanged between the Minister of Agriculture and the Minister of Finance or their ministerial offices, and between the Department of Agriculture and Agri-food Canada and Finance Canada; and (c) what information, including the details of all documents and correspondence, has been exchanged between the Minister of Agriculture and the Minister of Environment and Climate Change or their ministerial offices, and between the Department of Agriculture and Agri-food Canada and the Department of Environment and Climate Change Canada?

(Return tabled)

[English]

Mr. Kevin Lamoureux: Mr. Speaker, I ask that the remaining questions be allowed to stand.

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[English]

CRIMINAL CODE

Hon. Jody Wilson-Raybould (Minister of Justice and Attorney General of Canada, Lib.) moved that Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), be read the third time and passed.

She said: Mr. Speaker, I want to begin today by acknowledging the contributions of all members of the House, in particular, the members of the Standing Committee on Justice and Human Rights, for how they have approached our debate on Bill C-14.

It is clear that members from all parties have engaged closely with their constituents, members of other parties, and their own experiences to make thoughtful and genuine contributions to our country's conversation on medical assistance in dying. This is one of the most important issues that this Parliament will address.

Bill C-14 represents the government's policy choice to address medical assistance in dying, a choice that is fully informed by consultations with Canadians and experts and takes into account all the interests and values surrounding this matter.

When the Carter decision came down in February 2015, one debate ended and another began. It was no longer a question of whether Canada would permit medical assistance in dying, but rather it was about how our country would do it.

Bill C-14 would create a statutory framework for medical assistance in dying that considers the perspectives of those who may wish to access it; those who are concerned about its consequences, including vulnerable persons who could be put at risk by the legalization of this practice; and those who may be asked to provide the assistance.

While the Carter decision told us that an absolute prohibition in the former law went too far, it did not tell us how medical assistance in dying should be implemented. The Supreme Court of Canada acknowledged that the issue “involves complex issues of social policy and a number of competing societal values”. The court stated that it:

emphasized that there may be a number of possible solutions to a particular social problem, and suggested that a “complex regulatory response” to a social ill will garner a high degree of deference.

The challenge facing Parliament is about setting new boundaries. Who should be eligible for medical assistance in dying; what safeguards should be required; how will it be monitored; and what issues require more study?

A proposed law that answers these questions must comply with the charter, but that does not require replicating the Carter decision. The Supreme Court of Canada has recognized that the relationship between the courts and Parliament should be one of dialogue. Just as Parliament must respect the court's ruling, so too must the court respect Parliament's determination of how to craft a statutory scheme in response to the court's judgment.

It is helpful to know how this dialogue has played out in previous instances. For example, in *R. v. O'Connor*, a 1995 charter challenge in a sexual assault case, the Supreme Court mandated the disclosure of therapeutic records in the Crown's possession and set out a common law procedure for the production of these records.

In response, Parliament enacted a statutory disclosure regime that differed in significant ways from the court's approach. The court upheld the constitutionality of that statutory regime, noting that it could not be presumed, just because Parliament's scheme looked different from what the court had envisioned, that it was unconstitutional.

Instead, there is this dialogue between the legislative branch and the courts. The court can provide the general parameters for a response, but it is for Parliament to craft the regime. Details of that regime matter because they necessarily engage fundamental choices of our rights and values and reconciling the tensions that sometimes exist between them.

Government Orders

In developing a response to the Carter decision, the government was called on to simultaneously promote autonomy, protect the vulnerable, affirm life, prevent suicide, support persons with disabilities, respect freedom of conscience, and fully consider many other valuable interests. As we went about this, we remained mindful of our constitutional framework and the divided jurisdiction between Parliament and the provinces and territories.

In weighing these values and making these policy choices, we were not alone. In the past number of months the national conversation on medical assistance in dying has been rich and fulsome, and no doubt it will continue.

● (1015)

Following the introduction of Bill C-14, the relevant standing committees of Parliament, including the justice and human rights committee and the Senate legal and constitutional affairs committee, which conducted the pre-study of the bill, have heard diverse perspectives from stakeholders and experts on all aspects of medical assistance in dying. Bill C-14 strikes a balance regarding eligibility and safeguards, as well as setting out what the federal law should do and what should be left to the provinces and territories to regulate.

Not everyone agrees with these policy choices. Still, I am confident that the decisions fall squarely within the range of alternatives that are legally open to Parliament to adopt. It would have been easy for the government to cut and paste the language from the court's decision into a new federal statute, but such an approach would have meant ignoring all the consultations and evidence that I have just referenced. It would also have fallen far short of developing a complex regulatory regime to balance competing interests, which the court said was the task of Parliament to craft and not the courts.

That evidence, presented over the past year, confirms that medical assistance in dying may pose risks to the vulnerable, even in circumstances where there is a general consensus that the person should be eligible for the procedure. That is why the bill provides for significant procedural safeguards, even when all of the eligibility criteria are met. This is why the bill would also put in place the necessary legal framework to monitor how medical assistance in dying is implemented in Canada.

In terms of eligibility, the policy choice made by the government was to focus on persons who are in an advanced state of irreversible decline and whose natural deaths have become reasonably foreseeable.

Recall that medical assistance in dying is exceptional because, from a criminal law perspective, it is a situation where one person actively and knowingly participates in the death of another. We criminalize and strongly condemn this conduct in all other circumstances. The only place in our criminal law where this conduct is justified is in self-defence, where individuals are permitted to take a life but only in order to save their own life or someone else's. While medical assistance in dying has medical and health law aspects to it, we cannot lose sight of this dimension either, because it is the criminal law power that is the primary source of Parliament's jurisdiction to address this issue, and it was the criminal law that, before the Carter decision, stood in the way of medical assistance in dying.

Having given careful consideration to the risks that may be posed when anyone, even a physician or nurse practitioner, is permitted to end another person's life, the balance reflected in Bill C-14 is that medical assistance in dying should be a choice for Canadians about how they die, so that they may have access to a peaceful passing. The bill would create a complex regulatory regime to respect this choice and ensure it is exercised in a voluntary and fully informed manner. Equally, the criteria ensure that, for Canadians who are not declining toward death, the focus of medicine remains on improving life, not ending it.

We also recognize that there are those who believe that the law should permit access to medical assistance in dying in other situations. The government heard these concerns loudly and clearly. The Standing Committee on Justice and Human Rights amended the bill to ensure that one or more independent reviews be initiated within six months of the bill receiving royal assent to further examine issues around the eligibility for mature minors, advance requests, and requests where a mental illness is the sole underlying medical condition.

We welcome this amendment and want to emphasize that we will remain open-minded to the evidence that these reviews gather and as Canadian data begins to be generated on how medical assistance in dying is actually working.

The decision to study these three issues further is supported by people who work with patients day in and day out in these three areas, who have been some of the most prominent voices calling for Parliament to proceed with caution.

With respect to mature minors, the Canadian Paediatric Society, represented by Dawn Davies, testified before the Senate committee that there "is simply not enough information to reach an enlightened decision" on this matter and that "It is appropriate that the first iteration of legislation on physician-assisted death does not include... minors".

● (1020)

She also stated that there have not been sufficient consultations on this issue. The usual capacity and assessment processes, which Bill C-14 supports as appropriate for adults, may not be the right approach for mature minors. We need to consider this issue further.

Advance requests is another area where additional evidence is needed. We have heard many times over the past year that advance requests are likely to be sought in circumstances where persons are suffering from diseases such as Alzheimer's or dementia, but even the Alzheimer Society of Canada has stated in its public position paper that medical assistance in dying should only be possible when a person is competent at the time the assistance is administered. It says that advance requests not only pose risks to vulnerable patients, but they could also contribute to false stereotypes, undermining its message that it is possible to live well with this disease. Further study on this issue is the right policy.

Government Orders

On mental illness as a sole condition motivating a request for assisted dying, it is not surprising that reputable individuals and organizations, including the Centre for Addiction and Mental Health and the Mental Health Commission of Canada, support further study before legislating in this area. Moving forward in this way does not deny the suffering that these illnesses can cause. Rather, it ensures that we get it right and protect some of the most vulnerable and stigmatized persons in our society. For these reasons, I believe that Bill C-14 represents the right policy choices to answer the difficult questions the Supreme Court of Canada left for us as parliamentarians to resolve for 36 million Canadians.

I will now turn to the legal considerations, which play a crucial role in this seminal piece of legislation.

A consistent area of discussion has been around whether Bill C-14 is constitutional. As the Minister of Justice and Attorney General of Canada, I am of the firm opinion that the bill is consistent with the charter and is a justifiable response to the Carter decision.

Bill C-14's eligibility criteria directly respond to the Carter decision. They clarify the intended scope of eligibility, acknowledging the submission of the Canadian Medical Association, which represents 83,000 physicians who will, with nurse practitioners, be responsible for implementing and applying this law in their daily practice. This organization has stated that the language in the bill is a significant improvement over what it views, from a medical perspective, as the court's unworkable term "grievous and irremediable".

What was the scope of the Carter decision? I appreciate that there are many differing interpretations of the decision, and I acknowledge that the Alberta Court of Appeal recently read Carter in a broad way, while some judges in the Superior Court of Ontario have read it more narrowly. I believe that the Carter decision was about the factual circumstances of that case. At the end of the day, Bill C-14 will be measured against the charter as a whole and not the Carter case. As the Alberta Court of Appeal recognized, "the interpretation and constitutionality of eventual legislation should obviously wait until the legislation has been enacted".

Bill C-14 addresses both dimensions of section 7 of the charter, respect for autonomy and respect for life. The bill would strike a new balance between these interests through a comprehensive regulatory regime, which would receive deference from the courts. The proposed law would respect individual autonomy for persons who choose medical assistance in dying, but would do so in a careful manner that preserves other crucial objectives: promoting suicide prevention, preventing social stigma of life with a disability, and protecting society's most vulnerable persons from a risk of premature involuntary death.

While Bill C-14 requires that an eligible person be on a trajectory toward death, the flexibility purposefully built into the bill's criteria would allow medical practitioners to respond to a wide variety of medical circumstances, not just predictable diseases that are subject to fixed prognoses of life left to live.

• (1025)

Indeed, unlike some U.S. state regimes that require a specific prognosis, Bill C-14 does not require a strict relationship between

the medical condition and the cause of the person's reasonably foreseeable death.

I do not agree with those who say that the Carter decision means that Parliament is constitutionally mandated to enact one of, if not the broadest, assisted dying regimes in the world, and that Parliament has little scope to consider other societal interests aside from autonomy. The court acknowledged that medically assisted death involved complex issues of social policy in a number of competing interests. In matters of this nature, the charter analysis takes into account the fact that there is no single manifestly correct balance of competing interests that are engaged. Deference will be shown, provided that Parliament's solution falls within the range of reasonable alternatives.

Bill C-14 is reasonable. It would provide people who are in a path towards death a choice that would respect their wish to die with dignity. Equally, it would limit medical assistance in dying to persons in these types of circumstances in order to prevent the normalization of suicide, protect vulnerable persons who were disproportionately at risk of inducement to suicide, and affirm the equal value of every person's life.

This balancing of interests addresses the inherent risks associated with permitting medical assistance in dying, and represents what the trial judge in Carter described as a "carefully-designed system imposing stringent limits that were scrupulously monitored and enforced". Such a system is necessary because the suffering that can lead someone to request assisted dying does not just come from the condition; it also comes from how our society too often treats people with such conditions.

Under an approach where any serious medical condition is eligible, the law would be saying that an assisted death could be an acceptable treatment for a soldier with post-traumatic stress disorder, a young person who suffered a spinal cord injury in an accident, or a survivor whose mind was haunted by memories of sexual abuse.

These are difficult but necessary situations to talk about, because cases like these are the unavoidable consequence of an assisted dying law where the only limit on eligibility is an individual's subjective experience of suffering.

As both the justice and human rights committee and the senate committee heard from several witnesses, the risk to vulnerable people, as well the crucial objectives of suicide prevention and affirming the value of the lives of all Canadians could be greatly increased unless eligibility was limited to persons who were approaching the end of their lives.

• (1030)

As I said, when Bill C-14 was introduced, assisted dying is a matter that touches us all and challenges us all. Divergent views on the bill remain, but we have a responsibility to act for all Canadians. The interim court approval process ends on June 6. If there is no legislation in place at that time, medical assistance in dying will lack a legal framework outside of the province of Quebec.

Government Orders

There is even uncertainty as to whether the court's remedy in Carter, if it came into force on June 6 in place of a statutory regime, would have the legal effect of completely striking down the existing criminal law that prohibits consensual killings and the aiding of suicides outside of an assisted dying context.

While most medical regulators have published interim guidelines, there would be no mandatory or consistent national safeguards. It could be possible, for example, for a physician to end a mature minor's life, depending on the province. Different jurisdictions require different numbers of witnesses, and some provide no waiting period at all.

Uncertainty around Carter parameters would persist and likely lead to inconsistent results in who would be found to be eligible, even between medical practitioners in the same jurisdictions.

We have a choice: To have a statutory framework in place with all of the national-level safeguards and protections that I have described, or having none. Bill C-14 reflects the kind of society we should aspire to be, one that respects individual autonomy and one that affirms that the lives of all Canadians have inherent value and are equally entitled to the protection of the law.

I call on all members of the House to support Bill C-14.

• (1035)

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, I want to acknowledge the very difficult balancing act that the Minister of Justice has had to deal with in crafting this very sensitive legislation. The one part that still gives me great cause for concern, and I heard this from 100% of the people in my riding, is that there should be very clear and specific language on the protection of the health conscience rights of our health care providers.

Last night, we turned down what I thought was a very reasoned amendment. I hope the minister could share, very clearly, with Canadians why the Liberals voted against what I and most Canadians believed to be absolutely critical.

Hon. Jody Wilson-Raybould: Mr. Speaker, the conscience rights of medical practitioners is of the utmost importance. In every aspect of the consideration of this legislation, we have taken that into account.

I recognize the work of the justice and human rights committee of the House of Commons, which considered substantive amendments and in fact voted in favour of 16 amendments, including having the conscience rights of medical practitioners in the preamble of the legislation. However, for greater certainty, it voted for an amendment to ensure the conscience rights of medical practitioners was in the body of the legislation. There is nothing in the legislation that would compel a medical practitioner to perform medical assistance in dying.

Beyond that, we and the Minister of Health are working in a concerted way with the provinces and territories to assist them in developing the complex regulatory regime that will be required. That is under way, and that conversation will continue.

[*Translation*]

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, I paid close attention to the minister's speech.

Over the past few weeks, every time we have had the rare opportunity to talk about this particularly important bill, the same issue has come up repeatedly: the Supreme Court's June 6 deadline. Now, even government MPs, including the Minister of Health, are starting to say that the June 6 deadline is hardly a sure thing. Leading senators have said so too.

I should point out that we are operating under time allocation, which means that only three members of my party will have a chance to debate this bill at third reading.

What seems to be the minister's priority right now? Meeting the June 6 deadline, which seems highly unlikely, or building the broadest possible consensus among members of the House, which would likely smooth the way in the Senate as well?

[*English*]

Hon. Jody Wilson-Raybould: Mr. Speaker, first, there has been substantive debate on this topic. This has been a national conversation and it has been under way for many months.

I and the government have the utmost respect for the Supreme Court of Canada and the June 6 deadline that it has imposed. We are doing everything we can to ensure we meet that deadline. Certainly there are risks, but the risks are greater if we do not have a legal framework for medical assistance in dying in place by the Supreme Court of Canada's deadline.

If we do not have a legal framework in place, there would be no ability for an individual to apply to a superior court to seek an individual exemption. There would not be the substantive safeguards in place that the Supreme Court in the Carter instructed Parliament to put in place. As well, there would be no certainty for medical practitioners and access would remain uncertain for patients wishing to have medical assistance in dying. It would be irresponsible for us as parliamentarians not to do everything we can to ensure we meet the June 6 deadline.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, the minister never answered my question. She invited us to debate the issue, but when there is a debate, we would expect a majority government to accept some amendments.

The minister referred to the Quebec legislation. Surely she knows that, as it is currently written, the Quebec law excludes all requests for assisted suicide and forces ineligible people to resort to hunger strikes.

Is the minister's bill also along those lines? Does she believe it is acceptable and humane for a person to have to go on a hunger strike to be able to access medical assistance in dying? How would this bill have made Kay Carter eligible to receive that assistance?

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•(1040)

[English]

Hon. Jody Wilson-Raybould: Mr. Speaker, in terms of amendments, 16 have been made to Bill C-14, which have strengthened the proposed legislation with respect to seeking to draw the balance between personal autonomy with protection of the vulnerable and ensuring that we do as much as we can to protect the conscience rights of medical practitioners.

I recognize the member's multiple submissions to the House on this legislation. I also recognize the tremendous experience of years of discussions that the province of Quebec has had with respect to putting in place its own laws.

With respect to Kay Carter, I am absolutely certain that Ms. Carter would qualify under the eligibility regime as presented in Bill C-14. We specifically ensured that we provided a broader definition around what grievous and irremediable meant and we put in place eligibility criteria that would ensure there would be flexibility in our regime and provide medical practitioners with the ability to engage with their patients. They are the most familiar with their patients and by virtue of that relationship can determine whether there is eligibility or not.

Mr. Ken Hardie (Fleetwood—Port Kells, Lib.): Mr. Speaker, this is a question on behalf of one of my constituents who recognizes the efforts made to ensure that medical practitioners have the freedom of conscience to not participate in this process. My constituent wonders if that protection extends to the right not to refer somebody to someone who is prepared to permit the procedure to go ahead.

Hon. Jody Wilson-Raybould: Mr. Speaker, I have addressed the issue of conscience rights of medical practitioners by recognizing those rights in the preamble and within the body of our legislation. Also, I further acknowledged that the Minister of Health would be working with the provincial and territorial professional organizations to respect the rights of medical practitioners and to move away from an effective referral and put in place a system that would work with their provinces and territories, and the medical regulators to respect the individual choices of medical practitioners. In addition, we will work to put in place a system wherein we could provide information to those patients who are looking for medical assistance in dying, not imposing something on a medical practitioner. However, that is the relationship with the provincial regulators.

Mr. John Barlow (Foothills, CPC): Mr. Speaker, I, too, want to acknowledge the work the justice minister and the committee have done on this legislation. I know how difficult this has been, given the timelines. I appreciate the amendments brought forward by the Conservative members on that committee and the fact that they have listened to the concerns of Canadians and have addressed some of them.

However, the one issue I have heard at the town halls and the feedback I have received from my constituents is on the framework for a strategy on palliative care, which is one of the recommendations of the joint committee study. There is no funding in the 2016 budget for palliative care. We tried to put an amendment through last night, which was voted down. What is the long-term plan for palliative care? Will there be funding and is this something to which the Liberals will commit?

Hon. Jody Wilson-Raybould: Mr. Speaker, certainly I would defer these very important questions to the Minister of Health. However, I know that in speaking and working with her throughout the course of the development of this legislation, in every town hall I have been at and every meeting I have had with organizations, individuals, or through the recommendations that have come out of the number of panels, palliative care has been a primary importance to Canadians. It is a primary importance to the Minister of Health, myself, and our government.

The Minister of Health has ensured and committed that while working with the provinces and territories in the renewal of the health accord, we will ensure there are provisions in place to ensure that every Canadian, no matter where one lives right across the country, has access to palliative care. The Minister of Health has made that commitment.

•(1045)

Mr. Mark Warawa (Langley—Aldergrove, CPC): Mr. Speaker, I would like to begin by asking for consent to share my time with the member for Cariboo—Prince George.

The Deputy Speaker: Does the hon. member for Langley—Aldergrove have the unanimous consent of the House to split his time?

Some hon. members: Agreed.

Mr. Mark Warawa: Mr. Speaker, I want to thank the Minister of Justice for being here today to speak in the House and for sharing her perspective and the government's perspective on Bill C-14. I found her to be always available and very thoughtful, and I thank her for her involvement.

I have been honoured to be part of the joint committee that dealt with the bill starting in January. I was also part of the justice committee when Bill C-14 was sent there. As the minister said, the opinions on this issue of assisted suicide are very diverse. Within each of the parties it is very diverse. However, I want to thank all members of Parliament for being respectful and working together on this important issue.

We are dealing with this issue because of the Carter decision. The Supreme Court said in the Carter decision that this must be allowed. The Criminal Code will be amended, and it is up to Parliament to come up with safeguards, not that this is permitted. However, the Supreme Court decided that we are to create safeguards.

We have also heard that 84% of Canadians want this. However, that statement that we have often heard is a little misleading, because 84% of Canadians do support this under certain criteria, and that criteria is that the illness is terminal, and the person is suffering terribly and repeatedly asks to have assisted suicide to end their suffering. Therefore, it is important to remember that it is under certain conditions.

Government Orders

I have consulted with my constituents on this issue. I sent out a householder, and I was very thorough and non-partisan. The householder I sent out provided a background and laid out all the different issues that Parliament is having to deal with: conscience protection, palliative care, who can provide this service, should there be judicial oversight, should the cause of death be listed for data collection as assisted suicide or euthanasia, mature minors, and on and on.

I had response to this householder, and one week ago, I had our second town hall meeting on this. In both cases, we had a huge response from the constituents. Actually, we have had more of a response to this issue through emails, phone calls, letters, and responses to the householder. We have had more responses on this than on any other issue in the last 12 and a half years that I have been a member of Parliament. People are very engaged and understand what the issues are and the challenges that the House faces.

Again, I thank the Minister of Justice, but as a critique, I think the government could have approached this a little differently, instead of dominating the committee structures, instead of bringing in time allocation, and instead of saying no to all the amendments.

The minister spoke about the 16 amendments, which, of course, were Liberal amendments. Of the amendments, there was one that the Conservative Party and the NDP at committee agreed with, and that was on conscience protection. We asked that all physicians, health care professionals, nurse practitioners, pharmacists, or anybody who is a health care professional who does not want to be involved with this have the right to say no. However, the government turned down that amendment.

The fact is, the parliamentary secretaries in the committee talked to each of the members on that committee and told them that the Liberals were not going to support that. Then the parliamentary secretary of justice actually spoke at the committee and said that the government did not support amending like that.

As the Minister of Justice just said, the government is going to leave it to negotiating with the provinces, and download that responsibility to the provinces. However, what we are doing in Bill C-14 is amending the Criminal Code of Canada. Prior to the Carter decision, it was illegal to assist anybody in a suicide. It was legal to commit suicide but illegal to assist somebody. It was considered homicide if someone assisted somebody.

• (1050)

Under the Carter decision a physician can, under certain conditions, provide assistance in a suicide and euthanasia. That amendment to the Criminal Code also could be elaborated on to say that it would be a criminal offence to force health care professionals or any individuals through coercion or intimidation, to participate in the death of another individual against their will. That is what we suggested.

When Bill C-14 gets referred to the Senate it will have to deal with it. I believe the Senate will refer this legislation back to the House. It is going to refuse to accept Bill C-14 the way it is and it will provide proper conscience protection for physicians.

We heard from the Canadian Medical Association that 70% of physicians in Canada do not want to be a part of this. They do not

want to be forced through coercion, intimidation, or threats that they will no longer be able to practise at this or that hospital if they do not participate.

In a *National Post* article called "'Killing' patients vs. 'doing their job': Sharp division of opinion on whether doctors should be required to assist in suicide", a doctor says she has been practising medicine for 37 years. The family doctor has decided not to renew her medical licence in June of this year. Dr. Naylor has no desire to quit medicine but she says she is appalled at the thought of being forced to refer. Dr. Burke, who practises physical medicine and rehabilitation in Windsor Ontario, said he is renewing his medical licence in Michigan where assisted suicide is illegal.

I have heard this at town hall meetings across the country and at the two I had in my own community. A young medical student asked me if physicians were going to be forced to do this and I said that there is a good possibility because in Bill C-14 the government is leaving it up to the provinces. We have already heard that the College of Physicians and Surgeons of Ontario will require physicians to effectively refer, which means that a doctor must follow that person through the whole process to make sure he or she does get euthanized if that is what the individual requested. The doctor must participate.

Physicians across this country, like those I just mentioned, are going to refuse to participate, saying they are now of retirement age and will retire or will relocate to another jurisdiction where they will not be forced to be a part of this, which goes against their conscience. A shortage of physicians and nurses will create a medical emergency in Canada. We will have a shortage of physicians and nurses in Canada because they will be forced to participate in something that goes against their conscience.

The government has an opportunity to do the right thing. It refused to do it in the House so it will be left to the Senate. The Senate will decide and it will amend Bill C-14. It will come back to the House in an amended form. We do not know how long that will take but it is obvious that the June 6 deadline will not be met. I hope the government will play differently then and will co-operate with the Senate and not strike down its amendments.

It is better to have Bill C-14 than nothing but it does need to be amended. The government needs to be more open-minded and congenial and work within this parliamentary environment and come up with legislation that represents where Canadians are at on this issue, not where the government is at.

• (1055)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, we recognize at the outset why we have this legislation. This legislation is the result of a Supreme Court of Canada decision that was unanimous by all nine judges. The decision sets out the legal framework.

We have talked a great deal about the importance of palliative care, an issue that is really important to all Canadians. We have talked about investing in palliative care.

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I am a bit concerned with regard to some of the issues that the member has raised. I have been a parliamentarian for many years and here in Ottawa for five years. There have been ample opportunities for members to debate this issue, such as extended sitting hours into the evening. This would have afforded more people the opportunity to have that debate. There have been all sorts of other opportunities.

Does the member believe that there is an obligation on the part of members of Parliament to deal with this issue given the Supreme Court of Canada's decision and its June 6 deadline?

Mr. Mark Warawa: Mr. Speaker, I agree with the member that there is an obligation to do what we can to see this legislation passed. I wish the government would have asked for a year, not six months. It took Quebec six years and three premiers to come up with this. The government rushed this through and botched it.

The member referred to the time allocation motions to exhaust debate on this. Instead of co-operating and working within Parliament in a proper way by respecting one another and respecting the diverse opinions on it, the government tried to force this, and that has backfired on it. Hopefully, from this point it will co-operate and work with Parliament in a congenial way.

Ms. Cheryl Hardcastle (Windsor—Tecumseh, NDP): Mr. Speaker, I would like to ask my hon. colleague this with respect to the response that he just gave to the member across the way. Would he agree that it makes more sense in terms of the deadline to get this done right? We have rushed this through. It is obviously faulty. As there are still so many opinions at this point on the eve of voting, that is problematic. Would he agree that it would have made more sense to refer this bill back to the Supreme Court and get some clarity on its constitutionality, that we need do this right and not have June 6 leaning over us in a looming way but more as a target, a goal? What we really need to do is to get it right. Would he not agree that the Supreme Court can really play a role in some meaningful development on this bill?

Mr. Mark Warawa: Mr. Speaker, I agree that June 6 is a date that is not likely to be reached, and that the government should be asking for an extension. It should have asked for a longer period of time from the get-go.

We need to do this right. To rush it and get it wrong is not in the interest of protecting the vulnerable Canadians who would be considering assisted suicide.

I think there is an environment, an appetite, for us to work together to get this done right. If the government wants to bully this through and no matter what happens get it done by June 6, that will not happen.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Mr. Speaker, I would like to congratulate my colleague on his thoughtful speech.

We have heard the response by the minister with respect to the June 6 deadline. I would like to hear other or better answers with respect to that time frame. Therefore, I would ask the hon. member what he thinks will happen if we do not have a law in place by June 6.

Mr. Mark Warawa: Mr. Speaker, that is the salient question: what happens on June 6? I asked for a report from the Library of Parliament. It said that it will be the Carter decision and that it will

be applied differently across Canada. In each province it will be the College of Physicians and Surgeons that will determine that. In Ontario, it will be required by physicians whereas in some provinces it will not be. In some provinces the provincial government will be engaged and in others it may not. Therefore, we will have a hodgepodge of how this will be applied across Canada. That is not in the interests of Canadians. Therefore, we need to pass this. Legislation is required. The problem is that Bill C-14 needs to be amended. It has some big holes in it. I hope the government will co-operate and listen to members of the opposition and listen to Canadians and fix Bill C-14.

● (1100)

Mr. Kevin Lamoureux: Mr. Speaker, I rise on a point of order. Earlier today, under tabling of documents, I indicated that the government was responding to 10 petitions. However, I should have said 11 petitions.

The Deputy Speaker: I am sure the House appreciates the clarification on the part of the parliamentary secretary, and that he has brought it to the attention of the House at the first instance.

Resuming debate, the hon. member for Cariboo—Prince George.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, I rise in the House today to speak on an issue that may very well be one of the most significant, important social issues that this Parliament, in the life of this government, will ever face. This is not a matter that I take lightly, the issue of life or death.

Over the last few months, I have had the opportunity to speak with constituents in my riding. I have read the letters and emails they have written in. I have consulted with spiritual leaders from many faiths in the communities within my riding. I have sat through every single minute of this debate, because the magnitude of the legislation is something that deserves our thoughtful consideration. It is also something that has been weighing heavily on me, because regardless of my personal beliefs, I represent the tens of thousands of friends and families in the beautiful riding of Cariboo—Prince George.

For years I have worked toward my dream of becoming a member of Parliament, because I knew this opportunity would afford me the chance to make a difference, to be part of meaningful change, and to leave our country better for generations to come, but nothing truly prepares one to vote on a piece of legislation of this magnitude.

I am at the age and the point in my life where, unfortunately, I have seen my fair share of human suffering. It is a true test of humans to watch a loved one, a friend, or even a stranger, who is faced with intolerable suffering with no hope of recovery.

It is a reality that physician-assisted suicide will indeed become law. This we know is true. In 2015, the Supreme Court of Canada issued a landmark ruling in *Carter v. Canada*, stating that the laws preventing Kay Carter from ending her life in Canada were contrary to the Charter of Rights and Freedoms.

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Kay Carter was a schoolteacher, a wife, and a mother. She was suffering from severe spinal stenosis, a disease that was making it impossible for her to move her body. She was 89, and because medical assistance in dying was illegal in Canada, Carter and her family travelled to a Swiss medical clinic, where she chose to end her life in 2010.

It is not in dispute that Carter was faced with intolerable suffering, but Carter's family and their lawyer have publicly stated that they believe that Kay Carter would have been ineligible for medical assistance in dying under Bill C-14. Therefore, my question for my colleagues across the floor is this. If this legislation was built to address the decision of Carter v. Canada, then why would it likely exclude the very case that opened the door for physician-assisted suicide in our country?

Many have expressed their concerns that this legislation is unconstitutional. Benoît Pelletier, a professor from the University of Ottawa, appeared before the special committee tasked with studying assisted suicide. He said that people suffering with illnesses that are terminal or cause intolerable suffering are at risk of being encouraged to seek an assisted death. He also said:

...all persons are potentially vulnerable. Being vulnerable does not disqualify a person...from seeking an assisted death, but it does put that person at risk of being induced to request a death...

This is among the most troubling testimony. Beyond legal implications, the opposition to Bill C-14 crosses party lines. We have heard from Conservative, Liberal, and NDP members, as well as concerned senators, multiple witnesses, and organizations such as the B.C. Civil Liberties Association, the Alberta Court of Appeal, and the Canadian Bar Association. At the core of our democracy is the ability to have thoughtful debate and discussion on a wide range of issues. Some of these issues are easier to address than others. Sometimes there is a unanimous consensus, and sometimes there is not.

We need to acknowledge in cases where there is not consensus that more work needs to be done, amendments need to be considered, and a majority control of the House should not be used to thwart dissenting opinions, especially on an issue of this scope and magnitude.

• (1105)

Dealing with the sanctity of life and death should be cause for more consultation, more discussion, and more debate than that over a pipeline or a budget. We have debated this for approximately 20 hours. Over half of the Conservative caucus has not had the opportunity to debate this subject. Even more of my Liberal colleagues have not had the opportunity to speak on this. It is concerning to me that on a piece of legislation of this magnitude, my Liberal colleagues have not had the opportunity to speak on this. It would appear from the outset that perhaps the Liberal backbenches are, indeed, being muzzled on this important piece of legislation.

Quebec took six years in successive legislative assemblies to develop its physician-assisted suicide law, six years of consultations and commitment to ensure its bill was not just good enough but one that captured most, if not all, concerns and safeguards.

Time and again, we have heard it is good enough at this point. To me, good enough is not good enough when we are talking about life and death. I am a firm believer that it is better to miss a deadline than to get such an impactful piece of public policy wrong. This piece of legislation is likely the most important law in our generation.

The Liberal government should allow all members to speak on behalf of their constituents and engage in further necessary consultations in order to get the legislation right, because the alternative is passing a deeply flawed and in my opinion unconstitutional piece of legislation. Passing Bill C-14 in this manner will result in court challenges that will further deadlock the work of the House and parliamentarians in having a workable document that protects the most vulnerable members of society from abuse.

The debate on assisted suicide over the last few months has opened the door to some of the alternatives that also need to be considered when speaking about Bill C-14. Palliative care is a critical component of this issue. We must always ensure that a proper palliative care strategy is in place. While the government likes to talk about this being core and an important piece in its budget and in moving forward, it has not even been mentioned once in the most current budget.

To ensure that individuals are well informed about their end-of-life options not only physically but to deal with their emotions, palliative care needs to be a viable end-of-life choice. At a time when assisted dying is a hotly contested issue, it is important to engage in conversations around palliative care to ensure that people are making the best decisions to improve their quality of life. We need to protect our most vulnerable.

As I mentioned previously during this debate, I am a father of a mature child who is cognitively challenged. While a healthy and productive member of the community, who I am extremely proud of, my daughter could not, today, make an informed consent, let alone if she was dealing with a grievous and terminal disease.

We also need to consider the medical professionals, the doctors and nurses, who went into their chosen fields to save lives, to improve lives, to ensure that lives are not lost and continue to be healthy. We need to ensure that these individuals are also protected and that the responsibility for this is not downloaded to the provinces. We need to ensure that this piece of legislation does not become a vehicle for those suffering with mental health issues to end their pain or that physician-assisted suicide is not chosen or forced due to obligation or feelings of burden.

Catherine Frazee, professor emerita at the school of disability studies at Ryerson University, said it best when she stated:

At the heart of this debate, we must choose between competing visions of our social fabric. Shall we uncritically submit to the voracious demands of individual liberty no matter what the social cost? Or shall we agree that there are limits to individual freedom, limits that serve all of us when we are vulnerable and in decline?

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When we start deconstructing the foundation upon which our society is built, the social fabric, we need to ensure that proper safeguards are in place, a system of checks and balances. This system is not built overnight and it is not built through a limited debate and time allocation. It is built through listening, learning, and acknowledging a wide variety of viewpoints, stories, and opinions, through co-operation and thoughtful analysis and acceptance of amendments, none of which seem to be in line with the Liberal government's priorities.

• (1110)

I would like to thank our colleagues from all sides who have shared their experiences with us over the course of this debate. I appreciate each and every one of their views and their openness in sharing these deeply personal experiences, and I thank those in my riding of Cariboo—Prince George, the countless numbers, who have shared with me their views and experiences.

I would also like to thank the members of the committee who worked tirelessly towards a solution. I thank each of them for taking the time to voice their feelings on this important piece of legislation.

For the reasons I stated throughout my speech, I will not be able to support Bill C-14 as it currently stands.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, if I may, I will just add on to that in expressing our gratitude and appreciation to the many individuals who were involved in getting us to where we are today, including the joint standing committee between the Senate and the House, and the members of the committee who studied it after second reading.

We recognize the many hours of discussion and debate, and presentations from individuals from different regions of the country. Canadians have been afforded, through their elected officials, over the last year, the opportunity to get in touch with and to talk with individuals, members of Parliament, and other stakeholders who put in a great deal of effort.

I believe that the member will not be disappointed in the long run, and that he will find that the legislation is in fact charter proof. It will set that legal framework, and at the end of the day it will be an asset, in terms of going forward to ensure that the right thing is done on this very important issue.

Would the member not acknowledge that at the very least there has been a great deal of input into the creation of the legislation? The member would know since January of last year there has been a great deal of discussion on this issue.

Mr. Todd Doherty: Mr. Speaker, my comments are not meant to diminish the work that was done by the committee in getting the bill to where we are today. Obviously this is a topic that is hotly contested.

My concern is there are 338 members of Parliament who were elected to be the voices of their constituents, the voices of Canadians from coast to coast to coast. We have had approximately 20 hours of debate. We have had time allocation. We are again debating a bill, discussing a piece of legislation, the most important piece of legislation that our generation will see, and there are dissenting feelings and expressions of concern from all sides.

Over half of our caucus on this side has not had the opportunity to speak to this. I would hazard a guess that even more on the government side have not had the opportunity to voice their true concerns on this important piece of legislation.

Ms. Cheryl Hardcastle (Windsor—Tecumseh, NDP): Mr. Speaker, I would like to ask my colleague a question in light of so much wasted opportunity to discuss and really develop a meaningful piece of legislation that all of us could have an opportunity to weigh in on.

I really want to hear a little more about the importance of a palliative care strategy. I found it appalling that we were introducing the bill with such a lack of information. It was almost insensitive that we would be discussing something like Bill C-14 without any real, meaningful, tangible information regarding not just palliative care but enforcing the Canada Health Act in terms of home care.

I wonder if the member could expand on what some of the real tangible actions would be in a palliative care strategy that he would like to see happen in light of this.

• (1115)

Mr. Todd Doherty: Mr. Speaker, the government has talked about its palliative care strategy and how it is a key component of the bill. In reality, there was no mention of palliative care or increased spending for palliative care in budget 2016. It has been brought up time and time again.

I am a firm believer that we must do everything in our power to ensure that those who are suffering are made comfortable, and that those who are at their end of life are also given and afforded the necessities of life, in terms of making sure their end of life is as comfortable as possible.

The challenge I have with the government is that it has not put any money towards that. It is an afterthought. Furthermore, it is downloading the responsibility to the provincial governments to qualify, to make sure that they are looking after conscience protection of medical professionals, and not only that, we also know that the palliative responsibilities are going to fall to provincial entities.

Mr. Murray Rankin (Victoria, NDP): Mr. Speaker, I am honoured today to speak to Bill C-14 at third reading.

Four months ago, I walked into the first meeting of a special House and Senate committee, created to advise the government on its response to the Supreme Court of Canada's decision in the Carter case. We worked long hours and late nights, respectfully and constructively with all parties and involving both chambers. We heard from witnesses and experts from across Canada and from all walks of life.

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As we worked, I know that many of us thought of those who had struggled and suffered for the right to control their own lives at the end: people like Sue Rodriguez, who died in 1994 after losing her battle with ALS and losing her battle in the Supreme Court of Canada a year before. I recognized important contributors like Svend Robinson, member of Parliament, in that earlier battle. I think of people like Kay and Lee Carter, Hollis Johnson, William Shoichet, and Gloria Taylor, who fought valiantly and won in the court last year.

The work of the Special Joint Committee on Physician-Assisted Dying proved that a thoughtful and respectful debate was possible, but more than that it proved that a well-crafted bill could win the support of all parties and members of both Houses. I say that because a broad majority of us from all parties and both chambers agreed on 21 recommendations to the current government. I never imagined that I would be standing here now to oppose this bill.

This government bill ignores or rejects the majority of recommendations of that joint House and Senate committee. I am proud of those recommendations. It is true that many would have required great political courage, but all of them faithfully followed the evidence we received from the majority of experts who appeared before us. For example, I sought to have advance requests accepted by people who may lose the ability to provide competent consent at the end. The vast majority of Canadians told us that they want that. However, not only does this bill reject those recommendations, the bill would defy the Supreme Court ruling, fall short of its requirements, and therefore would violate the Charter of Rights and Freedoms for suffering Canadians.

That is the opinion of the Canadian Bar Association, the Barreau du Québec, and many others. That was the ruling of the Alberta Court of Appeal a couple of weeks ago, and just days ago, a court in Ontario echoed the Alberta decision. Justice Paul Perell of the Ontario Superior Court of Justice ruled that the Supreme Court's basis for an assisted death "is the threat the medical condition poses to a person's life and its interference with the quality of that person's life". He went on to say, "There is no requirement...that a medical condition be terminal or life threatening."

Despite this, time and again the current government has limited debate and tried to strong-arm a flawed bill through this chamber.

To be sure, this is a complex and sensitive issue, but not a partisan one. The Supreme Court has given us as parliamentarians an opportunity, not an ultimatum, to craft legislation that is consistent with the Carter decision. As is so often the case in this debate, we ought to look at exactly what the court said. Here is what they said, in paragraph 126 of the decision, "It is for Parliament and the provincial legislatures to respond, should they so choose, by enacting legislation consistent with the constitutional parameters set out in these reasons."

Today the Minister of Justice again suggested that the court instructed us to enact a bill by a particular date. The court said the opposite. Each of us as parliamentarians, facing a free vote, has a simple question to answer: Does this bill obey the constitutional parameters set out by the Supreme Court in Carter? In my submission, that is the only question. If it does not, if it fails that

test, then this House is being asked to knowingly infringe the charter rights of suffering Canadians and to enshrine that violation in law.

• (1120)

The Supreme Court of Canada established that all adult competent Canadians suffering intolerably from a grievous and irremediable medical condition have the right to choose assistance in dying. The government would have us honour that right only for patients nearing the end of life.

The Canadian Bar Association has said that such a restriction does not meet the floor of rights established by the court. The Barreau du Québec has said the same, and so has the Canadian Council of Criminal Defence Lawyers, the BC Civil Liberties Association, and many other respected legal organizations.

I suggested removing this line to help the bill comply with the court and the charter, but that idea was rejected by the Liberal majority. Now the Alberta Court of Appeal has ruled unanimously that the government's interpretation of Carter is simply wrong. In a crucial decision that the court wrote a couple of weeks ago, it said:

Carter 2015 does not require that the applicant be terminally ill.... The decision itself is clear. [...] The interpretation urged on us by [the Department of Justice] is not sustainable having regard to the fundamental premise of the Carter case itself....

This is a devastating indictment of the very argument that the government has relied upon to defend Bill C-14 against this rising chorus of critics. Surely that ruling should give us all pause. However, still some will argue that the Supreme Court cannot be obeyed right away, that medical reality dictates a balanced approach.

The government's restrictions have raised eyebrows in the medical community as well. The federation representing every medical regulatory authority in Canada has called this bill's end-to-life requirement "too vague to be understood or applied by the medical profession and too ambiguous to be regulated effectively".

The College of Physicians and Surgeons of Ontario called it inconsistent with Carter and likely to cause confusion among physicians. The Canadian Nurses Association suggested going back to the words of the Supreme Court, as I have done in this place. If that were done, this controversial line could simply be deleted. I proposed doing exactly that, and my amendments were rejected by the Liberal majority on the Standing Committee on Justice and Human Rights.

Not only are medical groups concerned about the bill, many were not even consulted. According to testimony in the Senate, neither the Federation of Medical Regulatory Authorities of Canada nor any of the provincial or territorial colleges were consulted in the drafting of the bill.

We have a bill in which a few key lines have drawn heavy fire from both the legal and medical communities. These lines could be written on a napkin. They could easily be deleted, as my amendments would have done, and replaced with the exact words of our Supreme Court. Who could resist and oppose that in good faith? However, the government has refused precisely to do that.

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On the first day of committee hearings, a Liberal member asked the Minister of Justice a simple question: "Have we sought outside counsel to ensure charter compliance of this bill?" The minister chose not to answer, citing only her personal confidence in the bill. Clearly, no independent confirmation of its charter compliance has been found.

I appreciate what the minister told this House recently, that no one has a monopoly on interpreting the charter. Of course, the minister is right, but I am afraid that the outlier here is not the critics; it is the government. The Canadian and Quebec bar associations, eminent legal and medical experts, the lead counsel in Carter, all are saying that the bill does not obey the Supreme Court of Canada's ruling.

Against that array, the government stands almost alone, brandishing a backgrounder from the Department of Justice and refusing to refer the question to the Supreme Court, or even to obtain an independent legal opinion.

Now the Alberta Court of Appeal has unanimously rejected the government's argument that the Supreme Court limited its ruling to end-of-life patients. Let me repeat: A provincial court of appeal has already ruled that the government's narrow and selective reading of Carter, the legal argument that supports this bill, is not consistent with the Supreme Court's ruling and therefore infringes a patient's charter rights.

● (1125)

Now we are being asked to enshrine that violation in law, and with what justification? No argument has been made for the bill's compliance with Carter and the charter. The minister is right that Bill C-14's many critics cannot simply assert that the bill is not constitutional, but neither can the government simply assert that it is. No one can claim to know the inner thoughts of our Supreme Court justices, but neither can the government continue to suggest that the intention of their ruling is somehow opaque or unknowable. The ruling was not an ink blot test, it was quite clear. The court was looking at the law with the same objective as the bill, to protect specific vulnerable individuals suffering during moments of weakness. The court found that the previous ban was overbroad because it caught people outside of that class, competent people who were not vulnerable and therefore deserved to have their autonomy respected.

That would remain true under Bill C-14. An entire class of competent adult Canadians would be condemned to intolerable suffering and denied recourse to assistance in dying. They may be forced to end their lives prematurely or violently. These are the same violations of section 7 rights identified already by the court in Carter. Although the court in Carter did not choose to proceed to an analysis of a section 15 infringement, the equality rights provision, the trial judge did. She concluded that the prohibition "imposed a disproportionate burden on persons with physical disabilities, as only they are restricted to self-imposed starvation and dehydration in order to take their own lives".

As Quebec's minister of health warned us when he spoke out against the bill, this is precisely the same cruel option that will soon face patients if Bill C-14's end-of-life clause is not deleted. It is shameful that the bill leaves suffering Canadians in that cruel position.

At committee, I pressed the Department of Justice on this point. I told them the story of Tony Nicklinson. This story comes from an affidavit filed in the Carter case. During a business trip to Athens, Mr. Nicklinson suffered a severe stroke that caused what is called locked-in syndrome. In this state, he could not move a single muscle of his body except his eyelids. His healthy active mind was trapped in an unresponsive body, without remedy, without hope, and perhaps for decades more. He said he could not even drink and smoke in the hopes of shortening his life. Mr. Nicklinson wrote this in an affidavit, one blink at a time. He told the court this:

The flaw in the argument is the assumption that we all want to live whatever the cost in terms of quality of life when this is clearly not the case. I want to make that choice for myself. What prevents me is the fact that I am too disabled to take my own life and unlike an able bodied person I need help to die.

By all means protect the vulnerable (by vulnerable I mean those who cannot make decisions for themselves,) just don't include me. I am not vulnerable. I don't need help or protection from death or from those who would help me - if the legal consequences were not so huge....

I am asking for my right to choose when and how to die to be respected. I know that many people feel that they will have failed if someone like me takes his own life and that life is sacred at all costs. I do not agree with that view. Surely the right and decent thing to do would be to empower people so that they can make the choice for themselves.

Mr. Nicklinson did not live in a place which empowered him to make that choice. He did not have the option of medical assistance to die peacefully, and so he starved himself to death. If he were alive today, Bill C-14 would offer him no hope, no respect for his autonomy.

● (1130)

This is the point I made to the Department of Justice. I was told that I was wrong. I was told that Mr. Nicklinson would not have to starve himself to death in Canada. He would just have to starve until a doctor declared his life "reasonably foreseeable". Those are the words used in Bill C-14.

This is what we are talking about when we say that the bill infringes on the Charter of Rights and Freedoms for Canadians. Quebec's minister of health warned the government that the bill would force competent, consenting patients to endure starvation to win from the current government the rights that were already granted to them in the Carter case.

The court found the previous ban unconstitutional, not only because it violated the rights of competent patients but also because it was unnecessary. A better system was possible. Vulnerability, it said, could be assessed on an individual basis, and well-designed safeguards are capable of protecting the vulnerable. With these facts, the court could see no justification for continuing to deny the autonomy of whole classes of competent patients, like Mr. Nicklinson.

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There is still no justification. In fact, the last refuge for the government would be to accept what is now clear, that Bill C-14 does not meet the test of the Supreme Court, and to argue that somehow it is necessary to violate the charter or even worse, because the safeguards the Liberals have developed are too weak to handle more complex cases. The bill is flawed, and I cannot accept that argument.

I was proud to serve on the joint House-Senate committee that offered recommendations to the government before the drafting of Bill C-14. We studied best practices around the world and recommended many of the robust safeguards found in the bill. Above all, I have great confidence in the care and professionalism of Canadian medical practitioners, and so I cannot accept that the Supreme Court was wrong in saying that well-designed safeguards can protect vulnerable people. I cannot accept that this regime is so weak—or Canadian doctors so careless—that it cannot be trusted to faithfully uphold the full charter rights of patients and to filter out those who are not able to make this choice.

Therefore, I am left with a simple conclusion. Enacting the bill would revoke from an entire class of competent and suffering adult Canadians the rights established for them by the Supreme Court. It would do so in a manner that is neither medically necessary nor legally justified.

I have sought to amend the bill and have seen those solutions rejected. I have requested independent constitutional analysis, and found none. I have called on the government to refer it to the Supreme Court of Canada, and it has not. Now I cannot, as a lawyer and a parliamentarian, support the enactment of a law that I believe would be unconstitutional from the outset. To vote for Bill C-14, against the charter rights of suffering patients—and I know some of them by name—I cannot do.

The government may try to excuse the bill's imperfections as inevitable in the circumstances, and I know there are members here who recognize that the bill is flawed but have been told they simply have to pass it by June 6.

Let us be clear about what happens on June 6. The absolute ban on medically assisted dying will not be restored, nor will the offences that prevented it, such as aiding suicide, disappear from the code. In other words, crime will not become legal, nor will medical assistance in dying become illegal. Rather, an exemption will open for patients and physicians acting within the parameters of the Carter decision. Of course, every provincial regulator has made rules to deal with safeguards over the last year anyway. They are ready to go. A federal law is not necessary to provide basic access and safeguards.

I call on my colleagues across the aisle, with whom I have worked constructively and collaboratively, to give real meaning to this free vote, to prove by their example what Canadians know to be true, that the final word on our constitutional rights comes not from the PMO but from the Supreme Court of Canada.

• (1135)

I move:

That the motion be amended by deleting all the words after the word "That" and substituting the following:

"Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), be not now read a third time but be

referred back to the Standing Committee on Justice and Human Rights for the purpose of reconsidering Clause 3 with a view to ensuring that the eligibility criteria contained therein are consistent with the constitutional parameters set out by the Supreme Court in its *Carter v. Canada* decision."

The Deputy Speaker: The amendment is admissible.

Questions and comments, the hon. parliamentary secretary to the government House leader.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):

Mr. Speaker, I must say that I am disappointed that the member has chosen to move yet another amendment. It has become very clear that there are many members of the House who would rather not have legislation in place, the legal framework. I would suggest that, if we were to follow the will of those individuals, there would be a legal vacuum in Canada, where the most vulnerable individuals would be put into compromised positions. It would be unfortunate.

I listened very closely to what the member was talking about, and I disagree. With the Supreme Court decision, there is a role for Ottawa and the provinces.

My question is this. Why does the member choose to believe it is better to have a legal vacuum than to have a legal framework? Would he not agree that there are going to be more people in vulnerable positions because of that vacuum?

• (1140)

Mr. Murray Rankin: Mr. Speaker, I thank the parliamentary secretary for his perspective on this, and I am sorry he is disappointed. We are trying to do our best for Canadians to get a bill in place that will not find suffering Canadians lined up at the Supreme Court doorstep as soon as we pass it. That is why we are doing this, and we hope people will support that initiative.

To talk about a legal vacuum is misleading, with great respect. We already have every college of physicians and surgeons across the land involved in having safeguards in place. Yes, having Bill C-14 on June 6 would be preferable to not having Bill C-14 on June 6, but having knowingly passed a law that is unconstitutional would be even worse. Let us take the time, I say, to get it right, not to get it done right now.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Mr. Speaker, I would really like to thank the member for Victoria for what was a very substantive speech. It is rare in the House, although we all like to speak out, that we hear a member basically pull apart the government's arguments on assisted dying and put forward, as the member for Victoria has, the real reasons the government has so badly botched what should have been a non-partisan approach to the bill, which should have involved all members of Parliament. Instead, the government has been so clearly partisan that it has risked the actual objective of the bill to accomplish some sort of legislative framework and risked having it put in place.

Government Orders

I would like to ask the member for Victoria a question. He spoke very eloquently to the uncertainty that is created by this bill being rammed through the House of Commons. Could he speak to what uncertainty we and Canadians are going to see as a result of having a bill rammed through the House of Commons that does not meet the constitutional obligations or the obligations set out in the Supreme Court decision?

Mr. Murray Rankin: Mr. Speaker, I thank my colleague and friend from Burnaby—New Westminster for his remarks as well.

This is the quintessential non-partisan issue in the House. It was not a Liberal, Conservative, or NDP initiative. It came forth because the Supreme Court said that, if we chose, we could enact legislation to address the Carter ruling. We chose to do so. It was not a partisan issue. I have tried—and I think the record will show—to be as constructive and non-partisan as possible, working with Conservative and Liberal colleagues to make amendments to the bill at committee, for example.

For a party that claims to be the party of the Charter of Rights and Freedoms to do what it is about to do is really quite shocking to me. I do not understand. The medical and legal uncertainty that I tried to address during my speech is so obviously going to happen now. Do not take my word for it; it is medical and legal regulators who are saying that, so we have to do a better job.

Mr. Kevin Lamoureux: Mr. Speaker, when we hear arguments from the other side saying that there is this legal opinion here or there is this thought over there, it is somewhat concerning.

I am sure the opposition is very aware that there is extensive legal opinion from many different lawyers who have clearly indicated that what we are debating today is in fact in compliance with Canada's constitution and our charter, and that it will stand the test.

Will the member not at the very least acknowledge that there is in fact a significant legal community that is endorsing this legislation?

Mr. Murray Rankin: Mr. Speaker, I will not acknowledge that there is a significant body of legal opinion to that effect.

I will acknowledge that the Department of Justice, which lost at trial and lost unanimously in the Supreme Court of Canada, is of that view. I will acknowledge that it lost its case in the Alberta Court of Appeal. I will acknowledge that a week or so ago Justice Perell in the Ontario Superior Court also rejected the Department of Justice's view.

I will say that the Canadian Bar Association, the Barreau du Québec, Monsieur Ménard, Joseph Arvay, and eminent constitutional scholars from coast to coast have taken this position.

I cannot predict with certainty what a Supreme Court will say, but I am confident I would rather be in their shoes than on the side of the government with its position that does not appear to even have an independent legal opinion behind it.

• (1145)

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Mr. Speaker, I would like to congratulate my colleague from Victoria for his usual thoughtful speeches and analysis and his approach to many topics here in the House.

What happened yesterday with the voting against some of the thoughtful amendments presented was that the government has voted them down. I would like to hear the member's opinion on why this has happened. I can only see it as for political reasons, and nothing more.

Could the member give us his views on that?

Mr. Murray Rankin: Mr. Speaker, I am not clear to this moment on why the government is so bent on passing a law that so many believe to be unconstitutional.

I frankly do not understand why the very thoughtful amendments were rejected yesterday. This was purported to be a free vote, but I did not see more than a few Liberal members stand against this bill.

Tonight, I understand we will be voting at third reading. This is the opportunity for members, particularly those concerned about rule of law, to come forward and vote against a bill that is patently unconstitutional, to get it right for Canadians, and protect those individuals who had their rights given to them, clearly, in the Carter case and would now see those rights taken away by Bill C-14.

Mr. Brian Masse (Windsor West, NDP): Mr. Speaker, could the member give a little perspective on how we are dealing with hospice and palliative care in this matter?

These are very important issues raised in this chamber by the previous member for Windsor—Tecumseh, Mr. Joe Comartin, and being carried on by the current member for Windsor—Tecumseh.

The potential path of this bill will lead to every senator having an opportunity to speak to this bill, but not members of Parliament. Could my colleague tell us what he feels about that, which I think is a real shame and an affront to democracy?

Mr. Murray Rankin: Mr. Speaker, palliative care is something that the former and present members for Windsor—Tecumseh have been pushing passionately in the House, in the justice committee, and in the Senate-House mixed committee.

It is something we wished to see enshrined in this bill. We were disappointed there was not a dollar of money in the federal budget for palliative care, despite promises during the campaign. We were, however, able to get an amendment through in the preamble to Bill C-14 that at least addresses the urgent requirement for palliative care.

The Minister of Health, herself, has pointed out that less than 30% have access to palliative care in Canada. That is connected—it must be so connected—with this bill that we need to do much better on that score.

I just hope the government actually puts its money where its mouth is and comes up, in the health accords, with meaningful help for palliative care and hospice care from coast to coast to coast. It is so urgently needed.

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Ms. Sonia Sidhu (Brampton South, Lib.): Mr. Speaker, I am humbled to stand in this place and take this opportunity to speak to Bill C-14, an act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying).

I will be splitting my time with the member for Kenora.

I know that this issue is very personal to Canadians. It is about quality of life and dignity. It is about autonomy. Most of all, it is about compassion.

I listened to many people in the constituency of Brampton South on this issue. I heard support from most people in my riding. I also heard sincere and heartfelt concerns, particularly from our Orthodox-based communities. I appreciate their conviction, and that they have raised their voices with respect to this important issue.

I will use my time today to explain why I will be voting for this important legislation.

My heart goes out to all of those suffering and their family members, who are facing circumstances I cannot imagine. I think we can agree that it is those who are suffering, and their families, who this debate should be about. I hope that hon. members will not forget that fact. We must lean toward a compassionate approach for those who are affected. This is a serious matter and a complex issue. Therefore, we must find the right balance.

Our government must address this now. The Supreme Court made a unanimous decision, and soon there will be a legislative vacuum.

I think we can agree that a patchwork approach by the provinces would be the wrong approach. We would be ignoring our responsibility to show national leadership on this matter.

The framework laid out in Bill C-14 provides a solid, focused and detailed plan, which will meet the June 6 deadline set out by the court. Let me explain why.

Permitting medical assistance in dying will extend more control to eligible terminally ill patients on how to live out their last days. This legislation also provides important safeguards and limitations. It requires the Minister of Health and the Minister of Justice, in consultation with the provinces, to create regulations that will protect all of those involved.

By permitting medical assistance in dying for competent adults, whose deaths are reasonably foreseeable, I believe we are striking the right balance between the patients' autonomy who seek this medical assistance and the interests of patients in need of protection.

It is important to note that this bill does not stand alone. I would point out the critical work of improving palliative care in this country. The ideas of medical assistance in dying and a strong palliative care system are not in conflict. Rather, the two are complementary and are both important issues to address. That is why I am proud that the Minister of Health has recommitted to home care and palliative care improvements in response to a question that I asked during question period on May 2. In her reply to my question, the minister quoted Dr. Atul Gawande, who talked about how people want not only a good death but a good life to the very end. The minister reiterated her commitment to palliative care and providing dignity when Canadians are suffering. She announced how she will

work with the provinces to ensure the high quality care of all Canadians. She also brought up how the Government of Canada is committed to an investment of \$3 billion over four years to support that goal of palliative care and home care improvements. I commend this step forward.

We cannot view assisted dying legislation separate from investments in our health care system. Quality palliative care is a critical priority of this government. Indeed, as our government renegotiates the health accord with the provinces, I look forward to seeing palliative care discussed. The work with the provinces, territories, and stakeholders is essential to providing options to end-of-life care.

My background is as a research coordinator and diabetes educator. I know how the roles and views of physicians and nurse practitioners are vital to this issue. As a member of the health committee, and someone who worked in the health care field for almost 20 years, I understand the importance of consulting the people on the front lines. Physicians and nurse practitioners are central to the end-of-life process. Their conscience rights will be respected in this legislation. We are working on the best way to ensure their views are always taken into account.

● (1150)

The rules in this legislation are clear and eligibility has been carefully defined. I want to be clear. There is nothing in the legislation that would compel any medical practitioner or authorized nurse practitioner to provide medical assistance in dying. The legislation is meant to balance access to medical assistance in dying while respecting the personal convictions of health care providers. This is about finding the right balance.

Canadians are looking to their doctors and nurses to provide health care and to help them maintain their quality of life. However, when the quality is no longer attainable, Canadians want to know that their health care providers will also help them when their choice is a dignified end to their lives.

We have struck the right balance in my view by having proper procedural safeguards. Access to medical assistance in dying would only be available to those who meet the following conditions: be a mentally competent adult who is at an advanced state of irreversible decline in capability; have a serious and incurable illness, disease, or disability; experience enduring and intolerable suffering; and whose death is reasonably foreseeable.

It will also remain a crime to assist a person either in dying or in causing a person's death in a situation other than lawful medical assistance in dying. Protective measures are a key part of the legislation to ensure that eligible patients have given informed consent. Patients have to make a written request for medical assistance in dying and have it signed by two independent witnesses. Two independent medical opinions have to confirm that the patient meets all the criteria. These first two criteria are intended to ensure that requests for medical assistance in dying are truly voluntary, that they reflect the wishes of the patient, and are not made as a result of external pressure.

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Our evidence-based approach will include regulating, monitoring, and reporting. This monitoring and reporting system will also be able to signal any issues or unexpected consequences. We want Canadians to see a system that is functioning and preventing abuses or errors. This will build up confidence and allow Canadians to make informed decisions about how the system should operate.

I appreciate how other members have spoken about how we will look to international models in terms of ways to work with the provinces and territories. This end-of-life coordination system will respect the role of the provinces, while providing access and respecting people's rights.

I want to recognize the work of the committees and the senators who have studied this matter and made recommendations around this debate. These recommendations and testimony from those on all sides of this issue should be taken into account. There have been a number of informative and heartfelt speeches by fellow members who I also want to take a moment to applaud. I also thank the Minister of Justice and the Minister of Health for their work in introducing the legislation.

Bill C-14 strikes a proper balance in view of the Supreme Court of Canada's decision and provides a needed legal framework. As parliamentarians we have the final say on behalf of the people we serve who elected us to be their voice. This is a debate that engages our morality, our sense of justice, and our compassion. It asks tough questions of our legal and medical systems.

We have talked to one another and heard some touching stories. We have reflected on how this issue affects all of us. It has called on us to hear the stories coming from the prospective Canadians who are suffering. It is often all too easy to forget what we would do if we were in their shoes. We often fail to truly appreciate the perspective and experience of those diagnosed with a terminal illness. Their dignity is challenged more and more as they reach their end.

We need to pass this legislation at the soonest possible opportunity. I hope all members will support the bill with me.

● (1155)

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, there is one part of the argument that the Liberals have put forward that makes absolutely no sense to me and that is the firm commitment they have given for \$3 billion toward palliative care. They say they have to negotiate the health accord and we have to do this and we have to do that. This matter is too important.

The Liberals thought that education for aboriginals was important and they put it in the budget. Now they are looking at the negotiation process. With respect to the \$3 billion for palliative care I do not know if they are trying to keep their deficit somewhere below that \$30 billion that they extended it to. It makes no sense that the money for palliative care is not in this budget while they are negotiating with the provinces in terms of how it be spent.

Ms. Sonia Sidhu: Mr. Speaker, I respect that we have heard a diversity of opinions for this bill. Palliative care is about dignity while dying from natural causes. Canadians have clearly indicated that they want to maintain their independence and receive care at home, including at the end of their lives. Recently, federal,

provincial, and territorial ministers of health agreed to work individually and collectively to improve home care to better meet the needs of patients closer to home, including those who need palliative care. This is the right plan that provides more options.

● (1200)

Ms. Cheryl Hardcastle (Windsor—Tecumseh, NDP): Mr. Speaker, I would like to ask my hon. colleague a bit more about some of the concepts. I am very concerned with the idea of this being a balanced approach, that in this case balance is a logical fallacy here because an evidence-based approach has been ignored so far. I do not understand how that can be compromised in this kind of a profound situation with a bill dealing with something as serious as medically assisted dying.

Is the member at all concerned that there has been no independent legal analysis sought with regard to adherence to the charter? There has not been any. Is that a concern at all in this so-called balanced approach?

Ms. Sonia Sidhu: Mr. Speaker, I thank my hon. colleague for that great question. Yes, the committee did great work. Without federal legislation in place, Canadians would face an uncertain situation. I respect the views, but the job is about representing our Constitution and Canadians' views in this place. It is also about passing evidence-based policies that benefit Canadians. The people of Brampton South elected me to be their voice here, to bring a different approach, and to implement our government's better plan. Bill C-14 is the right bill at the right time. It is the best approach. We need checks and balances. That is why the committee did a great job. Even the CMA said that. The Canadian Medical Association has pointed out that in the Carter decision, the "...parameters are vague in the extreme, and contain absolutely no clinical direction whatsoever".

The term "grievous and irremediable" which is used by the court is not a medical term, so we need more clarification for that. That is why the committee did great work. We listened to all the consultations and this is the right bill. We have listened to all Canadians, and this is the right bill that we have to bring.

Mr. Bryan May (Cambridge, Lib.): Mr. Speaker, I want to thank the member for Brampton South for her speech and her contribution to this debate.

The core principle that this debate is about, which is balance, cannot be emphasized enough. This has been mentioned by all sides. I am wondering if the hon. member can speak a bit more about the government's investment in palliative care, as well as possibly elaborating a bit on the work that has been done in each of the ridings to consult.

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Ms. Sonia Sidhu: Mr. Speaker, the Minister of Health has been very clear. She committed in this House, in response to the question I asked on May 2, to invest in palliative care. As part of a multi-year health accord, the federal government has committed to providing \$3 billion over the next four years to improve home care, including palliative care. The minister is working with the provinces and territories. Palliative care is more about dignity while dying from natural causes. That is the right plan. Our health minister is very keen to implement that, and that is what we are doing.

Hon. Robert Nault (Kenora, Lib.): Mr. Speaker, it is an honour to have this opportunity to speak to this legislation and enter this debate. First, I want to thank the leadership of all the parties for making this a free vote. This is such an emotional, difficult, and personal debate. Having had the opportunity to sit in the House since the eighties, I have had the opportunity to be involved in many debates. From my experience, this is one of the most difficult debates that as a parliamentarian I have entered into.

I want to be clear, as we start this discussion, that I support the legislation, and I will lay out to some extent the reason why I feel this way. This decision has to be based on our own personal life experiences and some would say, our own values. However, the reality is that all members in this place come from different parts of Canada, come from different experiences, and have different understandings in some respects of what we are entering into.

We all have to keep this in mind. This is fundamental societal change. This is fundamental because we are moving to allow individual Canadians, people we love, people we are close to, people who are our neighbours, our friends, the ability to have medical assistance in dying. It should be one of those debates that should not be taken lightly. Nor should it be a debate where we talk specifically about what the lawyers or the courts are saying. Yes, we have a court case to deal with and the Supreme Court has told us what its sense is, that in fact people have a right to assisted dying. However, we should not diminish the importance of what that may do to our country over the long term.

I want to use my experience as a member of Parliament to explain the rationale for being extremely careful and diligent in our decisions as we move forward over the next number of years.

I represent a riding that probably has the most suicides of anywhere in Canada. Over the last decade, I have watched hundreds of young people take their lives, people who I know their families, their moms and dads, and have watched with some horror as they have made that kind of decision. Yes, it is a little different than what we are debating today, but it defines how we feel about the objective of allowing people to make that ultimate decision of taking their own life with the medical assistance of others.

We should in some regard be careful not to assume what is being said by others in the House, for example, that the legislation does not go far enough, or that it may be not charter compliant because it is too restrictive, or that it goes too far for some people who have made equally compassionate arguments in the House. This decision has to be based on where we think we want our society to go. It is not up to the courts to define and to suggest, as some have suggested even today, that we have not gone far enough so therefore we have to go

all the way to a particular place because it may not potentially be compliant with the charter.

I sat in cabinet for a number of years and I have seen many legal arguments put to cabinet on different issues by legal counsel and on many occasions. On many occasions I have had the opportunity to see the decision made right or the decision made wrong, or the advice to be given not exactly as we had anticipated. Therefore, we cannot stand in this place and assure Canadians that this legislation is absolutely perfect one way or the other.

• (1205)

That is why I like the approach the government has taken. It has taken an approach that it is very restrictive. It gives society time to look at the other areas that we may consider, as parliamentarians, to allow people to take their own life, for example, minors.

As I said, I have had the experience of watching many young children take their lives. To talk about minors who are willing to take their lives and make it legal and easier, if I could put it in those terms, is not something I totally support. I am very concerned about that.

I am worried about the whole issue of advance requests. It is hard to predict the situation a person will find themselves in, so we need to have more study of the whole issue of advance requests, and minors and mental illness.

I support the legislation, not because the leadership told me to do it. I do not tend to work that way and never have. I think it is the best approach for something that would fundamentally change our society forever.

We have to remind ourselves as we stand here, and when we vote tonight, that someone close to us very soon will use this legislation. It may not be as comfortable and as simple as some people have made it sound. We have had this discussion today.

The legal framework is important. It is important for the Senate not to get into this discussion about whether or not it goes far enough. The reality of it is that if it is a framework that allows us to get the compliance we need through the charter, we should move forward on it. I want to make this clear. I do not care which legislation we would pass, the one the NDP seems to favour or the one the Conservatives seem to want to have, and I am not sure exactly which way that would go. That legislation will go to the Supreme Court to be tested as we move forward. It does not matter which legislation we pass because this is such a fundamental change to our society, there is no doubt people will go to the Supreme Court to test the reality of the legislation.

Here is the reality we face. Under the legislation, we allow mentally competent adults who are in an advanced state of irreversible decline in capability, have a serious and incurable illness, disease or disability and are experiencing enduring and intolerable suffering caused by their medical condition, and whose death has become reasonably foreseeable, taking into account all of their medical circumstances, to seek assisted dying. That is a pretty large amount to start with.

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I know this will change our health care system for the next generations. I strongly recommend to members of Parliament not to be too quick to judge what other generations will want to have 50, 100 years from now. We should be very careful about that.

I believe, as most Liberals do, in individual rights. I am not suggesting we restrict those, but the right to choose for people who are competent is fair. Having control and obviously the dignity in dying are very important concepts for me as a member of Parliament.

Today I am pleased to have this opportunity to make these comments. This is not a partisan issue. This will not get any member of Parliament more votes, one way or the other. This is a profound fundamental change in how I will deal with individuals every day with whom I am close. I want to ensure we get it right. If we did restrict it too much this time, I would rather do that than go too far.

• (1210)

Hon. Kevin Sorenson (Battle River—Crowfoot, CPC): Madam Speaker, when I first polled my constituents, I found that most of them were opposed to doctor-assisted suicide because they had heard stories about Belgium and the Netherlands, and had seen how it was a slippery slope. However, most of them believe that if these are fairly restricted, there are cases where it may be implemented. How do we stop the slippery slope? That is my question for the member.

Most Canadians want to be assured that doctor-assisted dying is limited to competent adult individuals, and the member spoke about that. They would not want those under the age of 18, who might feel depressed or have mental issues, to access assisted dying. As far as vulnerable people, how we confirm their capacity to consent is another concern.

In the last part of the member's speech, he said that he was a Liberal and that he believed in individual rights. Why do we not have in the legislation conscience rights protections for physicians and other medical practitioners who oppose physician-assisted dying? Right now, in Ontario, it is a requirement—

• (1215)

The Assistant Deputy Speaker (Mrs. Carol Hughes): Order, please. Other people will want to ask questions as well, and it is only five minutes. Therefore, I will give some time for a response.

The hon. member for Kenora.

Hon. Robert Nault: Madam Speaker, my colleague has asked a good question. It goes back to my original discussion that we should go slowly and take our time. We should not just let the Supreme Court, or courts, decide what Parliament should decide. We have to make decisions in this place based on what is good for Canadians, in accordance with their beliefs and values. They will be interpreted in the courts, as will this legislation. If in fact, as the member has suggested, we do not allow for conscience rights for members of the medical profession to not participate and if this is considered to be unacceptable to the courts, we will hear that, and we will have further debates.

I have been in this place for 17 years, and my colleague has been here quite a long time himself. We will continue to have this debate, because it is a fundamental change for us as a society. We cannot compare ourselves to other countries, and we should be very careful how we approach that.

[*Translation*]

Mr. Robert Aubin (Trois-Rivières, NDP): Madam Speaker, I listened carefully to my colleague's comments.

Two things really caught my attention. The first was at the beginning of his speech, when he commended the leadership of all the parties for allowing a free vote on this bill. Obviously, I also commend that. It seems to me, however, that in addition to a free vote, we should be making a more concerted effort to seek the broadest possible consensus in the House. I think that is where our views diverge somewhat.

Furthermore, at the end of his speech, the other point that struck me is when he said that, no matter which legislation we pass, whether it is an NDP, Conservative, or Liberal bill, it will face a court challenge.

My question is very simple: why did the Liberals refuse to refer the bill to the Supreme Court, which would have ensured that it was acceptable?

[*English*]

Hon. Robert Nault: Madam Speaker, the use of sending references to the Supreme Court should be used sparingly. I know the opposition tends to like the idea of sending this to the Supreme Court. I am sure it will go to the Supreme Court, but it will go on specific matters, not based on whether we think the overall bill is charter compliant or not.

I firmly believe the bill is charter compliant. I agree with the minister that it does meet the test, and that it will not be the bill we are dealing with specifically, Bill C-14. It will be matters like whether we did not go far enough, and others will challenge that.

I know you are trying to hurry me up, Madam Speaker. I was going to answer the other question. Maybe I will get it in the next go-around.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I want to remind members that there are five minutes of questions and answers, which is not a lot of time. If members can keep their questions as short as possible, we can get as many in as possible.

The hon. member for Provencher.

Mr. Ted Falk (Provencher, CPC): Madam Speaker, I want to start by saying that I will be splitting my time with the member for Selkirk—Interlake.

I want to say right from the outset that I am conceptually opposed to Bill C-14. I believe in the sanctity of life, and I believe that all life, from conception right through to natural death, has value, has worth, and has purpose.

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As a sitting member of the committee for justice and human rights, I spent several weeks together with the committee in significant and lengthy meetings examining Bill C-14. We spent long days listening to witness testimony from experts and organizations from all over the country, and then doing a clause-by-clause analysis of the bill. Despite the many concerns voiced again and again by witnesses, there were no meaningful amendments made to the bill.

Bill C-14 is called medical assistance in dying, but make no mistake, Bill C-14 is physician-assisted suicide. It is important that we make this distinction. The gravity of the bill should not be undermined by the colourful wording. The bill would change Canada forever, and it would be naive to think that Canada's most vulnerable people would not be at risk under the bill in its present state. This is the most significant social re-engineering bill in the past 25 years, because it changes how we view the sanctity of life.

The Supreme Court was very clear that physician-assisted suicide is not a charter right, but it is an exemption that could be provided on an exception basis providing individuals meet certain criteria. The person must be a competent adult who clearly consents to the termination of life, who has a grievous and irremediable medical condition, including an illness, disease, or disability that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.

Bill C-14 clearly goes beyond the Supreme Court decision with a mandate to study making physician-assisted suicide available to mature minors, exploring the concept of advance directives, and providing physician-assisted suicide to mentally disabled individuals. This is just not acceptable.

The committee heard testimony from approximately 42 individuals and/or groups who all have a vested interest in this issue. Over 100 amendments were presented to committee based on evidence from witness testimony provided to committee. Sadly, the Liberals did not present any substantive amendments, and in fact, voted against any meaningful amendments presented by any of the opposition parties. The Conservatives presented many thoughtful amendments that would have strengthened the bill and added important safeguards, as they did last night at report stage. This is a missed opportunity.

Let me highlight just a few of these missed amendments, these missed opportunities.

These amendments included things like assuring that only trained and qualified medical practitioners, in other words physicians, would assess the individual and administer the lethal cocktail that would eventually procure death. The way the legislation is presently drafted, it would allow a person to obtain the lethal drug from pharmacists, take it home, self-administer, and procure their own death. This worries me, and it should worry every Canadian. Witnesses presented testimony that in other jurisdictions that permit this practice, 30% to 40% of prescriptions for death go unused.

What happens to these unused drugs? What if the drugs fall into the wrong hands? What if the drugs were not administered properly? What if they did not take all of it and complications set in as a result? How can we be sure that the individuals were not at some point

pressured into it? There are just way too many unanswered questions in the bill.

The bill would also make it near impossible for medical practitioners to monitor and report on subsequent events. Did the patient self-administer the drug or did the patient die from an illness? How do we ensure that we have the correct data to track euthanasia in Canada? These are valid concerns being voiced by Canadians, and it could have been addressed in the amendments that we proposed at committee.

•(1220)

The Liberals are unwilling to consider an amendment to ensure physician supervision during the procedure.

In addition, Bill C-14 allows for nurse practitioners to provide medical assistance in dying. There are substantial differences between a medical practitioner and a nurse practitioner, including the length of time spent training and the ability to prescribe various narcotics, yet suddenly, in this bill, we are affording them the ability to assess an individual's eligibility for physician-assisted suicide and prescribe life-ending cocktails, which is in stark contrast to the typical expectations we have of nurse practitioners.

This goes too far and is another issue we sought to address in the bill. Again, this is a missed opportunity.

We also provided an amendment that would have removed psychological suffering as an eligibility consideration for physician-assisted suicide. This, quite simply, leaves too much room for interpretation. Allowing for psychological suffering as an eligibility consideration is the start of a very slippery slope in terms of who can receive physician-assisted suicide and for what purpose.

We also suggested that "reasonably foreseeable death", as defined in the bill, would be replaced with imminent death or at least death expected within 30 days. We heard testimony from witnesses on either end of the spectrum raising various concerns about this wording. "Reasonably foreseeable" in one physician's eyes could be completely different in the eyes of another. This will certainly open the door to uncertainty among patients and practitioners, and will definitely lead to subsequent lawsuits.

To further strengthen safeguards, we proposed an amendment requiring that prior judicial review had occurred to ensure that all criteria for physician-assisted suicide eligibility had been met.

Dr. Will Johnston, chair of the Euthanasia Prevention Coalition of British Columbia, came to testify before committee. He said the following:

...although it might be assumed, nowhere specifies that doctors must actually examine the patient, the extent to which they must do so, or the extent that doctors must inquire into the internal and external factors that create vulnerability for the patient.

Dr. Johnston brings forward a valuable consideration. Bill C-14 does not stipulate to what degree a patient should be examined nor does it require examination of the factors creating vulnerability for the patient.

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In addition, we know that this is a complicated matter and difficult to address in legislation. Every individual and every disease presents a different set of challenges. Judicial oversight would ensure that individuals meet all the criteria given their unique set of circumstances and would further protect Canada's most vulnerable people. Again, this very reasonable amendment was rejected.

We also put forward a request that palliative care consultation be included as a criterion for seeking physician-assisted death. Patients would be made aware of all options available to them and ensure palliative care options were understood, offered, and available.

We heard time and again in committee that access to palliative care is a problem in this country. We also heard that palliative care, especially chronic pain treatment and counselling services, is very successful at alleviating the suffering, depression, and anxiety, things that lead people to wish to hasten their death.

The minister spoke on palliative care, and insisted that palliative care and physician-assisted suicide go hand in hand, yet the committee refused to adopt palliative care consultations as a prerequisite component in the bill.

The Canadian Society of Palliative Care Physicians outlined the issue well before committee. They wrote:

In order to ensure that medically assisted death is not our first or only response to human suffering, we need to build in an explicit legal requirement to identify, explore and record the sources of a person's suffering and attempt to address the motivations of his/her request for death. This should not be undertaken as a screening or determination process, but rather an opportunity to ensure that a person who requests an assisted death is fully informed of available options for treatment.... The Bill should be amended to incorporate a meaningful right for patients to be informed of the full range of available treatments, technologies and supports that could ease their suffering, whatever its source.

Palliative care consultations would protect patients and ensure that physician-assisted death does not become the first response to human suffering. I cannot understand why the government would not want to ensure patients have sought out all other alternatives before requesting physician-assisted death.

One of the things we were very clear about, which the evidence produced over and over again in committee, was the whole need for conscience rights protection, not only for individuals but institutions. This came across as a large concern. We presented several amendments to committee that would have met the concern of many institutions and individuals that may be forced or required to offer this service. These amendments were all rejected, not only at committee but they were rejected here last night at report stage as well. We find that unacceptable.

• (1225)

Mr. Anthony Housefather (Mount Royal, Lib.): Madam Speaker, I want to congratulate my hon. colleague on the excellent work he is doing as deputy chair of the Standing Committee on Justice and Human Rights. While we disagree about the ramifications or the outcome of the committee hearings, I want to thank him for his part in the process. It is always a pleasure working with him.

I disagree that there were no meaningful amendments made at committee. There were 16 amendments made, including issues of conscience and palliative care. What is problematic is that we talk about the Liberals rejecting them, but the Liberals did not reject amendments that were proposed by the opposition and vote against

them. I do not know of any occasion when the NDP, Bloc, and the Green Party agreed with the Conservatives. There were always differences and the Liberals were sort of in the middle, agreeing with some and not agreeing with others. Therefore, I do not think it is fair to say the government or the Liberals rejected the amendments.

I will give one example and ask my hon. friend if he can respond to it. My hon. friend spoke of an amendment that came up at committee related to—

• (1230)

The Assistant Deputy Speaker (Mrs. Carol Hughes): As I have mentioned, members have to try to keep their questions short so that others have the opportunity to ask questions as well. I will now ask the member to respond.

The hon. member for Provencher.

Mr. Ted Falk: Madam Speaker, I am not sure what I am responding to, but I also want to make reference to my colleague from Mount Royal. He chairs the Standing Committee on Justice and Human Rights and he does a very admirable job. He serves us and this country well. He seeks to maintain a neutral and unbiased position, and gives us all an opportunity to present our concerns.

However, he is not completely accurate when he states that amendments were considered, because the consideration Conservatives asked for regarding conscience rights, in particular, was to have the bill amended, not merely to amend the preamble. The preamble states that no one shall be compelled by this legislation to perform physician-assisted suicide, but it does not provide specific and implicit conscience rights protection for health care individuals.

Ms. Cheryl Hardcastle (Windsor—Tecumseh, NDP): Madam Speaker, I want to ask my hon. colleague to expand on the issue of amendments being addressed. Would he agree that no opposition amendments were accepted that were to the core provisions of the bill and that they were mostly minor or technical clarifications in nature?

Mr. Ted Falk: Madam Speaker, I want to thank my colleague for that question because she is absolutely correct. There were no meaningful amendments directed toward the core of the bill that were accepted. The amendments that were accepted were minor in nature, or technical. The only substantive amendment of any sort, which is weak, is that there will be a palliative care review conducted every five years, along with a review of physician-assisted suicide legislation. Other than that, there were no amendments accepted by the Liberal government from the NDP, the Bloc, the Green Party, or the Conservative Party that were of any consequence.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Madam Speaker, I am going to use an example again. The Liberals promised \$3 billion for palliative care. They say they cannot put it in the budget because they have to negotiate with the provinces. I notice that they certainly have not completed their negotiations with the provinces in terms of how the infrastructure money is going to be spent.

The Liberals made a promise on something as critical as palliative care. I would ask my colleague if their excuse of still having to come to some sort of conclusion with the provinces actually holds any sway, because I have not received a good answer on that issue from any of the Liberals.

Mr. Ted Falk: Madam Speaker, that is a great question, because the Liberals did make a commitment to provide funding for palliative care. The doctors and nurses I have spoken to have said that when proper palliative care is available, the need for physician-assisted suicide just about falls down to nil. Had the money been in the budget that was promised by the Liberal government during the campaign, it would have helped to address that concern.

If we could provide proper palliative care for individuals, it would address the two basic fears that people told me they have at end of life. Number one is whether the pain can be controlled and number two is whether they can be helped with their fear, and both of those things can be addressed through proper palliative care.

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Madam Speaker, I rise somewhat concerned today that I am finally, for the first time, able to speak to Bill C-14. We are at third reading. This bill has been rammed through the House. The Liberals have brought in closure time and again with this bill. Every time it was debated, whether at second reading or report stage, I was not available, or the time was so constrained and the list of speakers of the members of Parliament was so long, that I could not get on the list. Finally, I am able to speak today to Bill C-14 to reflect my concerns and those of my constituents on this bill.

When closure is used in dealing with issues of conscience like we are dealing with today with respect to physician-assisted death or doctor-assisted suicide, whatever we want to call it, we need to take the time to have the debate. We need to have the discussion among parliamentarians and talk to the appropriate experts to ensure that we get this right. If the Liberals rush this bill through the legislative process in the House and if they try to do it in the Senate, I can guarantee that mistakes will be made and this bill will be facing court challenges in a relatively short period of time.

I also have to reflect what my friend from the riding of Provencher said today. It is extremely disappointing that so many reasonable amendments were presented by members of the opposition parties, and not one of them found their way into this bill at report stage last night. That truly is disappointing.

In my riding of Selkirk—Interlake—Eastman, the topic of physician-assisted suicide is divisive, as it is right across the country. The majority of constituents who have contacted my office have been opposed to this policy, on two fronts: first, many people have deeply held moral, ethical, and religious beliefs that are strongly against assisted suicide; and, second, many believe that the policy will be used prematurely to end the lives of those who have become a burden to their families, society, or the medical system.

It is important to note that the Liberals broke a key election promise to invest \$3 billion into long term care, including palliative care. Access to palliative care is an essential part of end-of-life decision-making. There was unanimous agreement on the Special Joint Committee on Physician-Assisted Dying and among stakeholders, including the Canadian Medical Association, on the need

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for a pan-Canadian strategy on palliative care, with dedicated funding. This would be an important step forward for Canada. It is something that the Liberals have glossed over in favour of introducing this legislation in a very careless and expeditious manner.

Many medical doctors, nurses, and health care professionals are conflicted with the ethical and moral conundrum that assisted suicide presents, as it runs counter to the modern adaptation of the Hippocratic oath. The University of Ottawa captures the challenge of this principle. It states:

Given the complexity of medicine in the 21st century, an ancient oath cannot possibly encompass current values. Therefore, the significance of the Hippocratic Oath does not reside in its specific guidelines, but rather, in its symbolism of an ideal: the selfless dedication to the preservation of human life.

I would stress “the preservation of human life”.

Although the Canadian Medical Association in the last year has turned its back on its previous position on physician-assisted suicide, the Supreme Court of Canada went to great lengths and grasped at straws to change its position from its previous rulings as to whether there should be exemptions offered for physician-assisted suicide.

The Canadian Medical Association is a member of the World Medical Assembly, which adopted a resolution back in 1992 on this. It revised it slightly in 2005, but reaffirmed it in April of 2015 in Oslo. It states:

Physician-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically. However the right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient.

● (1240)

Quite clearly, the World Medical Association, doctors and physicians from right around the globe, is saying that this is unethical.

As has been pointed out, we are quite concerned from our side, and I am in particular, about the charter rights under sections on the freedom of conscience. As has been noted, there was a minor amendment made to Bill C-14 in the preamble to allow for the protection of individuals but not of institutions. Is it strong enough to be considered legal in a case that goes before the courts, the Canadian Human Rights Commission, or one of the provincial human rights commissions, if section 2 is defined in the preamble but is not actually in the clauses of the legislation itself?

Institutions would be exempt, and I know that some members have had conversations with people at some institutions who are very concerned about this. I looked to the St. Boniface General Hospital in Winnipeg, a Catholic-run hospital. They are quite concerned that they, as an institution, will have to violate their own religious and moral beliefs to provide assisted suicide. They believe in the sanctity of life, as many of us on our side do also.

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Like most Canadians, I have watched loved ones succumb to lengthy and chronic debilitating illnesses. Dying with dignity is desired by all Canadians. Unfortunately, only a handful of us will die in our sleep with minimal discomfort or pain. I do not believe that we should institute a policy that will provide physician-assisted suicide to every Canadian when they are near their end of life. Dying with dignity does not apply only to physician-assisted suicide. Expanding and improving palliative care services is by far the better public policy, and should be a priority of all health care providers across this country. I am recommitting to working with like-minded Canadians and policy-makers, and parliamentarians right here, who want to enhance palliative care in Manitoba and across the country. My wife Kelly works as a nurse in a personal care home and provides palliative care services all the time. She agrees that strengthening palliative care services will allow more Canadians to die with dignity.

I have met with the Manitoba League of Persons with Disabilities and talked to Carlos Sosa, who is the Manitoba representative on the Council of Canadians with Disabilities. They are very concerned with the way that Bill C-14 is laid out right now because it would do little to address the concerns of the vulnerable and how the law would deal with people in the disabled community. In particular, the bill would not provide for an assessment of vulnerabilities that may induce a person to assist and seek an assisted suicide. It does not have an expedited prior review and authorization by a judge or independent body with expertise in fields of health care, ethics, and law. This was one of the amendments we brought forward last night, and it was defeated.

Rhonda Wiebe, who is the co-chair of the Canadian Council of Disabilities end of life ethics committee, said:

In the Carter decision, the Supreme Court of Canada gave the Government of Canada two assignments (1) develop a regime to provide dying people access to assisted suicide and (2) protect vulnerable Canadians who at a time of weakness may be influenced to accept medical aid in dying. Unfortunately, [Bill] C-14 has some serious gaps when it comes to protecting the vulnerable..... Canada must do enough to protect people like [her] and other Canadians with disabilities who can be made vulnerable by both [their] health conditions and [their] social and economic circumstances.

I am privileged to belong to a political party that allows for free votes on issues of moral and religious beliefs. On policies such as physician-assisted suicide, Conservative members are free to either reflect the will of their constituents or to vote according to their personal beliefs. As someone with very strong Christian values, I cannot support Bill C-14. Bill C-14 needs better protection in place for youth under the age of 18, and safeguards for those who are vulnerable, including those who are dealing with mental health challenges.

Mr. Anthony Housefather (Mount Royal, Lib.): Madam Speaker, I am sure that my hon. colleague inadvertently stated something that is not correct, which is that conscience amendments were not added to the bill. We did have a conscience amendment that was drafted in conjunction with the member for St. Albert—Edmonton, the member for Victoria, the member for Central Nova, and I, which is in the bill. The preamble was amended and the bill itself was amended. I just want to correct him on that point.

There was a judgment by the Alberta court yesterday, saying that a non-Canadian citizen, not eligible for medicare, was eligible for

physician-assisted dying. We have had a judgment from the Court of Appeal of Alberta that stated that a psychiatric patient of 58 years old who was not dying—death was not only not imminent but not even foreseeable—was eligible.

Does the hon. member not agree that without this law being adopted by June 6, and without safeguards in place, such as two opinions, a waiting period, and all of the other safeguards in the bill, that we will be going down a very slippery slope?

• (1245)

Mr. James Bezan: I do agree, Madam Speaker, that we do not want the slippery slope. We do not want judges, without any background at all in the ethics or medical field, making rulings on individuals in cases like the member for Mount Royal just outlined.

We also know that the amendment that was accepted was rather watered down. Again, it is in the preamble and not in the body of the bill.

We have some options here. The government has options. It can request an extension from the Supreme Court of Canada so we do not have to go for the June 6 deadline. We can work with the opposition members and make this right and accept some of these amendments that we brought forward and are very reasonable, or we could use the notwithstanding clause. There are options out there, but ultimately I ask people to defeat the bill.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, we are dealing with a closure motion today that allows very few members of Parliament to speak. We saw a couple of weeks ago that the government pulled Bill C-14 from the Order Paper a number of times when members of Parliament wanted to speak on it.

We saw, as well, a government refusing even the ability yesterday, under closure, knowing that we had a vote on Monday evening, to allow members of Parliament to speak during the day. It defies logic that a non-partisan bill of this nature would be treated so reprehensibly by the government.

Given all of the concerns raised by legal and medical professionals, their communities, the concerns about the lack of constitutionality of the bill, which has now been pointed out in two court decisions, why does the member think the government is trying to ram through this bill in such a partisan and inappropriate way?

Mr. James Bezan: Madam Speaker, there is no question that this is an issue that deserves to have the proper time for debate in Parliament. The government, for whatever reason, other than the June 6 deadline, rather than doing the right thing and asking for another extension so we can get this right, is using closure, very autocratic measures to limit debate, and not allowing us, as parliamentarians, to express the will of our constituents or our own personal beliefs.

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We know we should have the time to get it right. Whenever we see these types of motions, especially on legislation that will affect the long-term history of Canada—this is something that will go on into the future with little chance for amendment or change—we have to get it right. The way we do that is not through using closure and draconian measure that the Liberals have forced upon us.

Hon. Kevin Sorenson (Battle River—Crowfoot, CPC): Madam Speaker, with all due respect, the member who gave his speech talked a bit about why the government would have done it. In some ways it may be competence or incompetence. The Liberals pushed this off as long as they could, expecting that they would be able to ramrod it through, and now they are saying they will not make the June 6 deadline. What will they do? That very well may be it.

I thank the hon. member for speaking on palliative care. Why does my colleague who gave the speech believe that the government would not have addressed palliative care initially in the budget, saying that it recognized what was coming and offering its commitment to palliative care?

Through all this debate—

• (1250)

The Assistant Deputy Speaker (Mrs. Carol Hughes): I want to give the member a chance to respond, so I will ask for a brief answer from the member for Selkirk—Interlake—Eastman.

Mr. James Bezan: Madam Speaker, I agree with my friend from Battle River—Crowfoot. There is no question that this legislation is being ramrodded through without proper consideration. There is no question that the issue of palliative care is not even addressed in the budget or in this policy development that we are working on right now. If we are going to deal with end-of-life issues properly, we need to have palliative care.

All the Liberals want to do is talk about those issues without committing the dollars that they promised they were going to commit.

[*Translation*]

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Madam Speaker, I will be sharing my time with my hon. colleague from Pierrefonds—Dollard.

[*English*]

In this postmodern world of ours, with its tendency at times toward a certain kind of what some might call libertarian relativism, we must continue to believe and affirm that there exist values that we can all agree are objectively good and worth protecting and promoting, values that should inform, motivate, and guide us both individually and collectively. Namely, we must subscribe to the imperative that we as human beings have a duty to support each other in our struggle in this fight for life, as some colleagues have put it, this struggle against the undeniable reality of our finite existence, our mortality. Every moment of life has value. This truth is to be asserted and upheld. This is the prevailing consensus, one that has become deeply rooted and entrenched in society over the course of history. It is also our best instinct. Many of my constituents fear that Bill C-14 would undermine this consensus, this instinct. I understand this fear.

We cannot allow ourselves to fall into indifference, to be quietly seduced by the facile notion found in the well-worn phrase “to each his own”, whereby we agree on everyone's right to choose, but beyond that we do not think it our business to provide reinforcement for the desirable and good choice. When I hear anyone appear to frame the debate on medical assistance in dying as one of pure libertarian choice, I must admit that a little part of me shudders.

After much reflection, I do not believe that Bill C-14 would necessarily lead us down a path to an increasingly permissive and contagious attitude toward self-directed death.

I would like to quote bioethicist Margaret Somerville, someone generally identified as a philosophical conservative on bioethical matters, someone who has written on the dangers of legalized doctor-assisted death:

The bill would legislate these actions as an “exemption” from—an exception to—prosecution for the Criminal Code offences of culpable homicide and assisted suicide that would otherwise be committed. Treating medically assisted dying as an exception will help to ensure, as is essential, that it does not become part of the norm for how Canadians die;

In other words, Bill C-14 would not normalize medically assisted dying as perhaps has occurred in Belgium and the Netherlands, the two most often cited examples of the slippery slope.

Dr. Sommerville goes on to say that:

Recognizing medically assisted dying as an exception also helps to establish that access to it is not a right but rather, under certain conditions, an immunity from prosecution for a criminal offence....

This approach, she further states, “carries an important anti-suicide public health message.”

I would add that the government has taken care to emphasize this message in the bill's preamble, which acknowledges that “suicide is a significant public health issue that can have lasting and harmful effects on individuals, families and communities”.

I am not a doctor who deals with life and death on a daily basis and I have never been at death's door.

[*Translation*]

Like every one of us here, I am an elected member trying to make the best possible decision in the context of the undeniable reality that the Supreme Court made a unanimous decision in the heart-rending Carter case.

The court's decision requires Parliament to create a new legal framework to regulate a specific aspect of end of life. If we fail to do our jobs now, the result will be a partial legal and regulatory vacuum. To quote the Ontario Hospital Association, if the bill is not passed by June 6, “Assisted dying would be lawful where it is provided in accordance with the parameters established by the Court and provincial regulatory bodies.”

• (1255)

[*English*]

The parameters set out by the court are fairly general. The court did not offer precise prescriptions for what an operative medical assistance in dying framework should look like. It is not the role of the courts to be so prescriptive.

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This is not to say that I do not have concerns in voting for this legislation. Absent a Supreme Court ruling, and had the issue been raised once again through a private member's bill, I would very likely not have voted for medical assistance in dying. I have already, in the past, voted against a private member's bill on doctor-assisted suicide.

However, we do have a Supreme Court decision that creates a requirement to act. The Prime Minister and the Minister of Justice and the Minister of Health have, in my view, acted wisely in taking a cautious approach to the issue, notwithstanding the excellent work of the special joint committee under the capable and intelligent stewardship of my friend and colleague the member for Don Valley West.

The bill may not be perfect, but I believe it would be a mistake to suggest that it leaves a wide-open field in medically assisted dying, a fear expressed to me by many thoughtful constituents committed in the highest degree to the protection of human life.

Bill C-14 would establish numerous criteria to be met before access to medically assisted dying could be granted. In addition to being 18 years of age, the person must have a grievous and irremediable medical condition that meets four distinct criteria: the illness, disease, or disability must be serious and incurable; the individual must be in an advanced state of irreversible decline; moreover, the illness must be causing enduring physical or psychological suffering that is intolerable; and natural death must be said to be reasonably foreseeable. In addition, the person must make a voluntary request that is free from external pressure and that is the result of informed consent.

The bill also includes a number of safeguards, and the individual must make a request in writing or through another reliable means. If the request is being signed by a proxy, that proxy must be at least 18 years of age and understand the nature of the request. The request must be made after the person has been informed that his or her natural death has become reasonably foreseeable.

The request must be signed and dated before two independent witnesses, and in turn, these witnesses must not consciously be beneficiaries, financial or in any other material way, of the individual making the request, and they must not be directly involved in providing personal care to the person making the request.

Two medical practitioners must provide a written opinion confirming that the person meets the eligibility criteria, and these medical practitioners must be independent. For example, one cannot be a supervisor of the other or a mentor of the other.

Crucially, the person must be informed that he or she has an opportunity to withdraw the request at any time.

All of this said, I am not at all convinced that medical assistance in dying is a serene and dignified phenomenon, even if often depicted in this way. I suspect that complications may arise. This is why it is crucial and to the government's credit that the bill allows for monitoring of medical assistance in dying through detailed reporting.

[*Translation*]

A few years ago, a handful of parliamentarians, including the members for Kitchener—Conestoga and Carlton Trail—Eagle

Creek, the former members for Newmarket—Aurora, Guelph, and Windsor—Tecumseh, and myself, wondered about enhancing and improving palliative care in Canada.

[*English*]

We founded the committee on compassionate and palliative care and produced a report. The silver lining in this debate is that palliative care is receiving a degree of attention never before seen in this chamber or in national discourse at large.

It is my sincere hope that, once quality palliative care of the kind provided by the West Island Palliative Care Residence is available through appropriate federal and provincial funding to all Canadians approaching death, this legislation will become somewhat of a relic, and medical assistance in dying will no longer be considered the default option in relieving end of life pain and suffering.

In this regard, I am heartened that, in addition to the government's existing commitment to do more to fund palliative care, the bill makes specific reference to this commitment. The advent of universally available quality palliative care will hopefully one day be seen as the high-water mark in the measure of a truly just society.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, my Liberal colleagues are lavish in their praise of the minister. They think that the bill is perfect and will easily pass the test of the charter and the courts.

My question is simple. How does Bill C-14 guarantee a reasonable expectation of the right to life; liberty, by which I mean freedom of conscience in the sense of respecting autonomy; and security of the person, in the case of a person suffering from a grievous and irremediable illness, if the person has to go on a hunger strike to be eligible for medical assistance in dying and meet the reasonably foreseeable natural death criterion?

• (1300)

Mr. Francis Scarpaleggia: Madam Speaker, I am unaware of the specific case mentioned by my colleague.

Mr. Luc Thériault: Carter.

Mr. Francis Scarpaleggia: I am told that it is the Carter case. We believe, as the Minister of Justice has mentioned on many occasions, that Ms. Carter would have been eligible under the criteria established by the bill. I concur with that opinion and I respect it.

Naturally, there will be differences of opinion about this legislation. I am certain that we have not seen the end of litigation.

Mr. David de Burgh Graham (Laurentides—Labelle, Lib.): Madam Speaker, I would like to thank my colleague from Lac-Saint-Louis for his good speech.

Is he satisfied with the process that took place and is he pleased with the result?

Mr. Francis Scarpaleggia: Madam Speaker, I am pleased with the outcome of the debate. I believe that we have had a very comprehensive debate on the issue. I have been here until midnight at least once to listen to the excellent speeches of members from all parties in the House on the issue.

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We must not forget that, unlike some legislation debated in the House, this matter is also currently being debated by society at large. This debate is not being held in a vacuum. Not only do members have the opportunity to express their opinions, and as far as I know most have done so, but this debate is also being held in the media, in people's kitchens and in community centres.

Mr. Robert Aubin (Trois-Rivières, NDP): Madam Speaker, I would like to thank my colleague for his comments.

I would like to go back to the criterion of reasonably foreseeable natural death because in Quebec there have been people who starved themselves in an attempt to meet this criterion.

Does the member not believe that this criterion runs completely counter to the guidelines established by the Carter ruling?

Mr. Francis Scarpaleggia: Madam Speaker, we put a lot of faith in the Supreme Court's opinion, as we should.

Right now, we cannot predict how the Supreme Court will rule if this bill ends up before it. Chances are good that the court will respect the will of the House that is expressed this evening at third reading.

We believe that the bill is consistent with the parameters set out by the court in Carter. We also believe that the court will, to a large extent, respect the will of the House, which is sincerely trying to act in accordance with the court's decision in Carter.

[English]

Mr. Frank Baylis (Pierrefonds—Dollard, Lib.): Madam Speaker, there is a poem by the great Welsh poet, Dylan Thomas, entitled, *Do Not Go Gentle Into That Good Night*. It is a poem of a son calling out to his dying father to fight his imminent death, and it ends as follows:

And you, my father, there on the sad height,
Curse, bless, me now with your fierce tears, I pray.
Do not go gentle into that good night.
Rage, rage against the dying of the light.

He is imploring his father to fight to the very end, to rage against the dying of the light. I believe this stanza describes the very essence of western philosophy when it comes to dying. Simply put, do not accept death.

However, life is terminal. The very definition of life is to die. A rock does not live, because a rock does not die. A tree lives, because a tree dies. A person lives, because he or she dies. So, am I going to die?

This is the subject of an excellent Ted Talks by a first responder. It is about a paramedic who would often arrive at the scene of an accident only to find a victim whose injuries were so severe that he or she was not going to survive. These victims would inevitably look up to this paramedic and ask: "Am I going to die?" In those moments, he would always lie and say no. He did so because he thought that was the kind, caring thing to do. Then a few years ago, he arrived at the scene of a severe motorcycle accident to find a victim who again asked the same question. For some reason, he told the truth and said yes. The reaction was not what he expected. The victim showed calm, inner peace, wisdom, and acceptance. From that time forward, he always told the truth.

Dylan Thomas in his poem tells us "wise men at their end know dark is right". Therefore, am I going to die? Yes. We are all going to die.

Now we find ourselves discussing an issue that is foreign to many of us. With Bill C-14, we are trying to determine when it is acceptable to accept to die. That is to say, when it is acceptable to go gentle into that good night. This is essentially what we are debating with this bill.

Some argue that the bill should follow the Supreme Court's ruling to the letter. Some argue that the bill should be broad to encompass all possible scenarios. Some argue that the bill should be narrow and restricted so as to protect the vulnerable. Some argue that there should be no bill at all, and we should not be on this path regardless of what the Supreme Court says.

Here in the House we have had great debate on this matter. It has been passionate, intelligent, and respectful. It has been the House of Parliament at its best. For example, the member for St. Albert—Edmonton, who was on the special joint committee that prepared the guiding report for this legislation, has spoken eloquently on why he believes this bill is missing certain key protections. On the other hand, the member for Victoria, who was also on the special joint committee, has expressed, in a thoughtful, intelligent manner, his strong belief that the bill is too restrictive in certain areas.

I have received numerous personal letters from many sides of this argument, letters from people who are suffering now and fear not being able to access this gentle path when their time comes. Other letters are from caregivers who look after the grievously sick, the aged, and the mentally incapacitated. They are deeply concerned that these vulnerable people will not be protected. My own father has written on this bill.

I was out meeting constituents a few weeks ago and a lady came up to me. She said that she really liked what my father had written in the newspaper. Now, people get confused at times, and I did not know about this, so I just thanked her. When I got home, I called my father and asked if he wrote something in the paper. He said, "Yes". I asked to see it, if he could email it me. He said, "No, I've erased it", because he does not like to keep clutter on his computer.

I asked him to explain the gist of what he said, and he went on to explain that the term "reasonably foreseeable natural death" was a difficult one, even for a physician. My father had suffered severe heart attacks 25 years ago and was told to put his affairs in order by his physician.

● (1305)

Here he was, using the example of his own life to say, "I am alive 25 years later." He is alive because on a dark night 25 years ago, he chose to "rage against the dying of the light."

None of these people are wrong. Everyone has an opinion, and everyone's opinion is valid. For each person, that destination, that moment in time when it is acceptable to accept death is different, and rightfully so.

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If the destination is uncertain, how do we arrive at it? Cautiously. There is a concept in engineering called “overshoot”. Simply put, the faster one arrives at the destination, the more likely one is to overshoot it. For example, if someone is driving in a car toward a stop sign and if he or she is going very fast and slams on the brakes, the individual will shoot past the stop sign. On the other hand, if someone goes very slowly, it will take that individual a very long time to get to the stop sign and he or she may even stop short.

We have an uncertain destination that is different for each person. How do we get there? Cautiously. We go toward that destination slowly. This is precisely the approach that the Minister of Health and the Minister of Justice have decided to take.

With Bill C-14, we are moving forward to this destination slowly, and we accept that we may even stop short. The bill acknowledges this. It is explicitly written into the law that it will be re-examined in a few years' time, precisely to allow for adjustments.

This is a very wise approach, and I commend the Minister of Health and the Minister of Justice for the work they have done to bring us here.

In summary, we will all face our death. At that time, some of us will choose to fight death to bitter end. As a society, we already support that decision and we use the full weight of our medical system to help those people who choose to “rage against the dying of the light”.

On the other hand, some of us will choose to accept death with inner peace and calm. As a society, we must now accept their decision and allow our medical system to help them. With this bill, we will help some of those people to “go gentle into that good night.”

● (1310)

[*Translation*]

Mr. François Choquette (Drummond, NDP): Madam Speaker, I am pleased to participate in this debate. This discussion is really important for everyone in the Drummond region. In my region, people are very concerned about palliative care. We have people who are working very hard in the field of palliative care in the greater Drummond region. For example, there is Maison René-Verrier, which provides wonderful palliative care. I know that palliative care is important to the Liberals, but unfortunately, there was nothing in the most recent budget in that regard. There is also nothing in this bill to indicate that the government is really going to focus on palliative care. I would like to hear my colleague's thoughts on that.

Mr. Frank Baylis: Madam Speaker, that is an excellent question. Palliative care plays a key role in a person's decision about whether or not to choose medical assistance in dying. On the West Island of Montreal, we are lucky to have the West Island Palliative Care Residence, which is known throughout Canada for its expertise in palliative care. I know that we have already taken steps to talk to the people who work there to find out more about their excellent model so that it can be expanded upon and applied across the country.

[*English*]

Mr. Anthony Housefather (Mount Royal, Lib.): Madam Speaker, the member for Drummond mentioned palliative care. Perhaps he is not aware that at committee we inserted palliative care

in the bill twice, in the preamble and in the bill. In the preamble we stated that palliative care, and the Minister of Health's requirement to work with her provincial and territorial counterparts on palliative care, was an essential issue that needed to be done. In the bill we stated that, after five years, the committee reporting on medically assisted dying also needed to report on palliative care, because nobody in the country should exercise medical assistance in dying because of a lack of good palliative care.

Was the member for Pierrefonds—Dollard aware of these amendments, and could he talk more about the government's commitment to palliative care?

Mr. Frank Baylis: Madam Speaker, again, palliative care is a critically important aspect of the decision that one day all of us will face. Hopefully, it will be there for all of us.

As the member mentioned, this is part of the preamble and an essential part of the process we are going through. Some people are frustrated that everything is not done at once, that everything has not fallen into place overnight. It does not work like that in the real world. This is why I believe the right approach is to go slow, learn from our experiences, and, at the same time, work to bring about palliative care, which will have a critical impact on people who are forced to make such challenging decisions.

● (1315)

Mr. Anthony Housefather: Madam Speaker, my friend from Pierrefonds—Dollard talked about a balanced approach. I am sure he is aware of the court decision yesterday that stated that a non-Canadian citizen had the right to exercise medical assistance in dying in the absence of legislation that clearly set out what Parliament intended for medical assistance in dying.

Could the member talk a little about his concerns if the deadline of June 6 is not met by Parliament?

Mr. Frank Baylis: Madam Speaker, I think the country as a whole is concerned about this issue and it is incumbent upon us as legislators to put something in place. I disagree with people who say that no law is better than this law. I would tell them that no law is perfect, and no law will not be amended and no law will not be subject to changes as we learn, experience, and go forward.

I strongly encourage those who oppose it and say they will vote for nothing to do their job as legislators, put something in place and then work to make it better.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Madam Speaker, I will be sharing my time with the member for Bruce—Grey—Owen Sound.

It is with great humility that I stand in my place today as the member of Parliament for Renfrew—Nipissing—Pembroke to represent the good people of my riding on such a weighty issue as the one before Parliament today, medical assistance in dying.

The debate strikes right at the heart of who we are as a nation, and I pray we get this right, as is humanly possible.

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I thank all those constituents who answered my call to contact me regarding their thoughts on the legislation. I am pleased to confirm I have sought out the views from as many constituents as possible to guide, when the time comes, to support or oppose the government, or the Supreme Court, who are driving this issue today.

I have listened carefully to my fellow MPs on this topic. They have expressed various points of view eloquently. In keeping with my principles, and those for which my voters have elected and continue to re-elect me, I believe it is important to give a voice to those individuals who have not been given the opportunity to speak in this place, but should be heard.

I am pleased to add to the debate on medical assistance in dying with a sampling of letters and comments that have been received by my office to guide me in the debate. While time does not permit me to read all the correspondence I received onto the official record, I want to assure them that all points of view are important and will be considered.

This is a letter from Carmel in Pembroke. It reads, “Dear honourable member, I understand that the government plans to introduce a law regarding medical aid in dying. I totally disagree with many of the recommendations of the special joint committee on physician-assisted dying. Once euthanasia and assisted suicide are legalized we have embarked on a slippery slope. The boundaries will continue to be challenged. I urge you to write a law as restrictive as possible, and to respect and include the rights of many Canadians, who see any legalization of euthanasia and assisted suicide as murder. As a former health care worker for many years, I urge the government to invest more money in palliative care. I know from experience, pain can be controlled. They will receive passionate loving care and death will come naturally. Trusting that common sense will prevail in your good judgment.”

This email was received from David in Amprior:

“Hello Member of Parliament. I do not support this legislation, not because I do not firmly believe in a competent citizen's right to commit suicide at the end of life as determined solely and completely by that individual, but because C-14 does not go far enough. This bill certainly needs to be passed federally so a provincial regulatory ragtag patchwork does not evolve. As well, C-14 needs expansion in at least four areas: Enshrine my right to predetermine through a pre-arranged power of attorney for personal care that suicide is my wish if I become incapable of making that choice later on; in other words, similar to my legal right now to refuse treatment before treatment is ever needed. Enshrine my right to commit suicide on my own, without a doctor's direct assistance. This change will allow “medical practitioners” to merely prescribe requested and appropriate meds for this most personal action, not to have to do it themselves in an environment perhaps not of my own choosing. Following from number 2, ensure that a broad array of competently trained, caring “medical practitioners” beyond merely MDs are available to assist as I may desire; the so called “death doula” model. Ensure that the so-called mentally ill can benefit from the legislation if they are deemed competent to do so by due process, since by virtue of being labelled mentally ill, a person should not also be deemed mentally irrational or incompetent in all areas or aspects of life. This is very unlike children under 18 or the developmentally delayed however, who must be closely protected, at least by benefit of clear due process. At

the same time, there is a clear need for those ethically opposed in both caring professions and institutions to be able to opt out because of their beliefs, but only insofar as they must also be compelled to refer me to those who are non-opposed. This should also hold true by the way, for abortion, legalized marijuana, and like matters. There is also a clear case for broadly based, publicly funded “palliative care” services for those who want this kind of assistance. At the end of one's life it must always be about informed and competent personal freedom of choice, whatever that choice may be. This is in fact the basis of all quality of life and death, as entrenched in our Canadian charter, as decided by our Supreme Court. A national referendum on the matter is unwise and not needed. Similarly, I refer you back to Conservative P.M. Mulroney's 1980s second election, which was a referendum/vote writ large on free trade. He won then, as did NAFTA. Therefore, I largely agree with the previous Pierre Trudeau's 1960s statement when he was Liberal justice minister: “The state has no right in the bedrooms of the nation”. I think that goes a bit too far. The state does have a “limited” right, but only to ensure vulnerable persons, as well as persons who may become vulnerable, are not exploited, and are always treated with dignity and respect. In this, the Dutch, Swiss and Oregon models serve well. Thank you; please do acknowledge this email and feel free to share your thoughts.”

● (1320)

This note was received from David in Combermere. It states, “Our local newspaper here in Barry's Bay featured your request for input on Bill C-14. Thank-you for doing that. I personally view the bill as a Pandora's box and with so much language that leaves it ambiguous enough for the Liberal government to permit almost anything for the killing of Canadians. I don't know if you follow the studied newsletters of the Euthanasia Prevention Coalition and its editor, Alex Schadenberg, but I am enclosing their latest issue on Bill C-14. It's a whopper. EPC clearly presents the issues I endorse and in a more studied way than I could present to you. Please consider it my opinion on this vital life and death issue that you are wanting to present to Parliament. Thank you for all that you can do in this matter. God bless you.”

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This letter was received from Betty from Killaloe. It reads, "Dear Member of Parliament, I strongly oppose physician-assisted suicide. I believe that life is given to us by God and should be taken away by Him as well. We don't know what his plan is for us and we need to trust Him with our lives. Even for non-believers, once that door is open to taking the life of a patient who is terminally ill, how long will it be until a needle will be given to those who are in long-term care, who are costing the health care system a lot of money to keep them there? How about the disabled whom a lot of people believe are a burden to our society, the mentally ill, etc. Let us put money into our palliative care and hospices where people can die naturally. History has shown us that where people interfere with the natural order and God's plan, evil and disaster follow. God's law states "thou shalt not kill" which should be above all the laws of the land. Thank you for giving me a chance to express my views."

This email came from a couple in Amrrior. It says, "Dear Member of Parliament, Both my wife and I are advocates for doctor-assisted dying. We not only would like to see assisted dying for those people who are in need of this procedure and who have their full faculties but even more so for the thousands of poor souls suffering from Alzheimer's and who cannot make an informed decision. What we suggest is that it be made legal for people to choose this option during the preparation of their will with family and/or doctor as witness to this wish. We have a mother in long-term care in Almonte and the number of people suffering from Alzheimer's disease far outnumber the people who are lucid. I am sure if these people had a choice it would be to end their lives rather than sit in wheelchairs all day and to be treated, through no fault of their own, like babies. Our total hearts and admiration go out to the nurses and aides who care for those in need. We cannot thank them enough."

Nancy from Deep River wrote, "Dear Member of Parliament, I'm answering your request for feedback on the specific euthanasia bill. First, a few generalities. I see the entire dynamics against a background where there is a movement for a culture of death, COD, and a movement for a culture of life. The culture of death tends to be hidden and manipulative. The well researched documentary CD called 'Agenda' provides evidence of this. There are elitists who want to reduce the world population by almost any means. Some of them want to make a shambles of the capitalist system so that their socialist ideal swoops down as the savior of the world. It is ironic that these elitists are socialist. I have read that the CIA supported the radical feminist movement, which has been instrumental in tearing down family structures and consequently economic stability. Hillary Clinton said, quite clearly even if not in these exact words, because I don't remember exactly how she expressed it, that in our society there are Judeo-Christian values that 'we' have to get rid of."

"Specific examples show this. 'They rope in well-intentioned liberals, like fools conned into their service. Now to the specifics. The most dangerous thing about the bill is that there is nothing in the law to protect the conscience rights of medical personnel. This means we would have legislated immorality if the bill passes in its current form. Such a law would corrupt an important sector of the citizenry. Corrupt citizens are antithetical to a healthy democracy. If conscience protection is not in the law, it is almost certain that somehow the "inconvenience" of non-participating physicians will be swept aside by a bureaucracy, just as it is now in Quebec. The bill does have some restrictions. I can believe that it was drafted in order

to satisfy the Supreme Court's mandate in a careful manner. There are two facts against an optimistic view of these restrictions. Note the language we hear on the news, about beginning gently with euthanasia. Such language indicates that the plan is over time to include more situations where euthanasia would be permissible. Make no mistake about these restrictions. Like dew on roses, they will evaporate. This has been the experience in Europe."

• (1325)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, my question for the member is related to the whole need that we have before us today. This legislation will provide the legal framework to ensure that vulnerable people across Canada are at least being considered and taken care of.

At the committee stage, we saw members from all political parties were able to advance amendments and ultimately get some accepted which is a wonderful thing. Does the member believe it is better to have some legislation or a law in place than no law in place? Because if it is the latter, there are going to be many Canadians who will be very vulnerable to this situation.

Mrs. Cheryl Gallant: Madam Speaker, what I am doing is providing the thoughts of my constituents who feel that this has not had proper debate and would like to see longer debate. As Nancy from Deep River was saying. "Now in the Netherlands a significant percentage of deaths are reported as executed by physicians without any request by the patient or family. The actual number would have to be greater than those where the physician has the temerity to admit this, which is murder and is illegal.

From a practical standpoint, it is almost impossible to make restrictions robust over time. The Council of Canadians with Disabilities says the bill does not provide protections it asked for in its vulnerable persons standard. Those protections, which are not in the bill, have to do with the assessment of vulnerabilities that may be inducing a person to seek assisted suicide as well as a review with the authorities with relevant expertise. In sum, the bill has three major drawbacks."

[*Translation*]

Mr. Robert Aubin (Trois-Rivières, NDP): Madam Speaker, I paid close attention to my colleague's remarks, and I admire her choice to use her time to serve as her constituents' mouthpiece.

We have all heard from people in our ridings who are in favour of medical assistance in dying and people who are not. Their views are polar opposites. However, there is one theme most people agree on: palliative care.

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My question is simple: is there a way to reconcile the perspectives of those who are in favour and those who are not? We know that increasing pain medicine dosage in palliative care often results in death. In many cases, patients lose consciousness. With medical assistance in dying, patients consciously choose to leave their loved ones for the same reason and use the same medication to do so.

• (1330)

[*English*]

Mrs. Cheryl Gallant: Madam Speaker, as a matter of fact, a worker in palliative care explained to me that Canadians are very confused by the bill because the definition of palliative care is medical assistance in dying. This bill is the same thing. They are begging the question, does the government think that palliative care and assisted dying as in the bill are one and same.

Janet from Cobden said it best: “Real medicine does not kill. Real medicine alleviates suffering without eliminating the one who suffers.” She asks if I am “okay with corrupting real medicine to allow for this abuse to occur? The court made a fundamental error in making this decision.”

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Madam Speaker, the question I have heard twice today from the opposite side is this. Is it better to have a law today than not having a law? Are we telling people we are going to pass the bill for assisted dying today because it is cheaper than assisted dying tomorrow? Why can we not ask for extra time and make sure that we get the best bill possible? I would like to see if my hon. colleague would be able to comment on this.

Mrs. Cheryl Gallant: Madam Speaker, through the correspondence I received, many people, as they were from Ontario, are skeptical that the whole bill has little more to do with saving the provincial government money in health care costs.

Mr. Larry Miller (Bruce—Grey—Owen Sound, CPC): Madam Speaker, it is a pleasure to speak to the bill today in the House of Commons and share my time with the hon. member for Renfrew—Nipissing—Pembroke.

I am pleased to rise in the House today to speak to the legislation, as I said. I have had the honour of being a member of Parliament since 2004. I can honestly say that this is one of the most sensitive and controversial pieces of legislation that I have spoken to in the House. This is an issue that many Canadians have very strong opinions on, so it is very important that throughout this process we respect all sides and ensure that we can come up with the best legislation possible, which responds to as many concerns as possible.

Today I would like to share some of my personal opinions on the legislation, as well as the expressed opinions of my constituents, many whom I have heard from. My vote on the bill will be based on what my constituents want and what my own conscience is telling me.

I recently wrote an op-ed in my local newspapers and distributed it to all media in the riding to connect with and consult with my constituents on the bill. I asked them to send their concerns to my office so that when I vote on the bill, I can be confident that I am voting in a manner that represents the views of my constituents. As of right now, the majority of my constituents, almost 80%, have told me to vote against the legislation. I want to point out that some of

them are totally opposed to the bill and some would support some small amendments but are against it in its current form.

Emails and letters are still coming in as we speak. The main concerns that have been presented by those who disagree with the bill are the need for further protections for the vulnerable, further protections for the conscience rights of health care workers, and the need for an improved national palliative care strategy.

I share many of the same concerns as my constituents. It is absolutely vital that there are safeguards for those who are vulnerable. For me, this includes three different groups of people. The first group would be children. We need to have a more robust discussion and study whether children under 18 years old should be allowed access to physician-assisted dying and who has the authority to make that decision.

Second, it is paramount that those who have debilitating diseases, such as Alzheimer's, have a number of safeguards to ensure that they have fully consented to physician-assisted death while they were in a sound state of mind. The bill, as it is currently drafted, has a number of important first steps, but I feel it could go much further. The question is simple. Are there enough safeguards? Are we certain that we have it right?

I appreciate the work that was done by the special committee that was struck to hold consultations before drafting the bill and also the work done by the justice committee. This has been a very one-sided and rushed process. When it comes to protecting the vulnerable, I do not want to leave any stone unturned. A matter like this deserves an intense and lengthy study by parliamentarians, all parliamentarians. It is very disturbing to know that at this point the government is not willing to have that full debate.

Furthermore, it was made very clear in the House last night that the government is not willing to even entertain the notion of adopting any amendments, and that is wrong. On such a sensitive matter, it would have been my hope that the government would take a more sincere approach to working with other parties in an attempt to get the bill right.

A number of important amendments that would have addressed some very serious concerns were voted down by the government last night. I was deeply disappointed to see partisanship take precedence over common sense. It was refreshing to see some individuals, in all parties, vote according to their consciences and beliefs. That does not happen enough in this place, so I thank those members.

Finally is the question of whether the bill would allow those with mental illnesses to have access to physician-assisted death, as expressed by some of my colleagues. I would be very troubled if this was the case. It is my firm belief that mental illness is, in fact, an illness.

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•(1335)

That being said, I would find it very troubling if an individual who was suffering from a mental illness had access to physician-assisted death. Mental illness quite possibly could mean that someone in a very poor state of mind, to use that terminology, could ask for assisted suicide when he or she would in all likelihood maybe not make this choice if in a sound state of mind. I believe this would send a wrong message to others suffering from mental illness. I am afraid that it would encourage more suicide, assisted or otherwise.

There are many groups in my riding who have put in a tremendous amount of work to combat mental illness and educate those suffering with mental illness that help is always available. We need to send that message that help is always available. Being able to seek physician-assisted death for a mental illness would, in my mind, run counter to this work. This is another area that deserves much closer study so that we as members of Parliament can be confident that the bill would not allow this.

Furthermore, National Nursing Week was only a few weeks ago. In light of this, it is very important to reiterate that we need robust protections for the conscience rights of health care professionals. Last night, the government had an opportunity to recognize the conscience rights of health care professionals, but chose not to take it. An amendment proposed by my colleague, the member for Sherwood Park—Fort Saskatchewan would have recognized that medical practitioners and health care professionals are free to refuse to provide direct or indirect medical assistance in dying. Unfortunately the government voted against this amendment.

The Charter of Rights and Freedoms states, “Everyone has the following fundamental freedoms”. What is first on that list? It is freedom of conscience and religion. I urge the government to put partisanship aside and recognize the charter rights of health care professionals. No one should be forced to perform any task that goes against his or her freedom of conscience or beliefs.

I am not trying to reopen a previous debate held in the House, but I have to use an example that is very similar to the point that I am trying to make right now. Therefore, I would compare this to ministers or clergy who do not believe in performing same-sex marriages. Freedom of conscience and religion are fundamental freedoms that protect individuals who do not wish to take part in something that runs counter to their beliefs. This same kind of thing is not in the bill. Simply put, someone should not be required to participate in something or provide any service that she or he does not believe in. This must be an important consideration in designing the regulatory framework. Again, I wish that we had more time to hear from concerned health care professionals about this.

I would like to conclude with a comment on the timeline of this issue, and voice my concerns around putting forward legislation in such a rushed manner.

As I said earlier, I have been a member of Parliament since 2004, and in that 12 years that I have spent in this place, this bill is near or at the top of the list of the most intense and deeply sensitive matters I have spoken to.

I fully recognize, as we all do in the House, the limitations on the orders that come from the Supreme Court. However, having said

that, rushing through the bill and getting it not right is not worth the sake of a few days or weeks, whatever it takes. I urge all members to think about that. June 6 is a date that everybody has hard ingrained in their minds, but I am quite sure the courts would allow flexibility.

Let us take the time and do it right. Given the sensitivity and public concern with this issue, I do not think that it is appropriate or prudent to rush through this process. I fully understand that there is a stated deadline, as I said, that the court has given Parliament to have it done. However, with this in mind, once again I have to point out that I have a number of concerns with the Supreme Court's limiting the ability of members of Parliament to have the time to have a robust debate and to allow for a more intense study of this important issue.

•(1340)

On too many instances I have heard some members say they will just have to revisit this in the future or they will revisit that part of it, as if they are admitting that this is a flawed bill, and it is a flawed bill. As members of Parliament I do not think that we can—

The Assistant Deputy Speaker (Mrs. Carol Hughes): Excuse me, I am sorry. The time is up.

Questions and comments, the hon. member for Fleetwood—Port Kells.

Mr. Ken Hardie (Fleetwood—Port Kells, Lib.): Madam Speaker, I thank the two previous speakers because between them they laid out the essence of the challenge facing the House in coming to a reasonable decision on this.

It is very difficult to get something as complex as this right the first time, and I can appreciate why the previous government basically backed away from this kind of process, because it did have the better part of the year to deal with the consequences of the Supreme Court decision.

Particularly regarding the preamble, I would like to ask a question of the hon. member. It says:

Whereas everyone has freedom of conscience and religion under section 2 of the Canadian Charter of Rights and Freedoms;

Whereas nothing in this Act affects the guarantee of freedom of conscience and religion;

Furthermore, this morning I had the opportunity to ask the Minister of Health whether or not that extended to the freedom not to refer somebody ahead. What additionally would the member prescribe that would provide the kind of comfort that he seems to ask for in terms of medical practitioners?

Mr. Larry Miller: Madam Speaker, I think it is very clear and obvious that the government, the minister, is trying to pretend that safeguards for health care professionals, doctors, etc., are there and they are protected. It is clear to most Canadians, including a lot who voted for the government, that the safeguards are not in place.

I find it ironic that a few weeks or months ago we were all saddened to hear about the rash of suicides in Attawapiskat, and all of a sudden we switch gears and we are into a bill that is basically suicide in another form.

Government Orders

•(1345)

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Madam Speaker, I heard my colleague from Bruce—Grey—Owen Sound talk with great passion about the issue of mental health.

He also talked about the amendments that had been proposed. A very logical amendment to me was that someone perhaps with cancer who had an underlying mental health issue would have a psychiatric assessment as part of their decision-making. I was really surprised that something that seemed so important and logical as having a psychiatric assessment was turned down in the House. I am just wondering if my colleague would make some comments on that particular issue.

Mr. Larry Miller: Madam Speaker, my colleague and friend raises a very good point.

Another safeguard in the bill, which I spoke to in my speech, is to make sure that when people make the decision, if it comes to that in their life where they want to have assisted suicide, their decision is made in a strong state of mind.

The condition that could have put that in place in the bill was an amendment that went before the House last night and was turned down by the government. Why? It just looks like partisanship. The Liberals figure they got it right the first time and they will not listen to anyone when they say the opposite. It showed last night that they are not willing to listen to any advice on the bill and that is very disappointing.

Hon. Jane Philpott (Minister of Health, Lib.): Madam Speaker, I am going to be splitting my time with the member for Surrey Centre.

The topic we are addressing today is a solemn one. As a result, the past few weeks have been emotional for all parliamentarians, myself included, as we have wrestled with the matter of assisted dying.

The government had the responsibility to respond to the Supreme Court decision that was made in February 2015. I joined my colleagues in addressing that responsibility after we formed government in November 2015. Thus, in the very short time since forming government, there has been an incredible amount of work by officials and parliamentarians, with input from Canadians with a diverse range of views.

Before us today is a legislative framework that we believe is the right approach for Canada. It is transformative. It would forever change the range of options that Canadians would have as they approach the end of their life. I would like to reflect on the principles that make up the foundation of our government's legislative approach in developing the legislation that is before the House today.

First, it is about the principle of personal autonomy, in helping people to write their own story, in a sense, in providing Canadians with access to medical assistance in dying, for the Supreme Court made it clear to us that Canadians must have that access.

We have the responsibility to abide by the Charter of Rights and Freedoms, and we have the responsibility to put forth legislation that

respects the decisions of the Supreme Court of Canada. This legislation before the House today, if passed, would do just that.

The legislation also respects the principle of the inherent value of life. It is written, therefore, with appropriate safeguards that would protect vulnerable individuals. It would also firmly uphold the conscience rights of health care providers.

Over the past several weeks and months, I have had conversations with members in this chamber from all sides of the House. The Minister of Justice and I have appeared at committees in the House and the Senate. I have personally had numerous meetings and phone calls with many interested advocates, in addition to the witnesses whom committees have heard on this particular legislation.

It is worth noting today that the professional bodies that represent health care providers are supportive of this legislative approach. These include the Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacists Association, and HealthCareCan, which represents our nation's hospitals and academic health sciences centres.

Just today, parliamentarians received an open letter from 36 organizations representing the vulnerable, including the Canadian Association for Community Living, which has come out in support of this bill. Each organization may have continued areas of interest in which they wish to seek clarifications or undertake work with my department or with provinces and territories so that they can properly work with their members on implementing assistance in dying.

As I have said in the past, this is an iterative process. It is why not only would we study further potential areas of assisted dying within a short period of time, if the legislation passes, but there would also be a parliamentary review of this important legislation.

Let us discuss the matter of timing. The Supreme Court of Canada gave our government an extension to put a legislative framework in place by June 6. Before going further, allow me to say that I respect the roles and responsibilities everyone has here as parliamentarians, as well as the responsibilities that senators hold in the upper chamber.

There is a good reason for all of us to want to reflect upon and investigate this legislation in a thoughtful manner on behalf of Canadians. The reality is that we are facing a finite amount of time before there is a legal void, an absence of legislation to address the matter.

Despite what some may say, there are real and very serious challenges if there is no legislative framework in place. As I said yesterday, there is a real risk that there could be no law in place by June 6. It is important to underscore what is at stake.

First, organizations like the Canadian Medical Association and the Canadian Medical Protective Association have made it clear that they believe there is a vast majority of doctors who would not participate in assistance in dying without a legislative framework, despite the protections that some say the Carter decision provides.

Government Orders

• (1350)

Doctors are being advised by the appropriate associations to seek legal counsel before proceeding with any form of assisted dying, including consulting patients, and this would pose significant access issues and result in a situation where the Supreme Court's decision is not being realized.

Second, it would be illegal for any other health care providers to offer assistance in dying. That means that nurses, pharmacists, social workers, and other providers recognized by amendments passed at committee would face no legal protection. In particular, pharmacists who are needed to dispense medications required for medical assistance in dying require clarification.

Finally, there is the possibility that some could receive assistance in dying without a legislative framework in place, who would not otherwise have been eligible under the government's approach. This means, for example, the risk that someone facing severe depression could seek assistance in dying and that the safeguards to protect that individual would be inadequate or nonexistent.

I also want to remind members that medical assistance in dying is unlikely to be the choice for the vast majority of individuals at the end of life, and at its core our health care system is there to keep Canadians healthy. Canadians should have access to high-quality palliative care. This is something to which I have been, and will continue to be, committed to addressing with our provincial and territorial colleagues, along with the delivery of our government's platform commitment of \$3 billion for home care.

Our government put forth this legislation that would transform end-of-life care options for Canadians. It is an approach that respects their rights under the charter, protects our most vulnerable, and considers the needs of health care providers.

I want to thank my fellow parliamentarians for their attention to the bill. Many of us are new to this role, and this is no small matter that we have been asked to address on behalf of the 36 million Canadians whom we represent. I thank them for engaging in the conversation with respect and dignity. I thank them for doing their utmost to consider the perspective of others, even if it differs greatly from their own. I thank them for the serious discourse we have undertaken in a situation where it is likely impossible to write legislation that would entirely satisfy every diverse view.

Recognizing our responsibility to implement legislation, I urge members to support Bill C-14 for today's final vote. I look forward to working with the Senate, if the House wishes to proceed to the next stage of our legislative process.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Madam Speaker, I would like to acknowledge the very difficult job the Minister of Health has had in crafting this piece of legislation.

The one piece of the bill that I find very bothersome is the \$3 billion commitment to palliative care. I know the Liberals argue that they have to work out a deal with the provinces in health accords.

There are many items in the budget, and I could pull out five or six where commitments have been made in the budget and all the t's and i's have not been crossed and dotted. Why was the money for

palliative care not in the budget this year? Does the minister not believe that the government could work something out with the provinces and territories in a timely way on such an important issue?

• (1355)

Hon. Jane Philpott: Madam Speaker, one of the themes we have heard many times in the House is the importance of Canadians having access to high-quality palliative care.

As my colleague knows, health care delivery lies largely in the domain of provinces and territories. I have been impressed with the work of my colleagues, the ministers of health in those jurisdictions, and I will continue to work with them. We look forward to establishing a health accord that will provide further investments to enhance the work they are already doing in the area of palliative care.

[*Translation*]

Ms. Brigitte Sansoucy (Saint-Hyacinthe—Bagot, NDP): Madam Speaker, when we asked Department of Justice and Department of Health officials to identify the legal or legislative basis for the reasonably foreseeable natural death clause, they referred us to the minister. I am not yet convinced that this clause, which nobody really seems to understand, is necessary.

Can the minister tell us why such a vague clause was included in such an important bill?

[*English*]

Hon. Jane Philpott: Madam Speaker, the member's question is one we have heard before, and I am pleased to answer it today.

As the member knows, we were asked to establish legislation on the matter of medical assistance in dying. The Carter decision included language around grievous and irremediable conditions. In drafting the legislation, it was felt that there had to be further clarification, which has been supported by health care workers who, in one sense, did not want to be limited by a particular deadline to say it is expected that a person is within six months of dying.

This is a piece of language that has been supported to respect the professional opinion of health care providers who know when a grievous and irremediable condition has reached the point that death is reasonably foreseeable.

Mr. Sean Casey (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I have two quick questions.

If we do not have legislation in place by June 6, or if there is a gap, what happens to the process that is presently available for patients to apply to a court to be granted medical assistance in dying?

Second, if we do not have a bill in place by June 6, or if there is a gap thereafter, will medical assistance in dying be available to people who do not have a health card and who are not covered by medicare?

Statements by Members

Hon. Jane Philpott: Madam Speaker, I urge members of this House to understand the seriousness of the matter of a legal void, which might exist. I recognize that some have argued that this is not an important point, but I want members to understand that, if what is important to them is that Canadians have access to medical assistance in dying, the best way to do that is to support this legislation. Without it, health care providers require further clarification. They are being advised to seek legal counsel. There will be serious problems with accessing medical assistance in dying.

I am also concerned about the other end of the spectrum, where patients might access assistance in dying without adequate safeguards in place.

My colleague also raises the matter that the legislation makes it clear that this assistance in dying is available for Canadians who are otherwise supported by our universally funded public health insurance plan. There would be serious concerns about whether or not there would be access to assistance in dying for people who do not fall into those eligibility categories.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, for both the Minister of Health and the Minister of Justice, with real sincerity, I know how difficult this has been. I think all Canadians are grateful for the care in the approach. However, that does not change the result right now, today, as I do not feel I can vote for Bill C-14.

It grieves me to say so, but I do not believe Bill C-14 is compliant with the Carter decision. I see this as a strange conflict in a sense between two professions in Canada: the legal community and the doctors. I know what the doctors want from Parliament, and I know what the legal community is telling us. As a trained lawyer, I do not see how Bill C-14 is compliant with Carter.

Because future judges will read these debates for guidance, how on earth could Kay Carter access medically assisted dying under Bill C-14?

• (1400)

Hon. Jane Philpott: Madam Speaker, as a health care provider, it is my understanding and belief that people like Kay Carter would be able to access assistance in dying under this legislation.

Also, I would refer the member to the Minister of Justice and the documents she has presented in this House, which affirm the fact that this legislation meets the requirements of the Charter of Rights and Freedoms. I look forward to further conversations to support that.

STATEMENTS BY MEMBERS

[*Translation*]

DIAFILTERED MILK

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Madam Speaker, Quebec's agricultural model is a reflection of Quebec: fair, just, and diverse. We are proud of our agriculture.

However, although Quebec supports and values its agriculture, the federal government has completely forgotten about it. It is ironic and sad to see the federal government handing empty plates to the people who are responsible for filling our larders.

Yesterday, dairy farmers began a three-day journey by tractor from Quebec City to Ottawa in protest of this government's indifference. Among them are men and women from all walks of life who support their initiative.

They are hoping and still waiting for Ottawa to block the importation of diafiltered milk, which is hurting our dairy farmers. They are hoping and still waiting for the compensation they were promised when international treaties were signed.

Farmers have waited long enough. It is time for the government to take action.

* * *

[*English*]

HEMOCHROMATOSIS AWARENESS MONTH

Mrs. Deborah Schulte (King—Vaughan, Lib.): Mr. Speaker, I would like to talk today about a disease that affects an estimated 80,000 Canadians, many of whom do not know they have it. I am talking about hereditary hemochromatosis. Hemochromatosis impairs the body's ability to get rid of excess iron, which can cause very serious and sometimes fatal conditions, including liver disease, heart disease, diabetes, arthritis, mental illness, and cancer.

[*Translation*]

The good news is that hemochromatosis is easily treatable without the use of drugs as long as it is diagnosed early enough.

[*English*]

The Canadian Hemochromatosis Society, CHS, has an excellent website at www.toomuchiron.ca, which features a very useful self-assessment test for people to see if they are at risk.

On the final day of Hemochromatosis Awareness Month, I invite everyone to a reception tonight sponsored by CHS and Senator Wells, who since being diagnosed has become a passionate advocate for increased awareness and early detection.

I ask each member to help spread the word about this condition. Their efforts could help save lives.

* * *

MILITARY ACHIEVEMENT

Mr. Dave Van Kesteren (Chatham-Kent—Leamington, CPC): Mr. Speaker, on Tuesday, May 24, I was privileged to attend a ceremony at the Chatham Armoury, along with the Essex and Kent regiment, where Colonel Ralph West was awarded the prestigious International Armed Forces Council award in recognition of his outstanding lifetime contribution to the military, veterans, and international goodwill between the U.S. and Canadian military communities.

Colonel West enlisted in the Kent Regiment in 1948, was promoted to corporal, commissioned, and subsequently retired to the rank of major, and then commissioned to further service, retiring at the rank of colonel. Not bad for an enlisted man.

Statements by Members

I would need much more time to list his numerous awards and accomplishments. Suffice it to say, all of these would not compare to his dedication to his lovely wife Norma, who has been travelling this life with him and has shared this amazing story since 1955.

Congratulations and thanks to Colonel West and Norma for their selfless love and devotion to their country and community these many years.

* * *

SOFTWOOD LUMBER

Mr. Bill Casey (Cumberland—Colchester, Lib.): Mr. Speaker, for over 25 years, the Canadian and United States governments have recognized that Atlantic Canada's softwood lumber industry is unique in Canada. Most Atlantic timberland is privately owned and forestry practices are exactly the same as they are in the U.S. That is why, at every stage of the softwood lumber agreements made between the U.S. and Canada, Atlantic Canadian lumber has been excluded from duties.

With the expiration of the last softwood lumber agreement, Atlantic Canadian woodlot owners, sawmills, and harvesters are looking for certainty that their businesses will continue to receive fair treatment. Hundreds of millions of dollars and thousands of jobs in Atlantic Canada depend on this industry.

I urge the Minister of International Trade to ensure that any softwood lumber agreement in the future continues to exclude Atlantic Canadian products from tariffs.

* * *

[*Translation*]

FIRST EDIBLE PUBLIC PATHWAY

Ms. Anne Minh-Thu Quach (Salaberry—Suroît, NDP): Mr. Speaker, on May 28, 2016, about 50 volunteers of all ages planted dozens of trees, shrubs, and food plants, including honeysuckle, ginkgo, mint, and coriander, to create the first edible pathway. It is next to the Saint-Timothée sports and cultural centre in Salaberry-de-Valleyfield.

This citizen-driven initiative was launched by a group called the "Incroyables Comestibles", or the Incredible Edibles, from Suroît. Their aim is to transform green spaces and neglected areas into self-serve gardens.

I want to acknowledge the essential work of the project committee members, namely Jasmine Kabuya Racine, Annie Vallières, Martine Chouinard, Aurée Bourdeau, Maggy Hinse, Isabelle Pépin, and Alexandra Verner. Thank you so much for your contribution.

The edible pathway is one of 20 projects across the country selected by Tree Canada. The group was given nearly \$3,000, which it used to purchase about 40 trees. Many people also donated plants.

I invite all my colleagues to attend the official opening of this first public edible pathway on June 23, 2016.

● (1405)

JEAN-YVES PHANEUF

Mr. Pierre Breton (Shefford, Lib.): Mr. Speaker, it is my immense pleasure to pay tribute to Jean-Yves Phaneuf.

He is affectionately nicknamed Johnny and is known as Mr. Soccer in my riding. He was named volunteer of the year in Quebec at the annual Sports Québec gala last week. Mr. Phaneuf devoted more than 40 years of his life to soccer, a sport he continues to be passionate about today at age 77.

Granby's father of soccer was inducted into Quebec's soccer hall of fame in 1999. He is the founding member of the Cosmos soccer club in Granby and the man behind the biggest international soccer tournament in Quebec, an event named the International de soccer Jean-Yves Phaneuf, in his honour.

Mr. Phaneuf deserves all this recognition for his contribution to our young people and for promoting healthy living.

Johnny, we are all very proud of you.

* * *

[*English*]

NORTH KOREAN REFUGEES

Mr. Brad Trost (Saskatoon—University, CPC): Mr. Speaker, yesterday, I had the privilege of attending a meeting in regard to the plight of North Korean refugees in China. I and other members of the House heard how these refugees are preyed upon, how North Korean women are kidnapped to be forced wives in China only to be kidnapped years later and returned to North Korea leaving their children behind.

We heard how these defectors are forced to live, never sure of the basic necessities of life, fearful that at any moment agents of North Korea will swoop down and take them away.

Assisting North Korean defectors is something that all parties of the House have spoken of in the past. The issue, therefore, is not a matter of inattention, it is a matter of attention. It is a matter of action. The government, with the support of the opposition parties, needs to act on previous motions brought in the House. Canada needs to take concrete action to help refugees fleeing North Korea. We need to support NGOs that provide life-saving assistance.

There are many issues that divide the House. This is not one of them. Canada needs to be involved in aiding North Korean defectors and we need to do it now.

*Statements by Members***SHALLAWAY YOUTH CHOIR**

Mr. Nick Whalen (St. John's East, Lib.): Mr. Speaker, I rise to draw the House's attention to a special community organization in my riding that fosters talent and mentorship through music. Shallaway Youth Choir first performed 25 years ago this March, as the Newfoundland Symphony Orchestra Treble Chorus, under the direction of Susan Knight, work for which she was made a member of the Order of Canada.

The choir has earned numerous national and international awards. Last year, under the direction of Kellie Walsh, they received top honours at one of the largest and oldest choral competitions in the world, the prestigious Llangollen musical festival in Wales. But the best work of the choir is not on the stage, it is through the mentorship of young people by their fellow choristers in music and in leadership.

Please join me in wishing Shallaway great success on their tour this summer to Cuba and as they prepare their program for Canada's 150th anniversary celebrations.

* * *

MINES RESCUE COMPETITION

Mr. Marc Serré (Nickel Belt, Lib.): Mr. Speaker, in 1928 a fire broke out in a Timmins gold mine, killing 39 miners, one of the worst mining disasters in Canadian history. It led to the creation of the internationally renowned mine rescue emergency services.

Every year, thousands of fatalities occur in mines around the world and 100,000 mine rescuers respond to hundreds of mine emergencies every year.

It is a great honour to announce that the 2016 International Mines Rescue Competition will be held in Canada for the first time ever in the proud community of greater Sudbury, August 19 to 26. With 20 countries attending, it is considered the Olympics of the global mining sector.

I invite all members to show our gratitude to the brave workers who risk their lives to ensure that miners return home safely each day and thank Workplace Safety North for its hospitality.

* * *

● (1410)

MEMORIAL CUP

Mr. Earl Dreeshen (Red Deer—Mountain View, CPC): Mr. Speaker, last week, the Red Deer Rebels hosted the MasterCard Memorial Cup tournament in the beautiful city of Red Deer, Alberta.

I want to thank the participants, the organizers, and the dedicated volunteers for their unwavering commitment to this historic tournament. The Sutter family and their organizational team made us all proud.

Each year the Memorial Cup brings together rising stars as the champions from three CHL member leagues along with a host team compete for junior hockey's highest honour. I am proud to say that our Rebels put up a great fight, proving once again the tenacity and talent of this amazing team. I also want to extend my congratulations

to the Brandon Wheat Kings, the Rouyn-Noranda Huskies, and especially the London Knights in winning the 98th Memorial Cup.

Our community was honoured to come together to ensure that the spirit and tradition of the Memorial Cup was a resounding success.

* * *

IRISH HERITAGE IN MIRAMICHI

Mr. Pat Finnigan (Miramichi—Grand Lake, Lib.): Mr. Speaker, Irish history is vibrant and rich in the city of Miramichi. Irish immigrants began arriving in the area around 1815 and continued to do so even after the great tragedy of 1847, where hundreds of Irish immigrants perished on Middle Island after fleeing the famine in their homeland. Many of the survivors flourished, however, and started new lives on the banks of the Miramichi River.

Thanks to people like Farrell McCarthy, who is one of the founders of the Irish Canadian Cultural Association and the annual Irish festival, the Irish history in the region lives on and is celebrated each year. Farrell was also the well-deserved recipient of the Douglas Hyde Award, which was presented to him last month by Dr. Ray Bassett, the Irish ambassador to Canada.

I invite everyone to experience the closest thing to visiting Ireland, Canada's Irish capital, and enjoy the celebration of the Miramichi Irish Festival from July 14 to 17.

* * *

TELUS DAYS OF GIVING

Ms. Yvonne Jones (Labrador, Lib.): Mr. Speaker, I want to thank members of Parliament who participated in the Telus days of giving. Each year, through Telus' annual days of giving, this leading company mobilizes its workforce to give of their hearts and hands to make a difference in the communities where they live, work, and serve.

Since Telus began the days of giving, it has mobilized over 112,000 Canadians to volunteer at over 3,100 activities. Telus knows that its team is making a difference in communities across Canada, and today, our parliamentary team got to join in this great charitable event. As MPs, we take great pride in knowing that the school supply kits we packed today will find a home with youth that would otherwise start the school year at a disadvantage, in particular, those students from Fort McMurray who will feel our support and encouragement through our collective efforts.

I want to thank Telus, and I want to thank all my colleagues who participated today.

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PALLIATIVE CARE

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Mr. Speaker, yesterday, I was pleased to introduce my private member's bill, C-277, an act providing for the development of a framework on palliative care in Canada.

Statements by Members

Currently, only 30% of Canadians have access to good palliative care. Hospital care is four times as expensive as home care, and hospice care is not fully funded. The bill would help implement a framework for palliative care in Canada, including the definition of services included, required training, and most importantly, measures to ensure consistent access for palliative care across the country.

Previously, the all parliamentary committee brought recommendations that are now captured in the bill. The NDP and the Liberals have both endorsed the need for palliative care. Now is the time to come together as parliamentarians to ensure that Canadians can choose to live as well as they can for as long as they can.

* * *

YOUTH IN OFFICE DAY

Mr. Raj Saini (Kitchener Centre, Lib.): Mr. Speaker, today, many of my colleagues and I are hosting young people from the Boys and Girls Club of Canada and Big Brothers and Big Sisters of Canada as part of their Youth in Office job shadowing day on Parliament Hill.

These fantastic organizations are committed to helping young people uncover, develop, and achieve their greatest potential as they grow to become Canada's next generation of leaders.

[*Translation*]

Democracy needs young people. Today, these young Canadians will experience what it is like to work in politics.

[*English*]

It is of vital importance that our young people have access to safe, supportive places where they can experience new opportunities, overcome barriers, and build positive relationships.

Today I am proud to be hosting Riley Patterson from Caledonia. I invite all my colleagues to join with me in welcoming our young guests today, and urge that next year, every single MP take advantage of this great initiative.

* * *

• (1415)

HI NEIGHBOUR FESTIVAL

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Mr. Speaker, I rise today to say, "Hi, neighbour".

The Hi Neighbour Festival is a staple of Transcona culture, dating back to its inception in 1964. An eleven-and-a-half-foot statue of Hi Neighbour Sam, the festival's mascot, towers over Regent Avenue, just west of Plessis Road. It was originally placed at the Crossroads Shopping Centre in 1968, and then spent many years at the local Canadian Tire before being moved to its current location.

During the Hi Neighbour Festival residents and visitors of Transcona are invited into Transcona's downtown to enjoy food, entertainment, and to celebrate the neighbourhood. While there are many things to take in during the festival, I would be remiss if I did not mention a few family favourites: the Transcona Legion's pancake breakfast, the Hi Neighbour parade, and last but certainly not least, the Baba's kitchen luncheon at the Ukrainian Catholic parish of St.

Michael's, or St. Mike's as it is commonly known, where one can taste world-class, homemade perogies.

I look forward to being home in Transcona this weekend to celebrate the Hi Neighbour Festival.

* * *

TOURISM WEEK

Mr. Blake Richards (Banff—Airdrie, CPC): Mr. Speaker, I rise today in recognition of Canada's vibrant tourism sector as we celebrate Tourism Week.

[*Translation*]

This week, I invite my hon. colleagues and all Canadians to celebrate tourism's contribution to Canada's economy.

[*English*]

This \$90 billion per year industry is Canada's largest service export, employs more than 600,000 Canadians, and is supported by small and medium-sized businesses nationwide. In my own riding, in communities like Canmore and Banff, more than 16,000 jobs and over 1,000 businesses are tourism based.

While the sector is thriving, we must build on our previous work toward improving competitiveness, increasing international visitation, and ensuring our public policies are developed to help realize Canada's full potential as a top tourism destination. As official opposition critic for tourism, I look forward to continuing to work with tourism stakeholders to build on these principles and to support innovation and jobs all across this country.

* * *

YOUTH IN OFFICE DAY

Mr. Peter Schiefke (Vaudreuil—Soulanges, Lib.): Mr. Speaker, today we are happy to welcome over 100 young Canadians to Ottawa for the third instalment of the Youth in Office event. This incredible initiative, championed by the Boys and Girls Club of Canada and the Big Brothers Big Sisters of Canada, allows young Canadians to shadow parliamentarians for the day, giving them a once-in-a-lifetime opportunity to experience the inner workings of our democracy.

[*Translation*]

First of all, I would like to highlight the incredible work done by both of these organizations. They have been serving our country for decades. I am also proud that about 100 of my colleagues decided to be involved in this event today.

[*English*]

On behalf of my colleagues in the House, I would like to offer my best wishes to the youth present in Ottawa today, and to extend our congratulations to those graduating this summer and moving on to the next great chapter in their lives.

*Oral Questions***ORAL QUESTIONS***[English]***HOUSE OF COMMONS**

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, Canadians are learning that when it comes to this Prime Minister, his instinct is to shut down debate.

With Motion No. 6, he tried to take complete control of Parliament, and he has repeatedly shut down debate in the House of Commons. Just last night, the Prime Minister rammed through the assisted suicide legislation by refusing to accept any amendments from any of the opposition parties.

Does the Prime Minister respect that each of us has a job to do here and that Parliament actually belongs to Canadians, not the Liberal Party?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I am happy to rise to correct the record. There were actually 16 amendments from different parties accepted throughout the committee process, but indeed the Supreme Court gave us a deadline of June 6, which we are endeavouring to meet.

It is important to put forward a framework that both protects vulnerable people and defends and respects the rights and freedoms of Canadians. That is exactly what we are doing, and I am happy to underline the fact that it was obviously a free vote last night on all sides, and that is a victory for Parliament.

* * *

*[Translation]***DEMOCRATIC REFORM**

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, the Liberals are bent on changing the electoral system no matter what Canadians want.

This approach is an insult to the intelligence of all Canadians. A stacked committee and Twitter do not provide Canadians with an opportunity to share their views.

Will the Prime Minister trust Canadians and let them have their say in a referendum?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, Canadians had their say in the last election, on October 19, when they voted for a party that promised to change our electoral system. We made that very clear.

We are going to consult Canadians, listen to their concerns and build an electoral system that will better reflect the democracy they want.

• (1420)

[English]

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, the evidence keeps piling up that the Liberal plan to change the way Canadians vote is completely rigged.

We now know that the Prime Minister has hired a former activist for the ranked ballot system, the very system the Prime Minister says he prefers and that experts say would rig the system in his favour.

Canadians are not buying it. They know that this Liberal process is a complete sham.

When will the Prime Minister admit that he cannot change something as fundamental as the way we vote without a referendum?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Again, Mr. Speaker, I always find it mildly humorous when the opposition talks about changing our electoral system and the way we vote without consultation, because that is exactly what the Conservatives did with the unfair elections act, making it more difficult for minorities, for vulnerable populations, to actually vote in the last election.

The fact is, we were very clear that we would replace our electoral system. In doing so, we will be consulting with Canadians in multiple ways to ensure that we are creating a better electoral system for Canadians that will better reflect the concerns that people have.

[Translation]

Hon. Denis Lebel (Lac-Saint-Jean, CPC): Mr. Speaker, this past weekend, the Liberals muzzled their own party faithful. During the convention, they did not want to talk about medical assistance in dying. We all witnessed the Liberals' refusal to debate this important issue. Considering how they treat their own supporters, imagine how they will treat the rest of Canadians.

Will the Prime Minister pledge to listen to the people and hold a referendum on changing the voting system?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, on the contrary, during our convention in Winnipeg last weekend, the Minister of Health and the Minister of Justice answered a whole lot of questions. We had formal and informal conversations with our members. Those were some of the topics we discussed.

As everyone knows, the Liberal Party is always ready to discuss various issues with all Canadians, and that is what we will continue to do.

* * *

PHYSICIAN-ASSISTED DYING

Hon. Denis Lebel (Lac-Saint-Jean, CPC): Mr. Speaker, we have an important vote this evening. The government always talks about co-operation and respect for the provinces. The Quebec minister of health and social services has said that the federal bill is unenforceable.

I would like to know what the Prime Minister's response is this afternoon to the Quebec minister of health and social services, considering what I just mentioned.

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we have always shown a willingness to work with the provinces, while respecting jurisdictions. That is exactly what we are going to do.

The fact of the matter is, we drew a great deal of inspiration from the reflections of the Quebec National Assembly and its approach to medical assistance in dying.

We are proud of the legislation we are proposing to Canadians. It is a responsible proposal that will allow us to do things right.

*Oral Questions**[English]***HEALTH**

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, the commissioner of the environment today reported that Health Canada is failing Canadians by withholding basic information around harmful ingredients in consumer products, from lead in baby pacifiers, to cadmium in children's jewellery, Canadians are being exposed to harmful toxic substances. These chemicals can cause allergies, asthma, and even cancer, but the government is negligently refusing to protect us.

[Translation]

Why is the government refusing to protect the public from these toxic substances?

[English]

Right Hon. Justin Trudeau (Prime Minister, Lib.): On the contrary, Mr. Speaker, we are very pleased to accept the recommendations of the commissioner of the environment. The Minister of Health is engaged to follow up on some of these troubling issues.

[Translation]

It is important to protect the health and safety of Canadians. That is the responsibility of any government, and that is exactly what we will do.

* * *

PHYSICIAN-ASSISTED DYING

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, once again, the government is refusing to work with the opposition to make Bill C-14 consistent with the Supreme Court decision and the Canadian Charter of Rights. The reality is that medical assistance in dying is currently possible under the Supreme Court's criteria.

Yesterday, a court granted a woman in Manitoba the right to seek medical assistance in dying. In the meantime, the government is insisting on limiting access to it.

Why is the government insisting on moving forward with this bill, knowing that it does not comply with the Charter of Rights?

• (1425)

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, first, Bill C-14 does comply with the Charter of Rights and the Supreme Court's rulings. That is exactly what we have been maintaining for a long time now.

Second, as of June 6, Canadians will not have the framework provided by the Supreme Court while we work on this bill. That is why it is so important to ensure that we have a framework on June 6 that will protect the vulnerable, while safeguarding Canadians' rights and freedoms.

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, they waited until April before introducing their bill. We all agree on that.
[English]

After the Liberals refused calls from the NDP to refer Bill C-14 to the Supreme Court, the Alberta Court of Appeal called out the Liberals for pushing a bill that flies in the face of the Carter decision.

Now the Ontario courts are raising concerns about whether the bill respects the Charter of Rights and Freedoms.

How many court decisions will it take before the Liberals finally admit they have made mistakes? Why would the Prime Minister prefer that suffering Canadians spend years in court fighting for their rights instead of getting his new law right the first time?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, Canadians understand that this is a big step in our society. It is one that must be taken responsibly and with full awareness of both the concerns around vulnerability and the need to defend Canadians' rights, freedoms, and choices. That is exactly what we put forward.

We understand that this is the beginning of a conversation that will go on for the coming years, as court cases, evidence, concerns, and doctors evolve in their thinking as we approach this.

However, this is a big step. It needs to be taken right, and that is exactly what Bill C-14 does.

* * *

MARIJUANA

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, it is the beginning of a conversation. This is going right back to the Supreme Court. It is a waste of time and it is hurting people's lives.

Here is our Liberal government on pot. After promising to legalize it right away, it is continuing to hand out thousands of criminal records. The Liberals named a former police chief to lead the file, who encourages police to crack down on personal use. The Toronto Board of Health has just joined the many voices begging the Prime Minister for lucidity on the issue.

Why is the Prime Minister playing politics with young people's futures? Why will he not take a clear step and decriminalize right away?

Right Hon. Justin Trudeau (Prime Minister, Lib.): First of all, Mr. Speaker, it is disheartening to see the member opposite characterize parliamentary process as a waste of time.

Second, on legalizing marijuana, we have always been very clear that it is about protecting young people from the easy access to marijuana that they have right now. It is about preventing criminal organizations, street gangs, and gun runners from getting significant sources of funding through the sale of marijuana. That is what our focus is on, and that is why, until the law is changed, the current system still applies.

*Oral Questions***DEMOCRATIC REFORM**

Mr. Blake Richards (Banff—Airdrie, CPC): Mr. Speaker, it seems like the Liberals need some help with their math homework. First, the Minister of Democratic Institutions announced eight principles to guide electoral reform, but then, poof, a couple of weeks later, those principles were magically down to five. Now the minister thinks that the broad buying of Canadians on electoral reform equals stacking six Liberals MPs on a committee.

Will the Liberals finally cut the charade and give 30 million Canadians a direct say through a referendum?

Hon. Maryam Monsef (Minister of Democratic Institutions, Lib.): Mr. Speaker, I would like to put forward the following.

The conversation we are having about a possible end game, that of a referendum, is taking away from the important conversation we need to have here and now about ways to engage Canadians in the process so we can arrive at an outcome that is appealing and responsive to their needs.

If the members opposite are truly interested in conversing with Canadians, then let them come forward with their ideas on how they will engage their constituents on this important conversation.

Mr. Blake Richards (Banff—Airdrie, CPC): Mr. Speaker, I will give the minister an idea on how to engage Canadians. Have a referendum.

In 1992, a referendum was held on the Charlottetown accord, and nearly three-quarters of eligible Canadians voted; that is 13,736,634 Canadians. To reach the same number of people, 40,000 Canadians would have to show up for a town hall meeting in every riding in the country.

Will the Liberals finally actually listen to Canadians and hold a referendum, yes or no?

• (1430)

Hon. Maryam Monsef (Minister of Democratic Institutions, Lib.): Mr. Speaker, why is the member opposite trying to mislead Canadians? The Charlottetown accord referendum—

Some hon. members: Oh, oh!

The Speaker: Order, please. We know that no member will deliberately mislead Canadians or the House. We will not say that here. However, keep in mind also, that most people here are able to hear things they do not like without reacting. Let us try to do that.

The hon. Minister of Democratic Institutions has the floor.

Hon. Maryam Monsef: Mr. Speaker, the member opposite knows that the Charlottetown accord referendum was not about the way we vote. It was about how the country as a whole would move forward.

The member opposite knows that past referenda on electoral reform have disengaged half of the population.

Let us use the tools available to us in the 21st century to gain the interests and the opinions of as many Canadians as possible. He is not up to the challenge, but we are.

[*Translation*]

Mr. Alain Rayes (Richmond—Arthabaska, CPC): Mr. Speaker, we know that the Liberal government likes to hold consultations and

lots of them. However, consultation is about listening. On the issue of electoral reform, it seems that the minister is not listening. Even though 73% of Canadians support a referendum, the minister has categorically ruled out this option.

Can the minister tell us why she is not listening to Canadians and is refusing to hold a referendum after her so-called consultations?

[*English*]

Hon. Maryam Monsef (Minister of Democratic Institutions, Lib.): Mr. Speaker, I have said, and will continue to say, this is an important opportunity for all of us to engage in an inclusive listening exercise with our constituents.

I understand the members opposite have a hard time with the concept of listening, but my job as minister is to listen and to reflect on the voices of those I have heard. I will continue to listen to Canadians. I will continue—

Some hon. members: Oh, oh!

[*Translation*]

The Speaker: Order. I would point out to the member for Lac-Saint-Jean and others that when one is accused of not listening, it is time to listen to one another.

It seems that the minister has finished with her answer and therefore the hon. member for Richmond—Arthabaska has the floor.

Mr. Alain Rayes (Richmond—Arthabaska, CPC): Mr. Speaker, Canadians are very intelligent. That is why the vast majority are asking for a referendum. We also know that there is little information about how the committee will consult Canadians. However, what we do know is that the Liberals will have complete control.

Why will the minister not acknowledge that consultation is legitimate by confirming that all Canadians will have a say in a referendum, after her so-called consultations?

[*English*]

Hon. Maryam Monsef (Minister of Democratic Institutions, Lib.): Mr. Speaker, the debate about the motion to strike the all-party committee, which we committed to during the election, has yet to take place in the House.

The makeup, the mandate, and the ways that the committee will engage in the conversations are up to every member in the House, to shape that conversation. I hope the members opposite will engage in a respectful, productive, and constructive conversation about how the committee could act as a productive forum for Canadians to be part of this conversation.

Oral Questions

Mr. Scott Reid (Lanark—Frontenac—Kingston, CPC): Mr. Speaker, notwithstanding its pretended openness to all potential new voting systems, the government has already hired a communications consultant who is an advocate for the preferential model the Prime Minister has favoured all along. It sure looks like the fix is in. There is no way Canadians would vote for a system designed for the sole purpose of rigging the next election in favour of the Liberal Party. Is this the reason why the Liberals refuse to hold a referendum?

Hon. Maryam Monsef (Minister of Democratic Institutions, Lib.): Mr. Speaker, allow me to correct the record. This individual was hired by the Privy Council Office to work as a communications adviser. As a member of Canada's non-partisan public service, I trust the public service and its decision. I hope the opposition will as well.

Mr. Scott Reid (Lanark—Frontenac—Kingston, CPC): Mr. Speaker, I am surrounded by former cabinet ministers, so I will ask one of them if there has ever been a hiring that took place that was not based on something other than non-partisan considerations. It seems to me there is a—

Some hon. members: Oh, oh!

• (1435)

The Speaker: Order, please. What was I saying a moment ago about listening? The hon. member for Lanark—Frontenac—Kingston has the floor.

Mr. Scott Reid: Mr. Speaker, today's *National Post* observed, "the ranked ballot system would produce Liberal majorities until [the prime minister] qualifies for a seniors' bus pass." The *National Post* is right. With ranked ballots, the Liberals could get 50% of the seats in this place with less than 35% of the vote. Is this the reason why the Liberals do not want to have a referendum on their—

The Speaker: Order, please. The hon. Minister of Democratic Institutions.

Hon. Maryam Monsef (Minister of Democratic Institutions, Lib.): Mr. Speaker, after that Freudian slip, let us take a moment to reflect on how we got here. Our commitment to increase the trust and confidence that Canadians have in our democratic institutions began as a result of 10 years of trampling on our democratic institutions by the party opposite. Canadians asked us to review the options available to us, not just the way we vote, not just online voting and mandatory voting, but to take partisanship and patronage out of our Canadian democratic institutions. That is what we are doing. It is time for the other side to come on board and help us.

* * *

[Translation]

ETHICS

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, the Liberal government said that the Prime Minister's trip to Washington with his entourage cost \$25,000.

However, today, we learned that it cost \$257,000, which is 10 times that amount. The Prime Minister may be an expert in quantum computing, but he is not nearly as good at math. If he likes, we can lend him a calculator.

My question is simple. Why did the Liberal government not tell taxpayers the whole truth?

Hon. Dominic LeBlanc (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, my colleague opposite knows very well that the government always tells the truth when it comes to the proactive disclosure of expenses.

I would like to remind my colleague that that is something the NDP was very slow to do in the previous Parliament. We have been leaders when it comes to the proactive disclosure of expenses, and the expenses are there.

However, the trip to Washington was a historic trip. As I have said many times, a lot was done for Canadians in Washington, and we are proud of the visit that our Prime Minister and his team made to Washington.

* * *

[English]

DEMOCRATIC REFORM

Mr. Nathan Cullen (Skeena—Bulkley Valley, NDP): Mr. Speaker, after wasting more than seven months, the Liberals are now actually openly talking about failure when it comes to democratic reform. The minister has said over and over again that she wants to work with other parties, so here is a radical idea. How about the Liberals actually work with the other parties to get this job done?

Canadians watched the Liberals stack the deck using their false majority and evasive answers to simple, straightforward questions. Here is one more for the minister. Are the Liberals actually willing to change the way Canadians vote unilaterally, yes or no?

Hon. Maryam Monsef (Minister of Democratic Institutions, Lib.): Mr. Speaker, I look forward to my meeting with the member opposite following question period.

Canadians asked us to bring our electoral system into the 21st century. We will do that after listening to Canadians, especially those who have traditionally been marginalized. We will not move forward on any reforms unless we have the broad buy-in and support of Canadians. I look forward to working with my hon. colleague to that end.

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FINANCE

Hon. Lisa Raitt (Milton, CPC): Mr. Speaker, last night the Minister of Finance had four hours to answer some pretty simple questions. For example, when did he plan on balancing the budget? Sadly, no answer. One thing he did like to talk about after four hours and the one question he could answer was about how he would spend taxpayer dollars. The answer was as fast as he could get his hands on it. We know where this ends.

Could the Minister of Finance just level with Canadians? When is he raising our taxes to pay for his out-of-control spending?

Oral Questions

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, I am pleased to talk to Canadians through the House about what we plan on doing.

We were clear that we wanted to improve the lives of middle-class Canadians and those striving to get in it. Therefore, we put measures in our budget, such as reducing taxes, taking the child care benefit and making it better for families that really needed it. We are helping them today.

We talked last night about long-term investments, investments that would improve our growth rate, change so future generations would be better off.

We are facing up to the challenge of a low-growth environment left to us by the previous government.

• (1440)

Hon. Lisa Raitt (Milton, CPC): Mr. Speaker, the minister last night talked about his \$6-billion contingency fund that he had padded in there just in case. When asked whether he was going to return it to Canadians, he said that he was going to spend it. That is simply irresponsible. I know it was late so I want to give him a chance to clarify today.

Will the Minister of Finance return the \$6-billion contingency fund back to Canadians?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, taking the reins of the government at a time of low growth left to us by the previous government means we need to be prudent in our expenditures. We looked at the state of our finances and we looked at the challenges we were facing, challenges because the last decade was the lowest growth in the last eight decades, and we said we needed to be prudent. We put in a factor for prudence, a factor that makes sense.

From there, we are going to make investments that are going to make a real difference, that are going to turn the dial on low growth. They are going to make it better for this generation and the next generation.

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IMMIGRATION, REFUGEES AND CITIZENSHIP

Hon. Michelle Rempel (Calgary Nose Hill, CPC): Mr. Speaker, a few months ago the Liberal government had 8,000 placements from the caregiver program. Many Canadian families make use of this program to care for sick loved ones or for their children. The Prime Minister himself has made use of the caregiver program in order to hire nannies for his family.

Why are the Liberals cutting this program so drastically when the Prime Minister has benefited from it?

Hon. John McCallum (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, far from cutting this program, we cherish the program. The processing times have been coming down over time.

As the population ages, older people like my mother, who takes advantage of a Filipino caregiver, will increasingly benefit from the system. As the population ages, it will be of increased benefit for both younger and older Canadians.

It is a program that we cherish.

Hon. Michelle Rempel (Calgary Nose Hill, CPC): Mr. Speaker, apparently it is well cherished by the Prime Minister as well.

The Prime Minister applied for a second nanny under the caregiver program after the appointment of his first nanny ended. One could argue that while that application was in process and he was criticizing the program that thousands of Canadians used that would perhaps be the definition of hypocritical.

Why does the Prime Minister ask Canadians, with this drastic cut to the caregiver program, to forgo benefits that other Canadians need?

Hon. John McCallum (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, as I was trying to explain, this is an excellent program that serves Canadians well, both the parents of young children who need care and older Canadians who need care as well.

As our population ages, this need for care will accelerate, so more Canadians will be the beneficiaries of a child care program and a caregiver program that serves all across the country.

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FORESTRY INDUSTRY

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, 100 days have now passed and we still have no deal on softwood lumber. The American industry claims Canadian producers are unfairly subsidized. We have fought 4 expensive trade battles in the last 35 years.

In spite of assurances by the Minister of Trade little has been done to fix the problem, leaving Canadian producers, including those in British Columbia, to fight to survive.

Why is the government putting our forest industry at risk?

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, I am very aware of the importance of the forestry industry to Canada and to B.C., and I am working hard on this issue. Last week we had a visit by officials from the USTR to Ottawa to discuss the issue. I spoke two weeks ago with the head of the USTR Ambassador Mike Froman at APEC in Peru. Our ambassador in Washington met with him.

I would also like to quote the premier of B.C. Christy Clark with whom I met 10 days ago. She said our federal government was “a strong voice for Canada as we seek a new softwood lumber deal”.

[*Translation*]

Ms. Karine Trudel (Jonquière, NDP): Mr. Speaker, the report on the next softwood lumber agreement that the government promised to give us in 19 days might well be written on the back of a napkin.

Canadian negotiators met with the Americans last week. However, we are being told that we have nothing, that no progress has been made and no other date has been set. With the American election fast approaching, analysts are not optimistic about an agreement being reached in the next few days.

Oral Questions

Why is the government dragging its feet? Why is it jeopardizing the livelihoods of 60,000 workers in Quebec, 5,000 of whom live in Saguenay—Lac-Saint-Jean?

• (1445)

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, I thank the member for her question.

Our government is well aware of how important the forestry industry is to Quebec and Canada. Officials from the Office of the United States Trade Representative met with our teams last week and they will be meeting again soon. I am meeting with representatives from the Quebec industry on Monday in Montreal. We are working to negotiate a good deal for Canada.

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INTERNATIONAL DEVELOPMENT

Mrs. Sherry Romanado (Longueuil—Charles-LeMoyne, Lib.): Mr. Speaker, the number of people affected by humanitarian crises has exploded over the past decade.

Conflicts in the Middle East have led to the largest movement of displaced people since the Second World War. Climate change is causing phenomena such as droughts and record temperatures.

Can the Minister of International Development update the House on some of the recent measures that the Government of Canada has taken to meet these urgent needs?

Hon. Marie-Claude Bibeau (Minister of International Development and La Francophonie, Lib.): Mr. Speaker, I thank my colleague from Longueuil—Charles-LeMoyne for her question.

Indeed, humanitarian needs have skyrocketed in recent years, and it was against this backdrop that I took part in the World Humanitarian Summit last week in Turkey. It was the perfect opportunity to announce a total of \$331 million in funding for 171 humanitarian aid projects in 32 countries, as well as our contribution of \$274 million to the Central Emergency Response Fund.

We are currently engaged in nationwide consultations. However, humanitarian aid cannot wait.

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[English]

MINISTERIAL EXPENSES

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, we know Liberals just cannot help themselves when it comes to spending. Immediately after getting the keys to their new offices, the Minister of Environment and Climate Change spent \$20,000 on furniture and TVs, the Minister of Innovation, Science and Economic Development spent \$60,000 on renovation, and the Minister of Health even spent \$27 on a towel bar when Walmart has over a dozen options for under \$10. However, the show stopper is the Minister of Infrastructure and Communities, who spent \$835,000 on renovations and paintings.

Do the Liberals really think it is okay to spend \$1 million on TVs and towel racks?

Hon. Amarjeet Sohi (Minister of Infrastructure and Communities, Lib.): Mr. Speaker, our government has committed to

doubling the infrastructure investments over the next 10 years. That requires—

Some hon. members: Oh, oh!

The Speaker: Order, please. The hon. Minister of Infrastructure and Communities has the floor.

Hon. Amarjeet Sohi: Mr. Speaker, our commitments require a dedicated minister, a dedicated ministry, and a dedicated DM in order to deliver on the expectations of Canadians. We needed new spaces for our staff and new spaces for our DM and his staff, and that is what the investment is for.

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, Alison Redford called, and she is glad that he changed the channel for her.

The Liberals love to travel. Whether it is the Minister of International Trade jetting off to Hollywood or the Minister of Finance gallivanting around the globe, they travel best when it is on the public dime. Yesterday, the finance minister refused to answer questions about his five-star travel. He travelled to New York with three staff members, all with round-trip tickets costing \$4,000 each.

When will the minister realize the money he is burning through is not his own trust fund, and start reining in his reckless spending habits?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, like finance ministers before me, I believe it is important to go across the country to talk about our budget. I believe it is important to go abroad to talk to investors, people who might invest in our country, to let them know what we are doing here. Unlike previous finance ministers, however, we had a fantastic reception internationally, where they received us and listened to our activities. They know now that Canada is a place where they can make investments and bring their money here. We are back. We want to help Canadians through investments internationally.

[Translation]

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, when we look at the fine print it is no surprise that this government spent \$9 billion in only one month.

Three members of the Minister of Finance's staff spent more than \$12,000 on round-trip airfare to New York last March. That is not even remotely close to economy class airfare, which costs 10 times less.

Can the government tell us why round-trip airfare from Canada to New York for three people cost more than \$12,000?

• (1450)

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, like the ministers of finance before me, I know that it is very important to visit Canadians and international investors and tell them about Canada, our budget, and why they can invest in Canada.

Oral Questions

That is what I did, and I will soon be travelling again to explain future budgets because I know that it is very important for Canada.

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, there is no lack of examples with this spendthrift government.

We also learned that renovations to the offices of the minister and deputy minister of infrastructure cost almost \$1 million.

How can this government justify cutting family and small business tax credits when it spends money hand over fist to renovate its own offices?

[English]

Hon. Amarjeet Sohi (Minister of Infrastructure and Communities, Lib.): Mr. Speaker, before November 4, 2015, infrastructure did not have a dedicated minister and we did not have a dedicated ministry to deliver on the commitments. We did not have a dedicated DM. Therefore, in order to accommodate the new office, we have to have space. We need space for our staff, we need space for the DM's staff, and that is what we have done. It is a new office, new staff, and that is where the expenditures have occurred.

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[Translation]

CHILD CARE

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Mr. Speaker, the Prime Minister is a big proponent of work-life balance. That should apply to everyone.

Because of a 2014 decision that will take effect on July 1, not-for-profit day cares in federal buildings, which have enjoyed free rent until now, will have to pay market prices for rent going forward. As a result, the day care in the Statistics Canada building in Ottawa may have to close its doors, and the same goes for the day care in Montreal's Guy-Favreau Complex.

When will the Liberals overturn the Conservatives' bad decision?

Ms. Leona Alleslev (Parliamentary Secretary to the Minister of Public Services and Procurement, Lib.): Mr. Speaker, the Government of Canada recognizes that Canadian families need support and that all Canadian children are entitled to an equal opportunity to succeed.

Public Services and Procurement Canada is working with Statistics Canada and the day care to find ways to ease the transition.

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EMPLOYMENT

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Mr. Speaker, the Old Port of Montreal's 300 employees have been on strike since Friday, and it is easy to understand why. They are the most poorly paid of all federal employees. Their pay scale starts at \$10.67 per hour. That is ridiculous; it is below the poverty line.

Under the NDP's proposal, those employees would earn a federal minimum wage of \$15 per hour.

How can this government, which says it wants to help people gain entry into the middle class, justify paying federal employees so poorly?

[English]

Hon. MaryAnn Mihychuk (Minister of Employment, Workforce Development and Labour, Lib.): Mr. Speaker, as members know, federal employees' wages are related to the individual jurisdictions where they are employed. That has been the practice of the House and that is how it is continuing.

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INTERGOVERNMENTAL RELATIONS

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Mr. Speaker, yesterday Conservatives announced a “free the beer” campaign calling on the government to raise the Comeau decision to the Supreme Court for clarification. Since then, the response from Canadians has been overwhelmingly in support. People want to buy Canadian. Buying Canadian should mean buying from Canadians in all Canadian provinces and territories without interprovincial roadblocks.

Why will the Liberals not elevate this to the Supreme Court?

Hon. Navdeep Bains (Minister of Innovation, Science and Economic Development, Lib.): Mr. Speaker, again, I share the enthusiasm and the excitement of the member opposite. This is an issue that we have raised very clearly when we discuss the agreement on internal trade with my provincial and territorial counterparts. This and many other topics are discussed because we want to create an environment across our borders, where we can have the flow of products and goods and services in a timely manner without red tape. That is why we are focusing on reducing barriers. That is why we are focusing on harmonizing regulations.

We are going to create an environment for products like this to be sold in a manner that allows our small businesses to grow and provide better options and opportunities and price points for our consumers.

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Mr. Speaker, one thing is clear. The Liberals are not prepared to give Canadians the freedom they need. Even if the Liberals do get a new agreement on internal trade, they have made it clear that there will be exemptions, including beer.

Ultimately, the question to free the beer should not be a political one, and section 121 of our Constitution is clear that this is in fact a legal question that needs clarity from the Supreme Court.

Why are the Liberals ignoring our Constitution in favour of a side deal that will not deliver for Canadians?

Oral Questions

•(1455)

Hon. Navdeep Bains (Minister of Innovation, Science and Economic Development, Lib.): Mr. Speaker, the member opposite knows, for the last 10 years the Conservatives very rarely met with their provincial and territorial counterparts. That is why they were unable to deliver on this issue and many other issues.

However, we are committed to working in collaboration with our counterparts to find solutions, to create an environment so we can have alcohol from one jurisdiction sent to another jurisdiction, but it is much broader than that. It is about an agreement that will be more comprehensive, that creates an environment for us to grow, that allows our businesses to grow and benefit our consumers, and we are committed to doing that.

[Translation]

Mr. Joël Godin (Portneuf—Jacques-Cartier, CPC): Mr. Speaker, the government reneged on its promise to cut taxes for businesses and refused to expand the Billy Bishop airport. One wonders if it knows anything at all about economic development.

Will the government show some faith in Canadian entrepreneurs and open domestic markets to spur stronger economic growth? This measure would inject an estimated \$14 billion into the economy. They are wasting time, and time is money.

Will the Minister of Economic Development commit to taking action and raising the Comeau decision to the Supreme Court?

[English]

Hon. Navdeep Bains (Minister of Innovation, Science and Economic Development, Lib.): Mr. Speaker, when it comes to economic development, we have been very clear, it is a priority for this government.

That is why, in the budget, for example, we invest over \$4.5 billion for the innovation agenda, an agenda that will help large businesses, small businesses, and the economy to grow.

We are investing in broadband connectivity, \$500 million for that. We are investing \$2 billion for strategic infrastructure funding for our universities and colleges. We are investing in accelerators and incubators and for businesses, \$800 million.

We are spending \$100 million in industrial research assistance programs. The bottom line is, we are making investments to grow the economy and hope the member supports that.

* * *

VETERANS AFFAIRS

Mr. Bryan May (Cambridge, Lib.): Mr. Speaker, the people in my riding of Cambridge and North Dumfries and across this great nation are proud of the men and women of the Canadian Armed Forces who serve our country with pride and distinction, and of their long history of valour, both at home and abroad.

Given their service and sacrifice, it is incumbent on this government to ensure they receive a dignified burial worthy of their dedication.

Can the Minister of Veterans Affairs explain his plan to ensure veterans and all members of the Canadian Armed Forces receive the funeral benefits they have earned?

Hon. Kent Hehr (Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, I want to thank the hon. member for Cambridge for his dedication to veterans.

This government recognizes the service and sacrifice of Canada's veterans by making it easier for families to access the funeral and burial program for a dignified burial. We are expanding the program eligibility to more families of lower-income veterans by increasing the estate exemption from \$12,000 to \$35,000 and applying an annual cost-of-living adjustment.

We are committed to delivering services veterans need and this includes a dignified burial.

* * *

SMALL BUSINESS

Mr. Alexander Nuttall (Barrie—Springwater—Oro-Medonte, CPC): Mr. Speaker, yesterday the World Competitiveness Center stated that Canada had fallen to 10th place for business competitiveness. Today, Stats Canada tells us the economy contracted for the second straight month and has reduced the economic outlook for the year down to 2.4%. That is no surprise. The Liberals broke their promise to reduce taxes on small business.

When will the Liberals finally listen to businesses, reduce their taxes, and restore the Canadian competitive advantage in the global marketplace?

Hon. Navdeep Bains (Minister of Innovation, Science and Economic Development, Lib.): Mr. Speaker, the Minister of Finance made unprecedented engagement opportunities with businesses across the country, and what did he hear from them? They wanted the government to make investments. That is what we heard during the campaign as well.

That is why we made historic investments on innovation that would improve our productivity and would improve our competitive footprint. This is what small businesses are looking for. They are looking for a government that would create an environment for them to succeed. That is why we made investments, not only with small businesses, but through the accelerator program, incubators, new broadband connectivity, for R and D. All these components will improve our position going forward.

* * *

FOREIGN AFFAIRS

Ms. Cheryl Hardcastle (Windsor—Tecumseh, NDP): Mr. Speaker, Salim Alaradi's nightmare continues. In 2014, he was falsely charged and unjustly imprisoned in the United Arab Emirates on false charges. The charges were dropped in March, and yesterday, after almost two years in prison, he was acquitted of any wrongdoing. Yet today, he continues to be detained without reason.

Oral Questions

Mr. Alaradi's family still waits anxiously for him to return home. What is the government doing to secure the immediate release of Salim Alaradi?

• (1500)

Hon. Stéphane Dion (Minister of Foreign Affairs, Lib.): Mr. Speaker, first, we need to say how much the family has been courageous in this tough time. Second, I want to thank all colleagues from both sides of the House who worked very hard for Mr. Alaradi to be free and will not stop working hard until he is actually free.

* * *

SCIENCE

Mr. John Aldag (Cloverdale—Langley City, Lib.): Mr. Speaker, this year's G7 science meeting was held in Tsukuba, Japan, and it was the first time in three years that Canada has attended such a gathering. As we have seen across government, Canada can make an important international contribution by choosing to engage on the world stage.

Could the Minister of Science update the House on the outcome of the G7 science and technology ministers' meeting?

Hon. Kirsty Duncan (Minister of Science, Lib.): Mr. Speaker, I would like to thank my hon. colleague from Cloverdale—Langley City.

The G7 is a key forum for Canada, and I was honoured to attend as the Minister of Science. While in Japan, ministers committed to international collaboration on global health, oceans, open science, women in science, and youth enrolment in STEM disciplines. These meetings highlight the importance of international co-operation and underline the role of research in helping to address the challenges the world faces.

* * *

INFRASTRUCTURE

Hon. Pierre Poilievre (Carleton, CPC): Mr. Speaker, the 92-year-old Ottawa Hospital desperately needs a new building. Starting in 2007, an expert panel researched 12 sites, and federal land right across the street topped the list. Then minister John Baird okayed it, but suddenly six months later, Ottawa's current regional minister slammed on the brakes. Now we learn she is punting the matter to the NCC, which means a total delay of two years.

When will Ottawa's regional minister stop blocking a desperately needed hospital in her community and our city?

Hon. Mélanie Joly (Minister of Canadian Heritage, Lib.): Mr. Speaker, our government understands the need for Ottawa to have a state-of-the-art hospital in its centre, and this is the reason why I asked the NCC to review possible sites for the Ottawa Hospital Civic Campus through a rigorous and transparent process in order to provide the government with recommendations.

The NCC's first-hand experience in public engagement and land use makes it the right choice in leading the review of possible sites, and our government looks forward to working with the NCC to find out where the new hospital will be located.

[Translation]

CONSUMER PROTECTION

Mr. Louis Plamondon (Bécancour—Nicolet—Saurel, BQ): Mr. Speaker, while Australia and 28 European countries have credit card transaction fees as low as 0.3% and 0.5%, Quebec's merchants have to pay between 1.5% and 4% in transaction fees when their clients use credit cards. On average, the 6,400 members of the Quebec convenience stores association pay \$36,000 in annual fees.

When will the minister impose a ceiling on the exorbitant credit card transaction fees being charged to merchants?

[English]

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, we remain committed to carefully protecting consumers and ensuring that we have a competitive market in everything Canada does. To the specific question asked, we have a voluntary obligation for the credit card companies to move forward on a fee review. We are awaiting the results of that review in order to understand how best to make sure we can keep this market competitive and to the benefit not only of merchants but of consumers.

* * *

[Translation]

AEROSPACE INDUSTRY

Mr. Gabriel Ste-Marie (Joliette, BQ): Mr. Speaker, “The aerospace sector is to Quebec what the automotive sector is to Ontario. I expect nothing less than the same intensity of support for Quebec's aerospace sector that the government gave to the automotive industry in Ontario.”

It was the Premier of Quebec who said that. Quebeckers all agree with that sentiment.

Why is the government abandoning the aerospace industry and choosing to do nothing about the Bombardier file? Is it because Quebeckers' concerns are not as important as what Bay Street wants? That is truly unfortunate.

Hon. Navdeep Bains (Minister of Innovation, Science and Economic Development, Lib.): Mr. Speaker, I disagree with my colleague.

[English]

We care very much about this sector.

To illustrate that point, we made an important investment, in conjunction with the provincial government in Quebec, in Bell Helicopter. This production will allow 900 jobs to maintain a footprint in Mirabel. It will also create an additional 100 new jobs, with this investment.

Government Orders

When it comes to Bombardier, the member opposite knows we believe in the company. We want to be part of the solution. We understand the importance of the aerospace sector, not only for Quebec but for Canada.

We are going to make sure we create the environment to produce an outcome that will be in the best interests of all Canadians, including Quebecers.

• (1505)

Mr. Kevin Lamoureux: Mr. Speaker, I rise on a point of order. There have been discussions among the parties of the House, and I seek unanimous consent to allow that, in relation to the annual conference of the Canadian Council of Public Accounts Committees and the Canadian Council of Legislative Auditors, 10 members of the Standing Committee on Public Accounts be authorized to travel to Yellowknife, Northwest Territories, in August 2016, and that the necessary staff accompany the committee.

I have two other requests.

The Speaker: Let us start with that one.

Does the hon. member have unanimous consent of the House to propose the motion?

Some hon. members: Agreed.

The Speaker: The House has heard the terms of the motion, is there consent?

Some hon. members: No.

The Speaker: There is no consent, so perhaps they can keep having discussions.

The Assistant Deputy Speaker (Mr. Anthony Rota): I would like to remind hon. members that debate is about to resume, so if you have a conversation, maybe just take it into the lobby or into the hallway. I see everyone is deep in conversation.

Order, please. I notice there are deep conversations going on, but debate is about to start, so I would ask hon. members to just move it to the side. Keep talking, but just maybe whisper on your way out, and come back when you have finished your discussions.

GOVERNMENT ORDERS

• (1510)

[English]

CRIMINAL CODE

The House resumed consideration of the motion that Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), be read the third time and passed, and of the amendment.

Mr. Randeep Sarai (Surrey Centre, Lib.): Mr. Speaker, I am pleased to participate in the third reading debate on Bill C-14, which would provide a federal framework on medically assisted dying. As acknowledged by many in the House in the last number of weeks, medical assistance in dying is a complex, challenging, and deeply personal issue for us all.

Since the Supreme Court of Canada rendered its unanimous decision in Carter last year, it has been discussed by many Canadians in different settings from coast to coast to coast. The issues continue to be debated and thoughtfully discussed worldwide, from the United States to Europe to Australia and New Zealand. Almost everywhere in the world, the act of ending one's life deliberately and the act of helping someone to end their life are serious crimes punishable by severe sentences.

Nevertheless, Canada is not alone in creating a legislative regime to permit medical assistance in dying. There are four American states, Oregon, Washington, Vermont, and California, the country of Colombia, and the three European countries of Belgium, the Netherlands, and Luxembourg that currently have legislative regimes that allow some form of medical assistance in dying.

These different international regimes share similarities, especially with regard to safeguards, oversight, and reporting, most of which are included in Bill C-14. These similarities are as follows: requests for medical assistance in dying must be in writing, made voluntarily by the patient, and in many cases witnessed by independent witnesses; a second opinion from an independent physician must be sought; and a delay or reflection period between the request and the actual provision of medical assistance in dying is required.

Colombia has a unique approval process for medical assistance in dying. It involves interdisciplinary committees within each hospital that assess requests and support patients and their families throughout the process.

In addition, almost all international regimes have mandatory oversight systems involving independent national or regional committees and government agencies or departments, which collect and process data in order to properly monitor medical assistance in dying. They make annual or biannual reports on medical assistance public in their respective jurisdictions. This evidence was critical to the Supreme Court of Canada's analysis in the Carter litigation.

Unlike the fairly consistent approaches, the safeguard and oversight that we see in other countries, the various laws take two different approaches with regard to both: one, the form of medical assistance in dying that is permitted; and, two, the medical circumstances under which it can legally be provided.

One could describe the different approaches with regard to eligibility and the form as being a spectrum. At one end of the spectrum stands the four American states that enacted the legislation, starting with Oregon in 1997, Washington in 2008, Vermont in 2013, and most recently California, just last year.

In these states, a mentally competent adult aged 18 years or older can obtain the assistance of a physician to die, only if their request is voluntary, and if they suffer from a terminal disease, which is defined as an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

Government Orders

In the U.S. states, the physician is only permitted to provide the patient with a prescription for a substance that the patient must self-administer at a time of their choosing. This is commonly known as physician-assisted suicide.

What is commonly called euthanasia, where the physician administers an injection to the patient, is expressly prohibited in these states. Advance requests are also not allowed.

While these legislative measures in the U.S. accommodate individuals suffering from diseases that cause a steady, rapid, and predictable decline toward death, such as some forms of cancer, they do not accommodate other conditions, including some degenerative diseases that are enduring and predictable, nor do they enable patients who are physically unable to self-administer a substance to access a medically assisted death.

• (1515)

The Colombian regime, which was developed in response to two rulings from its Constitutional Court, has eligibility criteria similar to that of the U.S. states. It limits eligibility to adults who have a terminal illness, defined as a progressive and irreversible serious condition or pathology that will cause death within a relatively short time frame. It does not require the person to have a prognosis of six months, but it does require that death is expected in the short term. Unlike the American states, Colombia only permits a physician to administer a substance that causes a person's death. However, Colombia's regime does permit a patient to prepare an advance request for medically assisted death, which is not permitted in the U.S.

At the other end of the spectrum, there is Belgium, the Netherlands, and Luxembourg, known as the "Benelux" countries. In these three northern European countries, patients are eligible for medical assistance in dying if they have "intolerable" or "unbearable" physical or psychological suffering resulting from a serious and incurable medical condition where there is no prospect for improvement. Eligible individuals do not need to be dying or suffering from life-threatening conditions. Both physician-assisted suicide and what is commonly called voluntary euthanasia are permitted in these countries.

While advance requests are permitted, there are some differences between the Benelux states. In Belgium and Luxembourg, advance requests can only be carried out where the patient is in a state of irreversible unconsciousness, while in the Netherlands, advance requests are also permitted where patients are unable to express their wishes but are conscious, such as for persons with dementia or Alzheimer's.

While medical assistance in dying is only available to adults in Luxembourg, children as young as 12 years of age can request medical assistance in dying with their parents' consent in the Netherlands. In Belgium, adults and emancipated minors can request medical assistance in dying for the same kinds of conditions. In 2014, Belgium extended eligibility to minors of any age, but only where they are likely to die in the short term and where their suffering is physical. Additional safeguards must also be met.

The experience and lessons from the Benelux countries have been closely examined. For example, in the Netherlands, while the

legislation permits advance requests for patients who have lost their ability to express their wishes, Dutch research suggests that physicians are generally unwilling to provide medical assistance in dying, due to the inability of these patients to comprehend their medical condition and their inability to express informed consent.

The government has sought to learn from the experiences of other jurisdictions. The proposed legislation is broader than the U.S. state approach, which only permits those with a fatal disease to access assistance. Instead, Bill C-14 provides the option of a peaceful death to everyone who is in decline toward the natural end of their life, not just those who suffer from fatal diseases or terminal illnesses. At the same time, it avoids some of the risks that the Benelux-style regimes might present, although such broader questions, and the experience of other regimes around the world, will continue to be studied.

I urge all members to support this incredibly important bill to answer the call of our Supreme Court to legislate in this area.

Mr. Arnold Chan (Scarborough—Agincourt, Lib.): Mr. Speaker, I very much respect my colleague from Surrey Centre's rather broad survey of some of the jurisdictions around the world that have brought in medical assistance in dying. I particularly appreciated his detailed analysis in terms of giving us a framework in which we could construct our particular legislation that is currently before the House.

My question to my friend is this. We have certainly heard comments coming from the government, particularly from the Prime Minister, that have suggested that this particular legislation is simply an initial step. Are there aspects in some of the research he has done with respect to the other jurisdictions that he thinks would be helpful in contributing to the dialogue moving forward?

• (1520)

Mr. Randeep Sarai: Mr. Speaker, there are certain aspects. I think the balance is going to be how open we can make this process, or how narrow it can be. There is always a fear of making it too broad, and on the other hand making it very restrictive for people who need this right so they are able to access it.

The other process that will be very important is to see what gaps might be in the system. Certain diseases or conditions might not be addressed properly in the legislation now, but as we monitor California, Vermont, and the various U.S. states, along with the Benelux countries of Belgium, Luxembourg, and the Netherlands, we can see where the gaps have been addressed and where they have come up in the courts. I hope that this House, along with the Minister of Justice, can address those from time to time as they arise.

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, last evening in the House, we saw the reluctance on the part of the majority of the Liberal Party to include effective conscience protection for medical professionals and institutions that provide health care to Canadians. We do know that two colleges have already indicated that they expect their doctors, even if they are opposed to physician-assisted suicide, to make an effective referral to have physician-assisted suicide carried out.

Government Orders

My question to my colleague is, why would he and his party not realize the importance of allowing a medical professional with years and years of professional training, who opposes the idea of helping someone to die early, to have conscience freedom? Why would he oppose the aspect of having conscience freedom for medical workers, and also for the institutions that are providing very effective health care for our Canadian population?

Mr. Randeep Sarai: Mr. Speaker, I thank the member for his question, and I am glad that both sides of the House take this issue very seriously.

My understanding is that the bill and the preamble were already amended at the committee stage. The individual is protected, except for the institutions. I think the matter was already addressed, and that is why many members did not support that amendment. The matter has already been addressed in the preamble as well as the bill itself.

Mr. Anthony Housefather (Mount Royal, Lib.): Mr. Speaker, I very much appreciate the excellent speech by my friend from Surrey Centre, and I want to reiterate what he said. Both in the bill and in the preamble, there are conscience exceptions for individuals, which was agreed to by all members of the committee.

However, many members are concerned about advance directives. The committee said that studies would begin within six months. However, one of the things that is very important to note is that advance directives, even in the one country that allows it for people with dementia and other declining illnesses, is not really carried out. In the Netherlands, given the concerns about what someone's wishes actually are at the time of death if they have dementia, almost nothing happens.

I wonder if my colleague would confirm that he also agrees that this matter requires further study before we would ever implement it.

Mr. Randeep Sarai: Mr. Speaker, I agree with the member. An advance directive is an issue that we need to study, and even six months might be a short period of study. I think a longer period would be needed to address such concerns.

We need to see how it would be carried out. Only after that has been looked at should we think about advance directives. It is a subject that needs a lot of comprehension. I think it would be hard for a person to make that directive initially, without guidelines and safeguards around it.

• (1525)

[*Translation*]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, I will share my time with my colleague the member for Carlton Trail—Eagle Creek.

This is a very difficult time in my short political career, because it is a sensitive subject that should be free of partisanship. All opinions are right, and no one is wrong. We are all good Canadians of good conscience, and we are looking for the best solution on such a sensitive subject.

When it comes to this subject, we are not here to try to convince anyone; we are here to explain our point of view. According to the Supreme Court's decision in the Carter case, it is not a matter of determining whether we are for or against medical assistance in dying, but of determining how we will apply it.

Here we are at the final reading of Bill C-14. At my leader's invitation, I had the privilege of participating in the parliamentary committee that studied the matter and produced a main report and a dissenting report. My official opposition colleagues and I signed the dissenting report, while my Conservative colleagues in the Senate signed the main report. This shows that there was no partisanship in our approach.

In our dissenting report, we raised five major concerns. Most of them were noted by the government and are reflected in Bill C-14. We were against the medical assistance in dying bill applying to minors; the government listened to us. We were against the bill applying in the case of mental illness; the government listened to us. We wanted complete openness concerning conscience protections for physicians and institutions; the government listened to us in part. We also wanted a clear commitment from the government concerning palliative care; the government listened to us in part.

On another note, I salute my colleague from Sarnia—Lambton, who introduced Bill C-277 in the House almost exactly 24 hours ago. The aim of this private member's bill is to force the government to make a firm commitment to provide the necessary palliative care to as many Canadians as possible. As we know, only one-third of Canadians have access to that type of care. With Bill C-277, we want that to be enforced.

Those are the elements of Bill C-14 that we consider positive or semi-positive. Now here are the things that are of great concern to us.

First, there is the famous definition of reasonably foreseeable death. For us, this makes absolutely no sense. "Reasonably foreseeable" means both everything and nothing. I am going to die some day. That is reasonably foreseeable, of course, but it means absolutely nothing. From sage experience, Quebec used the expression "end of life". That is at least clearer.

There is also the matter of nurse practitioners, who have the same decision-making powers as physicians under the bill. I have tremendous respect for nurses, and I know what I am talking about, since they are often the first people, and sometimes the only people, who see us when we are in hospital. However, when it is a matter of life or death, and that is literally the issue here, I would prefer that physicians have the ultimate responsibility rather than the wonderful nurses.

The points I have just mentioned are based on Quebec's experience. I know what I am talking about, because I was a member of the National Assembly of Quebec. We worked on and gave serious consideration to the issues surrounding medical assistance in dying for six years, whereas here in the House we had only a few months to do the same work.

Later, I will talk about an unfortunate statement we heard during question period.

Based on Quebec's experience, we built our case for the dissenting report. The current bill includes some elements in full, others to some extent, and still others not at all. It is a fairly even balance of the positive and negative elements.

Then there remains the famous issue of constitutionality. Every bill that is put forward can be challenged. In fact, whatever bill was introduced, it would have been challenged by one group or another. For weeks, some people have been saying that it is constitutional, and others have been saying that it is not. Most of the people we heard from said that it did not make sense and that it did not comply with the Constitution or the Carter decision. However, this morning, in *La Presse*, if I remember correctly, three constitutional experts from three different universities, namely Laval University, the University of Montreal, and UQAM, said it was constitutional.

● (1530)

[English]

If we table a bill, we will hear a bunch of lawyers say that it is good and a bunch of lawyers say it is not good. This is the point, and we have to live with that. It is democracy. This is how it works in our judiciary system.

[Translation]

I say this with great respect for legal eagles. I know that there are some here, some prestigious ones in fact, and I salute them, including the member for Mont-Royal.

The charter issue is another interesting point. Some people say it complies with the charter, while others say it does not.

Let us try not to be too partisan. If we cannot rely on the Liberal government to draft a bill that complies with the charter, whom can we rely on? Do I need to remind anyone that it was the Liberal Party, under the leadership of the Right Hon. Pierre Elliott Trudeau, father of the current Prime Minister, who enshrined the Canadian Charter of Rights and Freedoms in the 1982 Constitution, signed some 300 feet from here by Her Majesty the Queen on April 17, 1982? We all remember that. The sky was overcast, and at the very moment the signing took place, there was a rumble of thunder. Just a brief history lesson.

Seriously, I am not the greatest fan of the charter, much less of the Liberal Party, especially not the Liberal Party, but good Lord, if we cannot rely on the Liberal government to draft a bill that complies with the charter, I wonder whom we can rely on.

The events are balanced. This bill has good points and bad points. Over the past 24 hours, three events occurred that are worth thinking about. First, yesterday we voted on 10 possible amendments and they were all defeated by the Liberal majority. I commend the government members who voted against their party's position for their courage, honour, and dignity. Well done.

However, I believe that two of those amendments, both of them introduced by the member for St. Albert—Edmonton, were essential.

The first amendment protected the most vulnerable members of our society by proposing that people undergo a psychiatric assessment before giving their consent. We think that is extremely important because protecting the most vulnerable members of our society is essential. Nevertheless, the government voted against that amendment.

The second amendment had to do with conscience protections for institutions. I speak on behalf on my friends from Quebec when I say

Government Orders

that, in Quebec, institutions such as hospitals are secular. However, outside Quebec, some institutions are religious and act according to the dictates of their conscience. We need to protect their conscience rights, but this bill does not do that. We proposed that amendment, but the government voted against it. That is unfortunate. The government refused to accept amendments.

Moreover, this morning, Quebec's health and social services minister, Gaétan Barrette, made a statement. I know the guy. He is honest, hard-working, conscientious, and a man of integrity. He is also a medical specialist who was once an administrator and is now a minister. Speaking on behalf of the government of Quebec, he said:

I myself am disinclined, for governmental and professional reasons, to support C-14 because of its worst feature: reasonably foreseeable natural death. That makes no sense. It cannot be enforced. I would be very hesitant to get on board C-14 as it stands...

He added that the bill is very off-putting, that this is a bad clause, and that it is [too much] of a minefield for him.

The third element applies to the Prime Minister's statements in question period today. He said he is working with the provinces on this, but that has no basis in fact. Worse still, he said, "we drew a great deal of inspiration from the reflections of the Quebec National Assembly".

I can tell you one thing. I sat in the National Assembly. I was there for the six years that this was being studied. What we have seen here in the past six months does not resemble in the least what took place in the National Assembly.

I will not revisit the unfortunate events that took place two weeks ago when there was to be a vote to restrict our right to speak. I will look at the overall process. Unfortunately, the government did not follow the example set by the National Assembly in terms of either substance or form.

Consequently, bearing in mind the positive and negative elements of the bill and the three events that have taken place over the course of the past 24 hours, that is, the vote against the amendments, which were all rejected, the statement by the Quebec minister of health and social services, and the misleading statement by the Prime Minister of Canada, I will be voting against this bill.

● (1535)

[English]

Mr. Arnold Chan (Scarborough—Agincourt, Lib.): Mr. Speaker, I am going to be honest. I agree with a significant part of what the member has said today. I was one of the members on the government side who actually voted with the opposition on some of the amendments that were brought forward, including the one that related to protections to ensure there was an appropriate medical opinion when there was a question with respect to capacity in the case of someone with a previous mental health condition.

I want to get to the other issue that was advanced, and that was the one with respect to dealing with institutions. I did not support that amendment and I want to say why on the record. I felt the provision should not appropriately fall within the Criminal Code and that, in fact, there was a more appropriate type of response through our regulatory colleges at the provincial level. I think this is why the government side overwhelmingly rejected that provision.

Government Orders

I want to get back to the question my friend talked about with respect to reasonable foreseeability. I share some concerns that have been raised by members on the other side with respect to reasonable foreseeability. What would the member suggest would make this provision clearer, particularly as it relates to setting a clear legal standard as guidance for physicians who would have to operate under this provision?

Mr. Gérard Deltell: Mr. Speaker, because as the minister of health in Quebec said, it is unpractical. We cannot deal with that. I will say this in French because it is very difficult for me to say in English. It is *raisonnablement prévisible*. It is everything, but nothing. This is why we have to be clear.

As in the Quebec experience, it was crystal clear, end of life. That is why we suggest this. By the way, this is why all of our amendments were based on the Quebec experience. In the Quebec experience, there were six full years of studious work, which is not the case here. This is why the government should have followed the lead of the National Assembly of Quebec, which is not the case. This is not what the Prime Minister said.

Let me be clear. The bill is not perfect, but we all recognize that on June 7 there will be no law because the Senate will not have had enough time to adopt the bill. Therefore, I think the Conservatives will vote against the bill.

Ms. Linda Duncan (Edmonton Strathcona, NDP): Mr. Speaker, I wonder if the member could speak to the issue of nurse practitioners. I do not know if he has had the opportunities I have had in my life. For example, I worked in Yukon. One of my friends is a nurse practitioner in one of the small towns in Yukon. Over time nurses were given expanded powers to do various things, like stitch people, and so forth.

Who will have the responsibility for enabling a patient who is seeking medically assisted death to have access to a physician and who will pay for that patient to go to where there is a doctor, or for the doctor, or doctors, to go to where the patient is in isolated communities?

Mr. Gérard Deltell: Mr. Speaker, that is a very serious question. First, I want to repeat that I have great respect for nurses, and I pay them a great deal of respect. However, my argument was based on the Quebec experience.

Quebec had exactly the same issue. It is not the Yukon, but *le nouveau Québec*, which is in the far north, was facing exactly the same issue and the same difficulties as Yukon. We are not talking about someone who has had a car accident and we have to make a decision immediately. We are talking about people who suffer and have a lot of time, maybe too much time, to think about it. It is not a question of hours or days; it is a question of months.

We would prefer to have an analysis from physicians instead of nurses. I must repeat that I have a lot of respect for the nurses in Yukon, in Montreal, in Quebec, in Ottawa, and from coast to coast.

• (1540)

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Mr. Speaker, it is a privilege to rise in my place today and add the voices of my constituents to the debate on Bill C-14, an act to amend the

Criminal Code and to make related amendments to other acts, regarding medical assistance in dying.

I want to begin by telling this House that, in the almost nine years that I have been a member of this place, I have not been asked about or received as much correspondence as I have on the matter of physician-assisted suicide. It is clear that Canadians and members of this House have varied and deeply held beliefs and convictions on this issue, which have been informed by our life experiences. We members also have a responsibility to balance our personal beliefs with those of our constituents and the incredible wealth of knowledge they share with us. The widespread reaction to this short debate in Parliament confirms my belief and, I believe, the belief of my colleagues that physician-assisted suicide represents the defining issue of this Parliament.

Bill C-14 would have the most lasting impact on Canadians and the social fabric of our society because each one of us could at some point see someone we know struggle with such a decision. My constituents' opinions on this issue have been genuine, considered, and informative, with a clear majority opposing physician-assisted suicide. I am pleased to inform them that I share their views. I believe in the inviolable dignity of all human life, and that it is to be protected by law from conception to natural death. Therefore, I have opposed and will continue to oppose any attempt to legalize euthanasia or physician-assisted suicide.

I have grave concerns with the process surrounding the introduction and passage of this bill. I am cognizant that Bill C-14 is now at third reading and that many members are still grappling with how they will vote later today. I hope all members will be able to vote freely, as Conservative members will be able to do.

This legislation was first introduced in this place on April 14, less than two months ago. Passing a bill in a month and a half is a challenge under any circumstances, but passing a bill of this magnitude and in this amount of time is reckless and demonstrates a complete disregard for the significance of this issue to all Canadians. As my colleague from Lethbridge noted in her earlier remarks, the Supreme Court of Canada has sent Parliament into an unending abyss of grey, and each day parliamentarians are being tested on the future limits of this legislation as one what-if leads to another. I do not believe that all the impacts of this bill can be assessed in such a tight timeline, as this truly is a new moral space for Canadians to contemplate.

Like many of us here, I am concerned that minors may eventually be able to obtain medical assistance in dying. I am concerned for the well-being of those struggling through mental illness because, quite frankly, we as a country are only now beginning to recognize and understand its reach and impacts on so many. As well, I am concerned with the notion that doctors who for legitimate reasons of faith or conscience oppose medical assistance in dying would be forced to participate in this process contrary to their personal ethics.

While the government has presented us with a bill that is much narrower in scope than the recommendations made by the special committee, stakeholders on both sides of this issue have raised many what-is-next questions. These have not been answered, and I am therefore disappointed that consultations and debate on Bill C-14 are ending prematurely.

Government Orders

Many of my constituents have suggested that the government should consider using section 33 of the Charter of Rights and Freedoms, the notwithstanding clause, to prevent physician-assisted suicide rather than rushing a bill through Parliament that appears to fully satisfy no one. I want the government and my constituents to know that I would support using the notwithstanding clause to prevent the Supreme Court's decision in *Carter v. Canada* from having any effect. While I am not a constitutional expert, I assume that section 33 was included in the charter because the prime minister and the premiers of the day wanted to affirm that a democratically elected federal Parliament and provincial legislatures, and not the judicial branch, would have the responsibility to pass laws on matters of public policy.

● (1545)

By refusing to invoke the notwithstanding clause, the government is prematurely ending our deliberations on this bill, and consequently removing many voices from the discussion.

Parliament should be passing laws that the courts then interpret within the charter. Courts should not be telling Parliament what laws it needs to pass and by when they must be passed.

I do not believe that former premier of Saskatchewan Allan Blakeney would have signed the charter without the presence of the notwithstanding clause, as it protected the rights of Saskatchewan's legislature to override a court decision with which it might not agree.

Then prime minister Pierre Elliott Trudeau agreed when he said:

...it is a way that the legislatures, federal and provincial, have of ensuring that the last word is held by the elected representatives of the people rather than by the courts.

Former prime minister Jean Chrétien, who was at the time Canada's justice minister, made a similar comment:

The purpose of an override clause is to provide the flexibility that is required to ensure that legislatures rather than judges have the final say on important matters of public policy.

If physician-assisted suicide is not an issue for the Parliament of Canada to invoke section 33, what is?

Liberal members have continuously used the June 6 deadline as justification to pass the bill quickly, yet I would posit that the notwithstanding clause exists precisely so that Parliament, and not the courts, can set the timeline on important matters of public policy. At the very least, the government could have used this clause to give itself more time to consult Canadians and draft legislation that conforms to the court's decision and protects life.

Quebec's National Assembly took six years to develop its legislation on physician-assisted suicide, yet the Supreme Court only gave the federal government a total of 16 months to put in place new legislation. Unfortunately, it is clear that using the notwithstanding clause is not an approach that the current government would even consider.

I will use my remaining time to address the issue of conscience rights for medical professionals.

I believe that opening the door to physician-assisted suicide is a slippery slope for our society. However, I believe that it is even more reckless if we fail to protect conscience rights in this legislation.

Without adequate protection for the conscience rights of medical professionals, Parliament, and more specifically the current governing party, is inserting the thinnest edge of the wedge when it comes to legislative disregard for conscience rights. If the current Parliament fails to respect these rights, we are setting a most dangerous precedent.

Precedents matter. Members might not be in the House or even alive to see the effects that the precedents set by passing Bill C-14 may have, which is why the protection of conscience rights today is so important.

I would have expected that most in this place would support conscience rights for medical professionals. I took at face value that the government included a mention of conscience rights in the preamble of the bill as an indication of its support for the principle, but the results of last night's vote demonstrated that this was not the case.

No one is a permanent or an eternal member of this place. Just like legislators in past parliaments, the only lasting effect we can have on the future is to be clear in our intentions through the laws we pass today. Therefore, it behooves us as members of the 42nd Parliament to be very specific in what is allowed and what is being protected with this piece of legislation.

In conclusion, our only legacy as a Parliament is what we pass into law. We have a responsibility to get this legislation right and ensure that all the issues that have been raised are addressed.

Mr. Anthony Housefather (Mount Royal, Lib.): Mr. Speaker, I want to clarify that at committee we did adopt two amendments related to conscience; one in the preamble and one in the body of the legislation. In fact, the amendment put forward yesterday was one that was defeated at committee, because there was no agreement at committee that the institutions should avail themselves of these protections but that simply individuals should.

I want to come back to the comments on the notwithstanding clause.

The federal government has never used the notwithstanding clause. It has been used twice by provinces. It was used once by Alberta on same sex marriage, about which even my Conservative colleagues have changed their minds last weekend. More important, it was used in Quebec, which I personally experienced, on the language of signs. The Quebec government promised English-speaking Quebecers that bilingual signs would be allowed, and then reversed itself and used the notwithstanding clause to tell our community that we had no place to be visible in our own province.

I would ask the hon. member, based on the Canadian experiences of the use of this clause—how an entire community felt their rights had been recognized in the court and then thrown out by their own government—how she could believe that we should use a notwithstanding clause in a case like this.

Government Orders

•(1550)

Mrs. Kelly Block: Mr. Speaker, the federal Parliament, a provincial legislature, or a territorial legislature may declare that one of its laws or part of a law applies temporarily, notwithstanding countermanning sections of the charter, thereby nullifying any judicial review by overriding the charter protections for a limited period of time.

The clause was a compromise that was reached during the debate over the new Constitution in the early 1980s. Among the provinces' major complaints with the charter was its effect of shifting power from elected officials to the judiciary, giving the courts the final word. As I said in my comments, premiers across this country, especially those in Alberta and Saskatchewan, believed it needed to be part of the charter to strongly object to a court overriding the laws they had put in place.

Mr. Kevin Waugh (Saskatoon—Grasswood, CPC): Mr. Speaker, regarding protection for institutions, you represented the Saskatoon West riding for many years, and in that riding we have a Catholic-based hospital called St. Paul's Hospital. Could the member tell me how the hospital is going to deal with this, in a Catholic-based hospital, when we have no protection for institutions like this in the country?

The Assistant Deputy Speaker (Mr. Anthony Rota): I am sure the hon. member meant the member for Carlton Trail—Eagle Creek and not me, the Speaker. I just remind the hon. member to speak in the third person. Thank you.

The hon. member for Carlton Trail—Eagle Creek.

Mrs. Kelly Block: Mr. Speaker, we have what we understand to be a faith-based facility providing health care in the city of Saskatoon. It is the St. Paul's Hospital. It has provided care to Saskatchewanians for many decades. Originally it was the Grey Nuns who provided the care, and now that facility is an affiliate of the health region in Saskatoon.

I would suggest that a faith-based facility would employ a number of medical professionals who would want to have their conscience rights protected, and the faith they express through the care they provide should also be protected. There would be deep concern if conscience rights for individuals as well as faith-based facilities would not be protected in this legislation.

Mr. Majid Jowhari (Richmond Hill, Lib.): Mr. Speaker, I will be splitting my time with the hon. member for Montcalm.

I am humbled by the opportunity to stand in the House to speak to Bill C-14, an act to amend the Criminal Code and to make related amendments to other acts (medical assistance in dying), at third reading. It is an important issue facing all Canadians.

Every time I come to the House, I come wearing three hats. The first is the hat entrusted to me as a member of Parliament representing my constituents of Richmond Hill; the second is the hat of a legislator working hard to make the best decisions for all Canadians; and the third is the hat of an individual with his own convictions and beliefs.

Today, I will open my heart and share my thoughts, hoping to reach the hearts of all Canadians.

Let me start by acknowledging how challenging an issue this is. It is difficult for a person to engage in a conversation about death, yet our government has honourably taken on this responsibility.

On April 30, I participated in a York Region town hall, where a sizeable portion of the attendees were from Richmond Hill. They passionately spoke to this matter from all sides. I am inspired by the passion found within my constituency, and I would like to assure them, and all Canadians, that we are in this together.

I am sharing my story with the House, a story that complements the perspective of my constituents, and the work that we do in the House.

This is the story of my father's journey dealing with the inner turmoil caused by cancer. It is the exact reason why I am so passionate about the bill. I wrestled with this issue because each one of my hats had a strong stake in this debate and the final decision to be made.

The difficulty of beating cancer is well known to many. However, despite the odds, my father fought this disease. He fought it with all his power and he succeeded. Unfortunately, his success was short-lived and he relapsed in no time.

As a loving and supportive family, we did everything for my father to keep him happy and comfortable during the end of his days. However, no matter what we did, it was not good enough to relieve his pain. No amount of moral and social support was stronger than his inner suffering. We provided him with palliative care, but it was not enough. It broke my heart to watch my father slowly lose himself through the process. At the end, he was more concerned about the impact of his suffering on us than on him. After all, his pain was alleviated with heavy doses of morphine. However, there was no remedy for his mental pain and the hit to his pride.

I have heard the concern that providing medical assistance in dying would negatively impact vulnerable people. However, as I stated before, what made my father vulnerable was not having the option to put an end to his journey.

Eventually, my father suffered from two illnesses, one physical and the other mental. The amount of pain he was going through physically began affecting him psychologically as well. He began isolating himself from us, and in the end was suffering alone.

I agree with the government's commitment to support quality end-of-life services and to continue working with the provinces and territories to improve palliative care. Canadians and the Richmond Hill community have made it clear that is what they want. To that end, the government has committed to a long-term investment into palliative care of \$3 billion over four years. However, no amount of investment into palliative care would have relieved my father's agony.

My father's experience is not a unique one. I am sure that others in the House know of someone who has endured similar distress.

Government Orders

We have a big responsibility to Canadians. Our responsibility is to make Canada great, to provide Canadians with the means for a better life, to facilitate their realization of their vision, and to help them achieve their dreams and aspirations. We were elected to represent their wishes, to provide services, and to make legislation to achieve those ends.

● (1555)

Let us look at the data that speaks to what Canadians want. Polls show that a majority of Canadians accept the idea and would even request medical assistance in dying if it were available to them. Those polls also show that over the years the acceptance level of medical assistance in dying has been increasing. As Canadians became more aware of the matter, they began to empathize with those who suffer. In Richmond Hill alone, the local parliament project has shown that over 70% of my riding agrees that individuals who are terminally ill should be allowed to end their lives with the assistance of a medical professional.

In February of 2016, a Statistics Canada demographic analysis showed that persons aged 65 and over make up a record proportion of our population. It also showed that the proportion of seniors in our population has been increasing over the past 50 years, and the trend is continuing. What does this mean for us as legislators and representatives? It means that we must be forward thinking in our legislation and we must ensure there are mechanisms in place to deal with future problems.

The Carter case has shown us already that our current legislation is outdated, and the Supreme Court has asked us to update it. We are faced with a June 6 deadline. Let us ensure that we are prepared for this demographic shift and potential needs, such as the one on the table today. In order to ensure that we are prepared for this shift, we must ensure that we address key issues in our current system.

According to a research article published by the journal *Palliative Medicine*, in Canada, we need to streamline our legislative, financial, and regulatory affairs in terms of delivery of palliative care services. This means that once the legislation is passed we must continue to conduct studies and address lagging areas of hospice and palliative care services delivery.

I was fortunate enough to hear points of view from my neighbours in Richmond Hill during the town hall. They opened up their hearts and shared with me. The most powerful story came from people suffering with terminal illnesses, similar to the one my father had. They spoke of the importance of making advance requests, addressing the issue of mental illness, and access to mature minors. I am happy to hear that the government will appoint independent bodies to study these issues. I have seen members of the relevant committees work hard to ensure that they provide a reasonable approach to the legislation.

It is after carefully thinking through all these issues that I have decided to support Bill C-14.

I realize our government has genuinely worked hard on the bill. As it stands, Canadians do not have a choice on how to say goodbye to this world. My father died in my arms. He died in an attempt to say something to me, something I will never know. He did not choose when to leave me. He did not choose how to leave.

Through my declaration of Bill C-14, I am sending four messages. To my conscience, I can say rest assured that with this decision I have balanced the three hats and their responsibilities to the best of my ability. To my dad, I would say, "It took 10 years to understand what you wanted to say to me before you left me. Dad, in supporting this bill, I am happy to carry your wishes forward". To my constituents and the Richmond Hill community, I want to assure them they were consulted, they were heard, and they are well represented.

To all Canadians, it has been a long and hard journey, but the journey of a thousand miles begins with the first step. However, in order for the journey to begin, the bill needs to pass. Let us work together to take that first step.

● (1600)

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, I want to commend my colleague for his very heartfelt remarks and identify with him in the loss of close relatives.

One of the misleading points that has been said over and over again in the House is the percentage of Canadians that support euthanasia, physician-assisted suicide. Inevitably the Liberals are quoting statistics that relate to a terminal illness. The bill has nothing to do with terminal illness.

My question goes back to the issue of conscience protection. We heard many Liberal colleagues refer to the protection in the preamble, which says:

Whereas nothing in this Act affects the guarantee of freedom of conscience and religion;

Then on page 8, in proposed subsection 241.2(9), it says:

For greater certainty, nothing in this section compels an individual to provide or assist in providing medical assistance in dying.

Those are fine sounding statements, but there is no ironclad protection for the medical professional to not be involved in physician-assisted suicide or euthanasia. There is no protection for him or her not to have to refer or make an effective referral, and more importantly, there is absolutely no protection for institutions that were created by volunteers, are staffed by volunteers, and are run by donations of individual Canadians, hospices that were set up with the express purpose of helping people through those final days of life.

Why would my colleague not ensure that, at the very least, physicians, medical workers, medical professionals, and institutions have that conscience protection to allow them not to participate in something they find morally objectionable?

● (1605)

Mr. Majid Jowhari: Mr. Speaker, I would like to highlight the fact that there are three pillars that provide the proper safeguards in this matter. We are providing proper safeguards for the people. We are providing safeguards for the doctors and the nurse practitioners, and we are also providing safeguards for the medical associations as well as other practitioners.

I also want to mention that we will be working very closely with the provinces and territories to make sure those proper safeguards are put in place and the people who need the help are protected.

Government Orders

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I thank the member for his very heartfelt speech and for sharing his very personal and profound story with the House. I agree that if a bill like this were in place it would have alleviated, in particular, his father's suffering.

Based on personal experience, what is the member's opinion on granting Canadians the option for advance directives?

Mr. Majid Jowhari: Mr. Speaker, I believe that Canadians need to have the option of how to end their lives. Unfortunately, my father did not have that option. When he was diagnosed with an advanced case of cancer, we consulted with the doctor and asked for options. We were basically given very interesting options. We were told that if we were religious, to go pray, and if we were science believers, to go bet on the science that in 5% of the cases like my father's the person would die from a heart attack. The other 95% would suffer deeply and go through organ failure. Whether we believe in science or not, we were lucky that he made the transition as a result of a heart attack when he passed away.

During the town hall in York Region, I was greeted by a couple from Richmond Hill who shared their story with me. The husband was suffering exactly the same stage of cancer as my father and both of our stories really resonated with each other.

I believe that Canadians should have this option. My father would have suffered much less had he not experienced that prolonged mental distress. The government has announced that it will appoint one or more independent bodies to study advance requests in the context of medical assistance in dying. I look forward to being part of that consultation process and I invite all members in the House to participate. As I said, this is a journey of a hundred thousand miles and this is the first step. We have to take that first step, but we need to stay engaged.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, I thank my colleague for sharing his speaking time with me. It is small consolation, since the members of my political party were excluded from the committee formed to produce a bill.

Today, I can only say that we are witness to a sad chapter in the history of "parliamentary" democracy in Ottawa and in the House of Commons. I would even say that it is the product of a deplorable process, in both form and content.

Quebec has been cited often as an example. I followed and participated in that process. It was a process that aimed for transpartisanship, not just in words, not just in spin, but in actual fact. The goal of that transpartisanship was to achieve the broadest possible consensus.

Obviously, there was no Carter decision. Consequently, the Quebec government and the opposition parties included what was a step forward with regard to the problem of end-of-life care. They included medical assistance in dying in a continuum of end-of-life care, which is a provincial responsibility, by the way. They combined what was always considered distinct, that is, palliative care versus euthanasia, and they said that from then on, Quebec would provide end-of-life care. Obviously, that would take place in a palliative care

setting, because there would no longer be any point to curative care. When someone goes to palliative care, recovery is no longer possible.

At that point, they said that there would be palliative care, in which a person can die voluntarily at the conclusion of his or her end-of-life process, which is irremediable and already under way. The person is then in the terminal phase of life. If, one morning, the person, having received the appropriate palliative care, is completely at peace and ready to let go, this is not a failure of palliative care. That could be considered what we might wish for everyone here, that is, to be on one's death bed, utterly serene, ready to let go and at peace with oneself. Palliative care can also lead to that.

That is what Quebec decided to do, but it did not do so in the way the Liberal Party chose to do it. The Liberals steamrolled parliamentarians, and this bill was controlled by the executive from beginning to end, with the excuse that June 6 was a deadline that could not be circumvented. At the moment, we are well aware that with all the pitfalls and problems in this bill, it is impossible to meet that deadline.

The government should have, with the assent of all parliamentarians, given us the means to act and found ways of doing things properly instead of gagging people, since we know full well the deadline will not be met. We are told that it is very serious, but I must point out that the Morgentaler decision was struck down and declared unconstitutional as far back as 1988, but as far as I know, it is still in the Criminal Code, and we have not descended into total chaos in that area.

We have to move forward, but let us not get carried away. With regard to form and content, the question we have to address at this stage is the minister's unproven claim that her bill passes the charter test.

In the Morgentaler decision, the judges struck down the abortion law based on just one of the principles, just one of the rights affirmed in section 7 of the charter: "Everyone has the right to life, liberty and security of the person".

• (1610)

Since the judges in the Carter case decided that three rights had been unreasonably infringed, namely the right to liberty, the right to life and the right to security of the person, it would suffice for just one of these rights to be infringed for it to be unreasonably infringed and for section 1 to fail to save the minister's law.

Now, I asked her the question several times. I asked her to show me how a grievous and irremediable disease or disability that causes a patient intolerable suffering does not unreasonably infringe the right of that patient to security of the person. According to the government's bill, to have access to medical assistance in dying, this person will have to either go before the courts, or go on a hunger strike so as to approximate the totally deplorable, inhuman, vague and unconstitutional criterion of reasonably foreseeable natural death.

Government Orders

The government never made an effort to accept even one of the amendments, however unimportant, from the opposition. It amended its bill on its own. I have never seen an attitude so contemptuous of the legislature. If this is the legislative democracy and the legislative powers of the House of Commons, it is hard to swallow, especially on a subject as sensitive as this one.

However much we boasted, if we were that sure of ourselves, we still had the option of referring this to the Supreme Court. It is true that it is not up to the Supreme Court justices to make the laws. However Parliament did nothing for the last 40 years. Eventually, certain citizens won a judgment. The only solution recommended over the last 40 years was palliative care, as if that were the answer to all our problems.

The Carter decision must not resolve only the end-of-life issue, but also the assisted suicide issue. There are people on the other side of the House who do not even differentiate between suicide and assisted suicide, which is in fact decriminalized. These are not the same realities. Suicide is not irremediable as long as the person has not acted out. A suicidal state can be corrected. There are people who are able to help these persons; there is therapy and medication.

However, when a person is suffering from Alzheimer's, that is irreversible. If the government had agreed to remove this criterion, it would have corrected a number of shortcomings in this bill. In particular, it would have made it possible for any request to be made in advance, meaning that people could make a valid request before becoming incapable of doing so. However, the government is doing only as it wishes and is washing its hands of this.

The government is displaying political cowardice regarding the role it is obliged to play in the House. It is not the democracy of judges that we are demanding, but rather a democracy that respects the legislative power and the ability of legislators to define laws.

Also, let us stop trivializing things. It is our duty to make good laws that make sense. Judges, as custodians of rights and freedoms, have the duty to determine whether those laws are in compliance with the charter and the Constitution.

Therefore let us stop claiming that any law that leaves this place will necessarily be challenged and that the judges will have to make a ruling. What is absolutely inhumane is that the burden of litigation will fall on the shoulders of vulnerable persons and those who are suffering.

• (1615)

People who are vulnerable and suffering are precisely those the minister claimed she wanted to protect.

Mr. Sean Casey (Charlottetown, Lib.): Mr. Speaker, frankly, it is a little disappointing to hear such a partisan speech on an issue like this. I have two questions for the hon. member.

He said that the committee had rejected all serious and important amendments. He knows for a fact that the committee accepted one of his amendments. Was that not a serious or important amendment?

The second question I wish to ask is as follows. In his view, the bill is unconstitutional. Today an article was published in *La Presse*, which consulted four constitutional experts in Quebec. Of those four,

three were from different universities and thought that the bill was constitutional.

Does he acknowledge that there is a diversity of opinions among constitutional experts? Does he accept that? Does he accept that the Supreme Court has said that it is Parliament that has to act and is in the best position to act?

• (1620)

Mr. Luc Thériault: Mr. Speaker, if I have 10 minutes to respond, I will respond to each of the questions.

My colleague is confusing passion with partisanship. My comments go well beyond partisanship, and at this stage, I have just indicated that my party will never lend its support to such a bad bill.

Furthermore, there are certain constitutional experts who, from the heights of their office, may not have an accurate grasp of the field and the practical realities. If we have a criterion as vague as reasonably foreseeable natural death, we have to know what that means in terms of operationalizing it in the field. People in Quebec were already saying that the law was consensual and posed no problems. We are starting to see that there are certain disparities across regions and institutions. I am therefore very mistrustful of people who are not familiar with the field on a question as serious and delicate as this.

That being said, the amendment you mentioned was minor, relative to the one that consisted in striking and eliminating the totally wrong-headed, unacceptable, and unconstitutional notion of reasonably foreseeable natural death.

The Assistant Deputy Speaker (Mr. Anthony Rota): I would remind the hon. member to speak in the third person, through the Speaker.

The hon. member for Kitchener—Conestoga has the floor for questions and comments.

[*English*]

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, I could not agree with my colleague more concerning the job of the Supreme Court and the job of this legislature. The Supreme Court has overturned the will of this legislature, which has been expressed probably 15 times since 1991, clearly rejecting initiatives to allow physician-assisted suicide. Therefore, I agree with my colleague on that.

I have a question for my colleague that is actually posed by Dr. Will Johnston, a medical doctor from Vancouver. He says:

...can you imagine end of life care so good that you would set aside your demand for assisted suicide? If you can, let's continue to create such care. If you can't or won't, your focus would seem to be on suicide rather than the relief of suffering and you are likely to do more harm than good.

Does it actually give Canadians a real choice when we currently have palliative care only available to approximately 30% of our population of those who would need palliative care? Does it give them a choice if we offer them physician-assisted suicide on one hand, but cannot offer them actual available, affordable palliative care on the other?

Government Orders

[*Translation*]

Mr. Luc Thériault: Mr. Speaker, I have already answered my colleague concerning palliative care. I repeat that, 40 years ago, it was said to be the only way to manage end-of-life care.

However, in 40 years, palliative care has not become more accessible. Indeed, there is an accessibility problem. Therefore, that is not the only solution.

Nevertheless, Quebec was very careful to place end-of-life care within the continuum of assistance in dying and comprehensive palliative care. Therefore I do not think that is antithetical or contradictory.

There are diseases and afflictions that make people suffer. There are no drugs that can take away the pain or suffering of those people who are dying or afflicted.

[*English*]

Mr. Kevin Lamoureux: Mr. Speaker, there have been some discussions among the parties and members of the House in regard to what I am about to propose, three separate motions. I will propose one at a time, asking for unanimous consent. The first one reads:

That, in relation to the annual conference of the Canadian Council of Public Accounts Committee and the Canadian Council of Legislative Auditors, annual conference, ten members of the Standing Committee on Public Accounts be authorized to travel to Yellowknife, Northwest Territories in August, 2016, and that the necessary staff accompany the committee.

• (1625)

The Assistant Deputy Speaker (Mr. Anthony Rota): Do we have unanimous consent?

Some hon. members: Agreed.

An hon. member: No.

The Assistant Deputy Speaker (Mr. Anthony Rota): I am afraid we do not have unanimous consent.

Resuming debate, the hon. member for Saint-Hyacinthe—Bagot.

[*Translation*]

Ms. Brigitte Sansoucy (Saint-Hyacinthe—Bagot, NDP): Mr. Speaker, I would first like to tell you that I will share my time with my colleague from Windsor—Tecumseh.

As a new member, I had, for my very first experience on a committee, the immense privilege of sitting on the Special Joint Committee on Physician-Assisted Dying. It was a privilege in a number of respects. First, I was there with my colleague from Victoria, who shared with me his experience as well as his expertise as a constitutional lawyer. He was very generous in allowing me to work with him in the committee.

It was also a privilege because it was an opportunity to learn about all the work that had been done since February 6, 2015, when the Supreme Court handed down its decision in the Carter case. We read the report of the group of experts that criss-crossed Canada throughout last summer and fall and met with everyone interested in the issue of medical assistance in dying. They also met with people in the various American states that have had medical assistance in

dying for 10 or 20 years. They went to Europe. They reported to us on everything they had learned about medical assistance in dying. We also read the report of the group of provincial and territorial experts. Although Quebec was the trailblazer, working on the issue for six years and passing a law on end-of-life care last December, several provinces have studied the issue.

It was also a privilege to hear over 60 witnesses who came to present their points of view, whether as legal experts or as physicians. We met with representatives of different professional associations such as nurses and pharmacists. I found it really rewarding to hear all these witnesses and to better understand the different points of view. Indeed, on the subject of medical assistance in dying, as has been noted, there can be an opinion and its counter-argument. It was in light of all these views that we arrived at our recommendations. However, the particularly rewarding aspect of sitting on this committee was the commitment of the 11 MPs and five senators who gave full meaning to the term “working together”.

As a member of this committee, I developed a great sense of fellowship with all these parliamentarians. In spite of our differing views, we took the time to listen to each other, and we were respectful in our work. We spent dozens if not hundreds of hours working together. In spite of our differences of opinion, we were all committed to arriving at the best possible outcome.

This commitment to so complex and delicate a subject was for me a truly useful experience. Unfortunately, when I reported for the first meeting of the Standing Committee on Justice and Human Rights, the first evening when we did the clause-by-clause study and when we considered what I regard as the most significant amendments dealing with the most fundamental elements of the bill, I did not feel at all that open-mindedness, that commitment on the part of the Liberal representatives sitting on that committee. I did not feel that same willingness to listen to each other to arrive at the best possible outcome.

• (1630)

That evening, I was very disappointed to see that certain committee members quite simply did not seem to want to be there. They may have been checking their email, because they spent a lot of time with their noses buried in their tablets or looking at the ceiling. They mechanically voted against the amendments proposed by the opposition. Viewed from the outside, they seemed to be acting like good little soldiers.

In the special joint committee, we did indeed arrive at one dissenting report, a supplementary opinion. However, throughout our work on the 21 recommendations, we had this desire to reach the best possible outcome on this very difficult subject.

Since tabling our report, I have fallen into the habit of saying that it will be relevant for at least 10 years. Of course, I did not expect the government to take all of our recommendations into account. In so short a time, that was not possible.

Government Orders

Basically, what the Supreme Court has told us is that medical assistance in dying is a right. Since it is a right, therefore, we were motivated throughout our discussions and our work by the desire to be sure not to discriminate against anyone. However, this evening I will be obliged to vote against this bill, even though I have invested hundreds of hours of work in it and even though I have read thousands of pages and heard all those witnesses. For me, reasonably foreseeable natural death is a ground of discrimination, based on age, for example.

As a member of the special joint committee, I had the opportunity to take time to meet with my constituents. I wanted to seek out the wisdom of those who work with persons at the end of life before taking a position on the various recommendations. I wanted to test my assumptions and my thoughts. I had the opportunity to meet, for example, with Les Amis du crépuscule. This community organization in my riding works every day with persons at the end of their lives. Those workers told me that they would respectfully welcome anything that we would decide, because they welcome the choices that people make. Indeed, the question of medical assistance in dying is essentially a question of choice. One person may choose to request such assistance. Another, who for reasons of conscience or other reasons cannot accept calling for medical assistance in dying, need only refrain from requesting it.

These meetings made me realize just how unavailable palliative care is in our communities. The member for Victoria and I made note of this in our supplementary opinion in the report of the special joint committee. My riding includes the Hôtel-Dieu, one of the largest hospitals for long-term care in Quebec. Hundreds of persons die there every year. There are only 12 beds for palliative care. We have one home that accommodates people at the end of life who are suffering from cancer. This home receives 800 applications per year and can accept only 200.

Some people have told me that, if they have to be ill as they end their lives, they want to have quality care and to live with dignity beforehand, so they can die with dignity. This was a very strong message for me, because fundamentally, we must remember that this bill is intended to ensure that each of our fellow citizens is able to die with dignity.

• (1635)

Mr. Colin Fraser (West Nova, Lib.): Mr. Speaker, I would like to thank my colleague for her speech.

[*English*]

However, I happen to disagree. I am a member of the Standing Committee on Justice and Human Rights, and I take exception to the fact that she mentioned that during the very considerable and time-consuming debate on the amendments before the committee, the Liberals were not interested, not listening, or not working in the best interests of Canadians. The fact that we happen to disagree with some of the amendments that were put forward by the parties opposite does not mean that we were not taking our job seriously. I do not think it was fair to characterize it in those terms.

There were in fact 16 amendments made at committee, some proposed by the NDP, some by the Bloc, and some by the Conservative Party. We worked collaboratively on things such as amending the preamble and putting palliative care in it, as well as

amending conscience rights to include a clause to ensure that nothing could compel anyone to perform the service.

I note as well that the NDP voted against almost all, if not all, of the proposals by the Conservative Party. Therefore, for her to say that Liberals were not interested would cause me to wonder if the New Democrats were not interested in listening when other amendments from other parties were put forward.

My question is this. Does she not agree that Liberals worked collaboratively and that the 16 amendments did improve the bill at committee?

[*Translation*]

Ms. Brigitte Sansoucy: Mr. Speaker, I am sorry that my colleague was offended by what I said.

What I said is that there is a difference in how the two committees operated. I invite him to talk to his colleagues who were there the evening we first began studying the bill clause by clause and his colleagues who sat on the special joint committee because there were really two completely different work atmospheres.

Members cannot vote for conflicting amendments. Yesterday evening, I voted for some amendments and against others.

I asked some of my Liberal colleagues who sat on the special joint committee whether they were able to share their opinions on medical assistance in dying and the topics discussed by the special joint committee with their caucus. One of them told me that the government is moving in one direction and going against it would be like trying to paddle against the current at Niagara Falls. I do not understand that attitude when we are examining such an important bill.

[*English*]

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, I want to thank my colleague, whom I had the privilege of working with on the Special Joint Committee on Physician-Assisted Dying, for her input.

I am pleased to hear that she is going to vote against this bill. She is voting against it for different reasons than I am, but I would like to ask her this. It looks very probable, based on last night's vote, that this bill will pass, at least in the House. Assuming the bill passes, would my colleague at least agree that we have to do better on conscience protection?

Right now, there is a weak statement in the preamble, which is not part of the bill. There is another statement in the actual bill that says nothing compels an individual to participate, but there is no ironclad protection for physicians, medical workers, and medical professionals, and especially for institutions. I wonder if my colleague would agree that there should at least be more robust protections in this bill for medical workers, and health care institutions.

[*Translation*]

Ms. Brigitte Sansoucy: Mr. Speaker, this evening, some members will vote against this bill for conflicting reasons. The government will have accomplished that.

Government Orders

With regard to conscientious objection, I believe that, if certain people do not want medical assistance in dying because of conscientious objection, all they have to do is not ask for it. With regard to health professionals, the joint special committee clearly established that some aspects of health fall under federal jurisdiction, while others fall under provincial jurisdiction.

In my opinion, the role of doctors and the way they do their work falls under the responsibility of professional bodies and provincial jurisdiction. I feel like telling my colleague that a doctor who refuses to provide medical assistance in dying should at least give the patient some direction.

• (1640)

The Assistant Deputy Speaker (Mr. Anthony Rota): It is my duty, pursuant to Standing Order 38, to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Saanich—Gulf Islands, the Environment; the hon. member for Sherwood Park—Fort Saskatchewan, Foreign Affairs.

ROUTINE PROCEEDINGS

[English]

COMMITTEES OF THE HOUSE

PUBLIC ACCOUNTS

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I rise on a point of order. If you were to canvas the House, I believe you will find unanimous consent for the following motion. There are three in total, but I will put forward the first one. I move:

That, in relation to the annual conference of the Canadian Council of Public Accounts Committee (CCPAC) and Canadian Council of Legislative Auditors (CCOLA) Annual Conference, ten members of the Standing Committee on Public Accounts be authorized to travel to Yellowknife, Northwest Territories, in August 2016, and that the necessary staff accompany the Committee.

(Motion agreed to)

INTERNATIONAL TRADE

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, again, I will ask for unanimous consent for the following motion. I move:

That, in relation to the Trans-Pacific Partnership Agreement (TPP) public consultation, seven members of the Standing Committee on International Trade be authorized to travel to Saint John, New Brunswick; Charlottetown, Prince Edward Island; St. John's, Newfoundland and Labrador; and Halifax, Nova Scotia, in the fall of 2016, and that the necessary staff accompany the Committee.

(Motion agreed to)

VETERANS AFFAIRS

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, finally, I would ask for unanimous consent for the following. I move:

Motion

That, in relation to its study of service delivery to veterans, seven members of the Standing Committee on Veterans Affairs be authorized to travel to London and Toronto, Ontario and to Montreal, Quebec, in the spring of 2016 and that the necessary staff accompany the Committee.

(Motion agreed to)

GOVERNMENT ORDERS

[English]

CRIMINAL CODE

The House resumed consideration of the motion that Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), be read the third time and passed, and of the amendment.

Ms. Cheryl Hardcastle (Windsor—Tecumseh, NDP): Mr. Speaker, as members are aware, Bill C-14 now goes to third reading, which gives the Senate two days to consider it before the June 6 deadline.

While I acknowledge the government's expressed desire to get the bill passed before the Supreme Court's June 6 deadline, I think most people agree that this is too important a piece of legislation to rush, especially considering that in its present form it is not likely to pass constitutional muster. On this, I second NDP justice critic, the member for Victoria, when he said, "I cannot accept passing a bill that I know to be unconstitutional".

The key flaw of Bill C-14 is the end-of-life requirement of a reasonably foreseeable natural death. This is the part that conflicts with the Supreme Court, which did not require terminality or end of life, and therefore, according to the Carter decision, infringes on the charter rights of all those who have a grievous and irremediable condition that causes them intolerable suffering but who are not dying as a result.

The Canadian and Quebec bar associations, various other legal experts, and now the Alberta Court of Appeal, have said that this requirement conflicts with the Supreme Court. Medical groups do not like it either. The body that represents every provincial medical regulator has come out against the bill as being too vague for doctors to follow.

The NDP put forward a number of amendments that would have improved the bill tremendously. Had they not been rejected, the bill would likely have had a better shot at making it through the Senate.

We suggested removing the controversial end-of-life requirement, which is almost certainly unconstitutional, and replacing it with the exact words that the Supreme Court used in its decision. However, the Liberals rejected that.

Of more than 100 amendments moved, just 16 were accepted, and they were mostly minor technical clarifications. However, the NDP did manage to secure agreement on two amendments that were introduced and adopted unanimously, and that was clarifying conscience objection rights and adding a stronger commitment to palliative care.

Government Orders

As criticism grows against the bill, the government increasingly falls back on the excuse of a deadline imposed on us by the Supreme Court, which is not exactly true. The court said that it would give federal and provincial governments a year to put in place more complex regulatory regimes should they choose. On June 6, an exemption is opened in two Criminal Code offences for patients and physicians acting within the guidelines that the court set out in the Carter decision.

There is not a vacuum, and to be blunt, murder will not become legal, nor will medical aid in dying return to being illegal without a federal law in place.

Over the past year, every provincial medical regulator has developed guidelines for medical aid in dying that physicians must follow. These safeguards are very close to the safeguards proposed in Bill C-14. Federal leadership is necessary to ensure that access is equitable across Canada and to prevent a patchwork, but it is not strictly necessary to ensure basic access right now. Therefore, this final push to get the bill through the House is most unfortunate, and it is not the outcome we had hoped for.

The NDP worked long days in good faith with other parties, but it is better than passing a flawed bill, defying the Supreme Court, and infringing on the charter rights of suffering Canadians, which prompted this legislative response in the first place. For us, this is not a partisan issue. We have collaborated with all parties from the start on this and will continue that constructive approach, especially when it comes to championing the causes for our health care and palliative care.

● (1645)

We had a chance to get this bill right, but the government does not seem interested in listening at this point. It is important here to step back and reflect on how we got to where we are now.

In February 2015, a unanimous Supreme Court ruling established the charter-protected right of competent adult Canadians experiencing enduring and intolerable suffering as a result of grievous and irremediable medical conditions, including a disease, disability, or illness, to access medical assistance in dying. In February 2015, the Supreme Court unanimously decided in *Carter v. Canada* that Canadians who are suffering intolerably because of a grievous and irremediable medical condition have a charter-protected right to access medical assistance in dying.

The effect of the ruling was suspended until June 6, 2016. The reports of an interprovincial task force and a federal expert panel, as well as a wide array of witness testimony, were considered by a joint special committee of Parliament, resulting in 21 recommendations on a legislative response to Carter.

We succeeded in adding major actionable recommendations on palliative care to that report. This issue of palliative care is what, for myself, goes directly to what I object to most about Bill C-14 in its current state.

Should the government rush into a bill like Bill C-14 without also having a plan to shore up and extend palliative care? The answer is, of course, most emphatically no, it should not.

As noted in the recent report by the Canadian Cancer Society, “Right to Care: Palliative care for all Canadians”, there are gaps in palliative care across the country. As my colleague mentioned in her speech, it is very heart-wrenching to know some of the stats and facts about what is actually available right now in palliative care for Canadians.

It is an epic fail for the government to be putting forward a bill while at the same time ignoring the real tangible details that we need to give us confidence as we move forward in a future with medical-assisted dying. That was so insensitive.

About 45% of cancer patients die in acute care hospitals, even though most Canadians prefer to die at home. Not only are acute care settings more costly than dedicated palliative care, they are also not equipped to provide the most appropriate care to palliative care patients and their families.

Palliative care can increase the efficient use of our public health care dollars, but increased care outside of a hospital setting can place undue financial hardship on family caregivers. Health care costs tend to increase substantially in the months and weeks before death, due to increasing frailty and dependence on health care services.

We believe that the government should take a lead in providing appropriate funding for palliative care. Improving palliative care in all settings, including outside the hospital, should result in a more efficient use of health care dollars.

However, there will be upfront costs to facilitate change. Federal, provincial, and territorial governments should work together to establish a financing plan, and create a national palliative care transition fund to ensure the changes needed to improve palliative care in Canada can take place.

When I look at the latest version of Bill C-14, it states that:

...it commits to working with provinces, territories and civil society to facilitate access to palliative and end-of-life care, care and services for individuals living with Alzheimer’s and dementia, appropriate mental health supports and services and culturally and spiritually appropriate end-of-life care for Indigenous patients.

Now, it is all well and good, but precise commitments need to be made, and this bill is quite vague.

The only other time palliative care is mentioned in the bill is:

....this enactment provides for a parliamentary review of its provisions and of the state of palliative care in Canada to commence at the start of the fifth year following the day on which it receives royal assent.

On the fifth year? To me, this seems to be way too far in the future. Canadians of all political persuasions and faiths, indeed, Canadians of goodwill everywhere deserve something more definite and concrete than a promise to review palliative care within five years.

Government Orders

• (1650)

This is all the more disappointing, given that the government could have addressed this issue in its recent first budget as it knew that we would soon be debating Bill C-14. However, as we know, not a single dollar was earmarked for palliative care measures. We should have fortified health care, palliative care, home care before we crafted Bill C-14. It would have alleviated our anxiety on what the future holds.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, just to pick up on the member's last point, there are many things I could talk about but we recognize within the Government of Canada, the Liberal Party, how important palliative care is. I used to be a health care critic in the Province of Manitoba. I am very much familiar with the needs of palliative care. It is important that we recognize that the best way to deliver palliative care is in co-operation with the province and the many different stakeholders. It goes even beyond government.

One of the initiatives that this government has taken responsibility for in terms of providing good strong leadership is the idea of working with the different provincial and territorial ministers of health in order to achieve a new health care accord. By doing that, we are that much more able to provide the type of palliative care that Canadians want to see in the future.

My question for the member is this. Does she not believe that it is important for the federal government not only to make the financial commitment that it has made, which is billions of dollars, but that it is equally important that we work with the stakeholders so that Canadians will get the best possible palliative care system in the world; and that can only be achieved if the federal government is prepared to show leadership, which it has done, and we work with the provinces that are delivering our health care services?

• (1655)

Ms. Cheryl Hardcastle: Mr. Speaker, I appreciate the hon. member's comments because I am one of those people who does champion not just palliative care but recommitting this country to universal health care access. We have all heard through assisted dying many stories from our constituents, who are very disconcerted. It is really scary for ordinary Canadians to read the text of a bill that could be passed tonight, and then to have almost platitudes, very ambiguous comforts about palliative care. That is where the problem is.

I do agree that it is very important, and I think maybe the hon. member misses my point that it should have been front-loaded. Those details should have come first, and then present the text for Bill C-14. That makes it that much easier for people to be able to accept. I know as recently as last week, I heard people who are heartbroken saying, "My father was in the hospital hallway for nine days before he passed away. What are you going to do about that? I don't want to hear any more about Bill C-14. What are you going to do about that?" My heart breaks.

It is not just that my heart breaks. I know now I have to show some federal leadership like all of us here. That needs to come first. It would be very easy for the current governing party to stand up

with some real hard-core statements, not these ambiguous things that are meant to placate us and just sort of distract us from the issue.

Where is this money? Recommit to the Canada health accord. Enforce the Canada Health Act when it comes to home care. You could make three bold statements right now that would change the whole atmosphere of this. That has been missed and that is what is highly frustrating. When it comes to working with other jurisdictions, yes you have to take federal leadership that is strong and true, and strong—

The Assistant Deputy Speaker (Mr. Anthony Rota): Questions and comments.

I want to remind the hon. member that she is talking through the chair and not directly to the other speaker.

We have time for a brief question. That one went on for a bit longer than anticipated.

The hon. member for Kitchener—Conestoga.

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, I want to thank my colleague from Windsor—Tecumseh for her statement. Earlier today her colleague from Saint-Hyacinthe—Bagot indicated that doctors who do not wish to participate in physician-assisted suicide must at least make an effective referral.

I want to point out that, "...forcing a physician to refer for assisted-suicide would infringe the physician's freedom of conscience and religion. From the physician's perspective, referring is a form of participation because, by acting as a step in the process, the physician is directly helping the patient obtain the service". That is from a *National Post* review.

Would my colleague not agree that there needs to be more clear, unequivocal protection for conscience rights for medical doctors and for institutions that do not wish to participate in any form in physician-assisted suicide?

Ms. Cheryl Hardcastle: Mr. Speaker, that is a very intriguing question. I believe these comprehensive conversations need to take place in that provincial jurisdiction, that provincial arena. However, up until now we have not been able to have those meaningful discussions because this was something in the Criminal Code. The Supreme Court has addressed that.

Now no one is vilified when they talk about it at a provincial level. They can actually make some comprehensive arrangements and people can be acknowledged in a safe environment professionally as they address this complex issue.

Mr. Ramesh Sangha (Brampton Centre, Lib.): Mr. Speaker, it is a great pleasure for me to have this opportunity to share my ideas and opinions regarding Bill C-14 to amend the Criminal Code.

In a unanimous decision on February 6, 2015, the Supreme Court of Canada turned down the provision in the Criminal Code, giving Canadian adults who were mentally competent and suffering intolerably and enduringly the right to a doctor's help in dying.

The court suspended its ruling for 12 months, with a decision taking effect in 2016, giving the government enough time to amend its laws. In January 2016, the court granted an additional four-month extension to its ruling suspension.

Government Orders

Until now, it is a crime in Canada to assist another person in ending their own life. As a result, people who are grievously and irremediably ill cannot seek a physician's assistance in dying and may be condemned to a life of severe and intolerable suffering. A person facing this prospect has two options: they can take their own life prematurely, often by violent or dangerous means, or they can suffer until they die from natural causes. The choices are cruel.

This enactment would amend the Criminal Code to, among other things: (a) create exemptions from the offences of culpable homicide, of aiding suicide and of administering a noxious thing in order to permit medical practitioners and nurse practitioners to provide medical assistance in dying and to permit pharmacists and other persons to assist in the process; (b) specify the criteria for eligibility, and the safeguards that must be respected, before medical assistance in dying may be provided to a person; (c) require that medical practitioners and nurse practitioners who receive requests for, and pharmacists who dispense substances further to, medical assistance in dying; provide information for the purpose of monitoring medical assistance in dying; authorize the minister of health to make regulations respecting that information; and, (d) create new offences for failing to comply with the safeguards, for forging or destroying documents related to medical assistance in dying, for failing to provide the required information and for contravening the regulations. This enactment also makes related amendments to other statutes being affected.

We have reached to the final stage of debate in the House regarding the process, with hours of debate on Bill C-14.

The biggest thing during these debates was the sense of compassion with which the House heard from members debating for their individual constituents. That is the reason the bill touched the hearts of not only the members of the House, but also the hearts of Canadian from coast to coast. Now, when the bill has reached to its final stage, I appreciate and congratulate every member for actively participating in building the most important and valuable laws on assisted dying and also the government for affording full opportunity to all members to be part and parcel of this delicate and important legislation.

I also appreciate the extensive hard work done by both the Minister of Health and the Minister of Justice and by the members of the Joint Standing Committee of the Senate and the House.

• (1700)

Being new to this legislative process, I was thrilled to watch yesterday's voting by the House on numerous motions. I saw members were in favour of few motions and were against on other motions. I realized the importance of these motions on assisted dying for the members of the House. That is the way of members use their choices out of their own conscience and the will their constituents. I realized the real sense of democracy and a true parliamentary decision process being adopted.

This enactment to amend the existing Criminal Code is an important step and is auxiliary to new enactment regarding medical assistance in dying. Being legislators, it is our duty to see that medical service providers and other persons who provide assistance in medically assisted dying are legally safe.

As we all know, this is a first major revolutionary enactment. Going forward, there may be many ancillary issues cropping up. I and my Liberal caucus colleagues as well as many other members of the House are keen to see that bill should pass. I urge all members of the House to vote in favour of Bill C-14, an act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying).

• (1705)

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, repeatedly throughout the day today, and even last night in the vote, we saw a reticence on the part of primarily the Liberal Party to accept the recommendation and the amendment that would guarantee conscience rights for medical professionals and institutions. Repeatedly they have indicated that we can count on provincial regulatory bodies, which will care for this and conscience protection will be guaranteed. However, as we have seen, the Royal College of Physicians and Surgeons of Ontario and Saskatchewan have both indicated that there is an expectation on the part of their medical professionals to at least refer for the practice of physician-assisted suicide.

Would my colleague on the other side not agree that at the very least, if we are to have a bill that goes down the path of allowing physician-assisted suicide and voluntary euthanasia, we should guarantee in law, in the bill, that physicians and health care institutions will not be obligated to act against their moral conscience?

Mr. Ramesh Sangha: Mr. Speaker, we are going through this enactment, which is useful for the persons who are really in need of medical assistance in dying. People who are working for the purpose of execution of the act are required to be exempted from the offence of culpable homicide. The Supreme Court has already given instructions to pass a law to develop procedures easy for them to perform their duty. It is a duty of the physician or the duty of the persons who are medically authorized to perform these acts and we are here to ensure they are provided the necessary safeguards.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, we have all struggled with this very delicate and sensitive issue in light of the Supreme Court direction, which has left parliamentarians with the task of constructing a law that conforms with the Supreme Court case decision in the Carter case. Of course, the Carter case laid down very specific criteria in allowing Kay Carter, the litigant in that case, getting the court's approval for her to access physician-assisted death.

Ms. Carter did not have a terminal illness. She specifically did not have a condition that would lead to her foreseeable death. Yet the court found that her rights under the charter were violated.

When the court laid down the clear criteria required in a grievous and irremediable condition, could the member explain why the Liberal government added the extra criteria of requiring that death be reasonably foreseeable when the lawyer that argued the case and every serious constitutional expert in the land, the Court of Appeal in Alberta and in Ontario, all indicated that it would be unconstitutional?

Government Orders

Mr. Ramesh Sangha: Mr. Speaker, my colleague is especially concerned about people dying when they are not critically ill. However, the Supreme Court has given direction to the government to take care of those who are critically ill and need assistance in dying, and to follow the procedures, which we have to now include in the bill, to ensure those procedures are followed by doctors, nurse practitioners, and those who execute the law.

We talk about assisted dying and about the laws being properly executed. Doctors and others who are involved in providing these procedures, maybe the prescription provider as well, all have the right to provide their duties freely without fear of being penalized later.

• (1710)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, could the member elaborate on the importance of establishing the legal framework by June 6? We believe this is very important. At the beginning of his comments, the member talked about the Supreme Court of Canada decision. That decision means we need to have legislation passed by June 6. Perhaps he would like to provide further comment on this importance of this as we will be voting on this shortly. We all have a responsibility to address the Supreme Court of Canada's decision.

Mr. Ramesh Sangha: Mr. Speaker, we are facing a timeline. The instructions given from the Supreme Court gave a June 6 deadline. That limitation period is looming over our heads. We should respect the Supreme Court order.

However, at the same time, we are trying our best to meet those limitations. As I already said in my submission, the House has tried its best to meet those requirements. Every member has their own part and parcel to play in the debate. Now, at the final stage, when we are prepared to make it law, we should work together to ensure the bill comes into force, as per the requirement of the Supreme Court.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Mr. Speaker, the hon. member urged us at the end of his speech to vote for Bill C-14. I would like to ask him if he could outline three good reasons why we should.

Mr. Ramesh Sangha: Mr. Speaker, first, the important thing is to have legislation in place to give safety to those who assist a person in dying. They should have clear safety in that they are not committing culpable homicide. The Supreme Court has already said we should do that.

Second, there is a requirement that there be maximum information obtained so more and more improvements can be done on these regulations by the health minister from time to time.

Third, as we know, if there is a failure to comply with the legislation, we should have the best provisions so we can make amendments to punish those who do not comply properly with the law.

• (1715)

The Deputy Speaker: Order, please. It being 5:15 p.m., pursuant to an order made on Wednesday, May 18 it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the third reading stage of the bill now before the House.

The question is on the amendment. Is it the pleasure of the House to adopt the amendment?

Some hon. members: Agreed.

Some hon. members: No.

The Deputy Speaker: All those in favour of the amendment will please say yea.

Some hon. members: Yea.

The Deputy Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Deputy Speaker: In my opinion the yeas have it.

And five or more members having risen:

The Deputy Speaker: Call in the members.

• (1755)

(The House divided on the amendment, which was negatived on the following division:)

(Division No. 75)

YEAS

Members

Angus	Ashton
Aubin	Barsalou-Duval
Beaulieu	Benson
Blaikie	Blaney (North Island—Powell River)
Boudrias	Boulerice
Boutin-Sweet	Cannings
Caron	Choquette
Christopherson	Cullen
Davies	Donnelly
Dubé	Duncan (Edmonton Strathcona)
Dusseau	Duvall
Erskine-Smith	Fortin
Garrison	Gill
Hardcastle	Hughes
Johns	Julian
Kent	Kwan
Laverdière	MacGregor
Marcil	Masse (Windsor West)
Mathysen	May (Saanic—Gulf Islands)
Moore	Mulcair
Nantel	Pauzé
Plamondon	Quach
Ramsey	Rankin
Saganash	Sansoucy
Ste-Marie	Stetski
Stewart	Thériault
Trudel	Weir— 54

NAYS

Members

Aboultaif	Albas
Albrecht	Aldag
Alghabra	Allestev
Allison	Ambrose
Amos	Anandasangaree
Anderson	Arnold
Arseneault	Arya
Ayoub	Badawey
Bagnell	Bains
Barlow	Baylis
Beech	Bennett
Bergen	Berthold
Bezan	Bibeau
Bittle	Blair
Blaney (Bellechasse—Les Etchemins—Lévis)	Block

Government Orders

Boissonnault
Boucher
Bratina
Brisson
Caesar-Chavannes
Carr
Casey (Cumberland—Colchester)
Chagger
Chan
Chong
Clement
Cormier
Dabrusin
DeCoursey
Dhaliwal
Di Iorio
Diotte
Dreeshen
Dubourg
Duguid
Dzerowicz
Eglinski
El-Khoury
Eyking
Falk
Fergus
Finley
Fisher
Fragiskatos
Fraser (Central Nova)
Fuhr
Garneau
Genuis
Gladu
Goldsmith-Jones
Gould
Graham
Hajdu
Hardie
Harvey
Holland
Hussen
Iacono
Joly
Jordan
Kang
Kenney
Khera
Kmiec
Lametti
Lapointe
Lauzon (Argenteuil—La Petite-Nation)
LeBlanc
Lefebvre
Lemieux
Levitt
Lightbound
Lockhart
Longfield
Lukowski
MacKinnon (Gatineau)
Maloney
May (Cambridge)
McCauley (Edmonton West)
McCrimmon
McGuinty
McKenna
McLeod (Kamloops—Thompson—Cariboo)
Mendicino
Miller (Bruce—Grey—Owen Sound)
Soeurs)
Monsef
Murray
Nault
Nuttall
O'Connell
O'Regan
Oueltte
Paul-Hus
Peterson
Philpott
Poilievre
Qualtrough
Ratansi

Bossio
Brassard
Breton
Brown
Calkins
Carrie
Casey (Charlottetown)
Champagne
Chen
Clarke
Cooper
Cuzner
Damoff
Deltell
Dhillon
Dion
Doherty
Drouin
Duclos
Duncan (Etobicoke North)
Easter
Ehsassi
Ellis
Eyolfson
Fast
Fillmore
Finnigan
Fonseca
Fraser (West Nova)
Freeland
Gallant
Généreux
Gerretsen
Godin
Goodale
Gourde
Grewal
Harder
Harper
Hehr
Housefather
Hutchings
Jeneroux
Jones
Jowhari
Kelly
Khalid
Kitchen
Lake
Lamoureux
Lauzon (Stormont—Dundas—South Glengarry)
Lebel
Lebouthillier
Leitch
Leslie
Liepert
Lobb
Long
Ludwig
MacKenzie
Maguire
Massé (Avignon—La Mitis—Matane—Matapédia)
McCallum
McColeman
McDonald
McKay
McKinnon (Coquitlam—Port Coquitlam)
McLeod (Northwest Territories)
Mihychuk
Miller (Ville-Marie—Le Sud-Ouest—Île-des-Sœurs)
Morrissey
Nassif
Nicholson
Obhrai
Oliver
O'Toole
Paradis
Pescholido
Petipas Taylor
Picard
Poissant
Raitt
Raves

Reid
Richards
Ritz
Rodriguez
Rota
Ruimy
Sahota
Sajjan
Sangha
Saroya
Scheer
Schmale
Serré
Shanahan
Shields
Sidhu (Mission—Matsqui—Fraser Canyon)
Sikand
Sohi
Sorbara
Spengemann
Strahl
Sweet
Tan
Tilson
Trudeau
Van Loan
Vandenbeld
Vecchio
Virani
Warawa
Waugh
Whalen
Wilson-Raybould
Wrzesnewskyj
Yurdiga
Zimmer — 267

Rempel
Rioux
Robillard
Romanado
Rudd
Rusnak
Saini
Samson
Sarai
Scarpaleggia
Schiefke
Schulte
Sgro
Sheehan
Shipley
Sidhu (Brampton South)
Simms
Sopuck
Sorenson
Stanton
Stubbs
Tabbara
Tassi
Trost
Van Kesteren
Vandal
Vaughan
Viersen
Wagantall
Watts
Webber
Wilkinson
Wong
Young
Zahid

PAIRED

Nil

The Speaker: I declare the amendment defeated.

The next question is on the main motion.

[*Translation*]

Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.**Some hon. members:** No.**The Speaker:** All those in favour of the motion will please say yea.**Some hon. members:** Yea.**The Speaker:** All those opposed will please say nay.**Some hon. members:** Nay.**The Speaker:** In my opinion the yeas have it.*And five or more members having risen:*

● (1805)

(The House divided on the motion, which was agreed to on the following division:)

(Division No. 76)

YEAS

Members

Albas
Alghabra
Amos
Arseneault

Aldag
Alleslev
Anandasangaree
Arya

Government Orders

Ayoub	Badawey	Tilson	Trudeau
Bagnell	Bains	Vandal	Vandenbeld
Baylis	Beech	Vaughan	Vecchio
Bennett	Bibeau	Virani	Webber
Bittle	Blair	Whalen	Wilkinson
Boissonnault	Bossio	Wilson-Raybould	Wrzesniewski
Bratina	Breton	Young	Zahid — 186
Brison	Caesar-Chavannes		
Carr	Casey (Cumberland—Colchester)		NAYS
Casey (Charlottetown)	Chagger		Members
Champagne	Chan		Albrecht
Chen	Chong	Aboultaif	Ambrose
Cormier	Cuzner	Allison	Angus
Dabrusin	Damoff	Anderson	Ashton
DeCoursey	Dhaliwal	Arnold	Barlow
Dhillon	Di Iorio	Aubin	Beaulieu
Dion	Drouin	Barsalou-Duval	Bergen
Dubourg	Duclos	Benson	Berthold
Duguid	Duncan (Etobicoke North)	Bernier	Blakie
Dzerowicz	Easter	Bezan	Blaney (Bellechasse—Les Etchemins—Lévis)
Ehsassi	El-Khoury	Blaney (North Island—Powell River)	Boucher
Ellis	Eyking	Block	Boulerice
Eyolfson	Fergus	Boudrias	Brassard
Fillmore	Finnigan	Boutin-Sweet	Calkins
Fisher	Fonseca	Brown	Caron
Fragiskatos	Fraser (West Nova)	Cannings	Choquette
Fraser (Central Nova)	Freeland	Carrie	Clarke
Fuhr	Gameau	Christopherson	Cooper
Gerretsen	Goldsmith-Jones	Clement	Davies
Goodale	Gould	Cullen	Diotte
Graham	Grewal	Deltell	Donnelly
Hajdu	Hardie	Doherty	Dubé
Harvey	Hehr	Dreeschen	Dusseault
Holland	Housefather	Duncan (Edmonton Strathcona)	Eglinski
Hussen	Hutchings	Duvall	Falk
Iacono	Joly	Erskine-Smith	Finley
Jones	Jordan	Fast	Gallant
Jowhari	Kang	Fortin	Généreux
Kelly	Kent	Garrison	Gill
Khalid	Khera	Genius	Godin
Lamoureux	Lapointe	Gladu	Hardcastle
Lauzon (Argenteuil—La Petite-Nation)	LeBlanc	Gourde	Harper
Lebouthillier	Lefebvre	Harder	Jeneroux
Lemieux	Leslie	Hughes	Julian
Levitt	Liepert	Johns	Kitchen
Lightbound	Lockhart	Kenney	Kwan
Long	Longfield	Kmiec	Lametti
Ludwig	MacKinnon (Gatineau)	Lake	Laverdière
Maguire	Maloney	Lauzon (Stormont—Dundas—South Glengarry)	Leitch
Massé (Avignon—La Mitis—Matane—Matapédia)		Lebel	Lukiwski
May (Cambridge)		Lobb	MacKenzie
McCallum	McCrimmon	MacGregor	Masse (Windsor West)
McDonald	McGuinty	Marcil	May (Saanich—Gulf Islands)
McKay	McKenna	Mathysen	McColeman
McKinnon (Coquitlam—Port Coquitlam)	McLeod (Kamloops—Thompson—Cariboo)	McCauley (Edmonton West)	Moore
McLeod (Northwest Territories)	Medicino	Miller (Bruce—Grey—Owen Sound)	Nantel
Mihychuk	Miller (Ville-Marie—Le Sud-Ouest—Île-des-Soeurs)	Mulcair	Nuttall
Monsef	Morrissey	Nicholson	Oliphant
Murray	Nassif	Obhrai	Ouellette
Nault	O'Connell	O'Toole	Paupé
Oliver	O'Regan	Paul-Hus	Poilievre
Paradis	Peschisolido	Plamondon	Raitt
Peterson	Petitpas Taylor	Quach	Rankin
Philpott	Picard	Ramsey	Richards
Poissant	Qualtrough	Rempel	Sagamash
Ratansi	Rayes	Ritz	Saroya
Reid	Rioux	Sansoucy	Shields
Robillard	Rodriguez	Scheer	Sopuck
Romanado	Rota	Shipley	Ste-Marie
Rudd	Ruimy	Sorenson	Stewart
Rusnak	Sahota	Stetski	Stubbs
Saini	Sajjan	Strahl	Thériault
Samson	Sangha	Sweet	Trudel
Sarai	Scarpaleggia	Trost	Van Loan
Schiefke	Schmale	Van Kesteren	Wagantall
Schulte	Serré	Viersen	Watts
Sgro	Shanahan	Warawa	Weir
Sheehan	Sidhu (Mission—Matsqui—Fraser Canyon)	Waugh	Yurdiga
Sidhu (Brampton South)	Sikand	Wong	
Simms	Sohi	Zimmer — 137	
Sorbara	Spengemann		
Stanton	Tabbara		PAIRED
Tan	Tassi	Nil	

Private Members' Business

The Speaker: I declare the motion carried.

(Bill read the third time and passed)

[English]

The Speaker: It being 6:06, the House will now proceed to the consideration of private members' business as listed on today's Order Paper.

PRIVATE MEMBERS' BUSINESS

● (1810)

[Translation]

NATIONAL ANTHEM ACT

The House resumed from May 6 consideration of the motion that Bill C-210, an act to amend the National Anthem Act (gender), be read the second time and referred to a committee.

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Madam Speaker, I am pleased to be able to speak to this bill, which follows in a long line of bills aimed at correcting the English version of *O Canada*.

I would first like to point out, primarily for the benefit of some Quebecers and francophones outside Quebec, that the French version is really the first version of *O Canada*. The music was written by Calixa Lavallée and the lyrics were penned by Adolphe-Basile Routhier. One could say that the original version of *O Canada* is still the French version. Accordingly, when we talk about correcting the English version, we are really talking about correcting an adaptation of the French version.

What is more, the English version of *O Canada* is not an exact translation of the French, but rather an adaptation. The message in both is more or less the same, but the English version is not a word-for-word translation of the national anthem in French. It is important to explain that for people who do not understand the language very well, and who might not fully understand what these changes consist of.

Again, for people wondering about the changes that will be made to the second line of the English version, the bill would change the words “all thy sons” to “all of us”. In other words, “the patriot love of thy sons” becomes “the patriot love of all of us”.

I wanted to clarify that for my colleagues and the people watching my speech who wanted more of an explanation about the French and English versions.

What is more, between 1880 and 1907, several attempts were made to translate Routhier's French version into English. It was the version composed by Robert Stanley Weir, a justice of the Exchequer Court of Canada, that would become part of popular culture. It was written in 1908 and sung during the 300th anniversary of Quebec City. The full version included the line “True patriot love thou dost in us command”. In 1914, that lyric was replaced with “True patriot love in all thy sons command”.

[English]

As I said in French, in 1914, the line that commenced with “True patriot love thou dost in us command” in *O Canada* was replaced with “True patriot love in all thy sons command”.

There is no clear answer as to why the change was made. A lot of people assume that because of the war, people wanted to make the English version of *O Canada* more patriotic, so they replaced those words. That is the most common explanation.

We now have a bill under the scrutiny of the House to again modify *O Canada* to make it more inclusive by replacing the words “all thy sons” with “all of us”. It is important to remember that women make up 50% of the population. Therefore, I think it is a good idea that our national anthem be more inclusive.

Also, as I said to some of my colleagues, perhaps in 1914 there were not a lot of women in the army. However, now they are full members of the armed forces. If the original change was made because of the war, and the face of the army has now changed, I think that with respect to war and patriotism women should have the right to be included in our national anthem.

● (1815)

That is why it is important to move forward with this bill. There were a number of bills that have attempted to correct that problem in our national anthem. The first one I have noted was in 1984, so it is not the first time we have tried to change it. Now is the time. I do not think it is fair to wait another 32 years. We will be very discouraged if it takes another 32 years. It is the right time to do it.

We are in 2016. The Canadian population will understand why we want to make the change. It is not a big change, and there will not be a big difference in the national anthem, but the difference is significant for women all across Canada. That is why we should support this bill by my colleague for Ottawa—Vanier. He did a really good job on it. My former colleague, Libby Davies, also worked on it.

It is the right time to do it. Let us make our national anthem inclusive. It is a good time to be singing the famous version with “true patriot love in all of us command”. I would be proud to sing it that way. It is what we should do, and I encourage all members of the House to make that change.

[Translation]

Ms. Linda Lapointe (Rivière-des-Mille-Îles, Lib.): Madam Speaker, I am very proud to rise today to speak to bill C-210, an act to amend the National Anthem Act regarding gender. The bill proposes replacing the words “thy sons” in the English version of the national anthem, with the words “all of us”, in order to make it gender neutral.

Before I continue, I would like to explain why I really wanted to discuss this important bill today. Originally, according to the Order Paper, today I was supposed to introduce my bill, Bill C-236, regarding credit card acceptance fees for Canadian businesses. Instead, my bill will be introduced for second reading on September 19, 2016.

Private Members' Business

It was really a no-brainer for me to give up my place for my colleague, the member for Ottawa—Vanier, as he courageously fights Lou Gherig's disease.

During the first hour of debate on Bill C-210, I was really disappointed by the lack of empathy shown by our colleagues in the official opposition, who chose not to drop the debate and instead to force a second hour of debate for clearly political reasons.

There are times when we must set politics aside and show some humanity, compassion, and openness.

The sponsor of the bill, the hon. member for Ottawa—Vanier, has spent his entire career working tirelessly to promote justice for all, and I would like to highlight some of his remarkable achievements. His determination to introduce this bill yet again is just one example of his steadfast commitment to fairness.

A staunch defender of human rights and strong advocate for official languages, he inspires every one of us. I first met my colleague from Ottawa—Vanier when I became a member of the Standing Committee on Official Languages, and I had the great fortune to work alongside him. The status of official languages is an issue that matters very much to me too as the member for the Quebec riding of Rivière-des-Mille-Îles.

My colleague elucidated the reasons that justify the change, which I wholeheartedly support. There must be no gender bias in our national anthem. This is a change we need and want because, yes, esteemed colleagues, it is 2016.

This bill holds personal meaning for me as the mother of four children, two boys and two girls. My children are the reason I became involved in politics. This is a dream I have always had for our country and my family. I want my girls to have the same opportunity to achieve their full potential as my boys.

In my opinion, the words in all thy sons command may have reflected Canadian society in 1913, but our society has evolved considerably in the past century.

When the lyrics of our national anthem were written, women could not vote for or against a bill. In fact, they could not vote at all. Before 1929, they were not considered persons. It is essential to modernize the words of our national anthem to reflect the social progress made by Canadian men and women. Again, this is 2016.

For decades, the Government of Canada has been committed to promoting gender equality here at home and abroad. Many bills have been introduced to recognize the contribution of women who, alone or in groups, contributed to making Canada the strong, creative, and inclusive country that it is today.

I am not saying that we have achieved perfect gender equality in Canada, but we have quite certainly improved things. Our government remains determined to build a country where our boys and girls will be equal participants in all aspects of society.

Allow me to mention some of the measures taken by the Government of Canada to recognize the vital role played by the women who contributed to building our Canada of today.

In budget 2016, our government announced investments that will increase capacity at Status of Women Canada. In fact, a \$23.3-million investment over five years beginning in 2016-17 will support local organizations working in gender equality and women's issues. These new funds will also support the creation of a dedicated research and evaluation unit within the agency to provide evidence-based, innovative research on women's issues.

This year, we will be proudly celebrating the 100th anniversary of women's right to vote in Manitoba. This event gives us another opportunity to highlight the remarkable achievements of activists who have fought for women's equality and gender equality.

● (1820)

Canada's commitment to promoting gender equality and women's rights is central to our foreign policy and makes us proud. The Minister of Status of Women announced in March 2016 before the UN Commission on the Status of Women that Canada is running for a seat on the commission for the 2017-21 term. This would allow our country to play an even greater role in creating a better future for women and girls in Canada and around the world.

The amendment that my hon. colleague is proposing would change only two words, but this small change would be a significant gesture that would ensure that women are no longer excluded from our national anthem. That is why it is important for me to allow my colleague to take my place so that he can present his bill, which is so important to him.

As we prepare to celebrate the 150th anniversary of Confederation, our support for Bill C-210 would give us an opportunity to ensure that this important national symbol continues to reflect our values and inspire pride and a sense of belonging in all Canadians. In 2017, at Canada's 150th birthday celebrations, I hope to hear a national anthem that reflects Canada's modern reality.

In closing, I would like to thank my hon. colleague for introducing this bill. By supporting it, we will send a clear message to Canadians and the entire world that we stand and will continue to stand for gender equality and that we value the significant contributions that women have made and continue to make to our country. It will serve as yet another example of the government's resolve to promote the equality of all Canadians.

My dear colleague from Ottawa—Vanier, I thank you on behalf of my two sons and my two daughters.

Private Members' Business

• (1825)

[English]

Hon. Erin O'Toole (Durham, CPC): Madam Speaker, speaking to the private member's bill, I think all members in the House are thinking of the member in question, our friend, the member for Ottawa—Vanier, who has brought this issue to the national consciousness on a couple of occasions, and cannot participate in a debate that he has helped to create. However, regardless of what side of the debate one is on or the issues raised in it, every member of this place, of Parliament, and here in the nation's capital, hold our colleague and friend in tremendously high regard. Our thoughts are with him in this debate.

I think of my short time as minister of veterans affairs. During the election, we had Victory over Japan Day, Victory in the Pacific, and the 70th anniversary of that important milestone. There is tradition that when an important commemoration event happens during an election, the minister will do the event but will invite other parties to be represented. I spent a day with my friend, the MP for Ottawa—Vanier, who was then a candidate. I fully expected him just to come to the cenotaph and do a speech after I did, meet with a few of the veterans, and then go back to his campaigning. He spent the entire day, right through to the dinner, thanking our veterans. We had Battle of Hong Kong veterans who had been prisoners of war, in ill health, and in their nineties. We had other veterans from the Pacific theatre. The member spent the entire day with them. He did not go back.

I think of that moment often, because at the end of the day he said he was really tired in the campaign, that it was wearing him down. Months later, when he shared his news with the House, I thought back to that moment and how he was probably not feeling his best but did not sacrifice a minute away from thanking our veterans. I will cherish that memory with my friend from Ottawa—Vanier.

Starting out with that remembrance of my friend, what is special about this place is that we can be friends and not necessarily agree on the debate he has brought here. However, as a parliamentarian, he has raised this issue. What I think is best served by the debate today is the fact that we are showing that Canada is not the country of 1880, when *O Canada* was first composed by an order of the lieutenant Governor of Quebec for Saint-Jean-Baptiste Day. Anyone who follows that national celebration in Quebec might find some irony in the fact that our national anthem had its origin as a song for Saint-Jean-Baptiste Day in Quebec.

These national songs, symbols, and issues are rooted in the time of our early country. When we look at some of them now, we can be very proud of the country that the men and women who built this place created. Therefore, while the words and the passions and the emotions of our early years as a young confederation can be looked back to, we should also respect the symbol's heritage heraldry from that time. That is why we bring to the debate that all members of the chamber promote fully the inclusion of all Canadians and the wonderful opportunity that our country represents. Our country is as free as it is because of equality between men and women.

There is irony, in that when the song was composed it was at a time when women could not sit in this place, yet a century later we are debating whether the words chosen at that time should be changed. That in itself highlights the fact that we have come a long

way as a country. We still have a tremendous way to go, particularly with equality on corporate boards and on a number of issues that our past government looked at and the present government is looking at as well.

It is wrong for a country to tread on its heritage and history, even when some of those heritage symbols, songs, and anthems may seem a little dated when looking at it through the lens of 2016. That is really what we have come to with a debate about our national anthem.

• (1830)

We are not debating composing that anthem today. We are celebrating the country that chose this anthem generations ago. It is much like the mace I am staring at. It is not a weapon that is used on the field of battle today, but when the first parliaments were formed in Britain, it was a symbol that the weapon was being placed on the table and that sides could debate in a democracy.

Do we discard our ties to the past, or do we learn by looking back at them? That is essentially the debate my friend from Ottawa—Vanier has brought to us. We look at how we would craft a national anthem today. Whether in French or English, they were both written as a young country emerged a few years past 1812, before the Great War. Both the French and English versions of *O Canada* are deeply military in symbolism, whether it is sword, stand on guard, or true patriot love. These stir emotions, and they were meant to in a young country.

As someone who joined the Canadian Armed Forces at age 18, I heard that anthem played at my ceremony and my oath to Her Majesty the Queen, which some may feel is old-fashioned. These are the ties I have to the same institution of the Canadian Armed Forces as my grandfather and, indeed, many of our great-grandfathers had.

As we approach the 100th anniversary of the battle of Vimy Ridge, we should look back and recognize that our country has come a long way. What is interesting is that, when I took my oath to join the Canadian Armed Forces, I stood proudly alongside some tremendous female leaders who were leaving their high schools across the country and stepping up to serve their country.

Anthems, symbols, heraldry, and heritage are the connections we have to the past. We can learn now by looking at them, but we should be very reticent to change them, because they are part of our history. It is critical for us to learn from that history, but changing things to suit today, with respect to some of the early symbols of this country, is not a way we can show we have evolved.

We show we evolve by looking back and saying that at that time women did not have the vote. Thankfully, that has changed. Our country has modernized, but we still have the tie to these important rallying points for an early and young country that was emerging to the north of its great southern rival.

Private Members' Business

In our debate here today, all MPs certainly want all Canadians to feel a part of the Canadian story, the celebration that is represented by our national anthem, by our flag, by the military colours of units, by badges, and by crests. These all have origins in the early days of our nation, but we should not substitute them in each generation. We should look back and see how our society might have changed.

This is a good debate if we can look at it from that perspective, if we can look back and say we take pride in our anthem and all it represents. We take pride in the symbols in this Parliament, in this very chamber; for example, our coats of arms. Countries do not change or alter these without considerable need for consideration.

In this case, we have a situation where, if we start parsing lines of songs, we are not showing respect for the tradition and the heritage we have inherited. This in no way suggests that sticking to a historic root of a song means that one is not in favour of equality. I worry when people make that argument.

●(1835)

I know that, listening to my constituents, as many of my colleagues have, and certainly considering the origins of the song, we can stay with it.

However, I thank my friend from Ottawa—Vanier for bringing this to the floor of the House.

Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP): Madam Speaker, I am proud to rise today in the House to speak to Bill C-210, an act to amend the National Anthem Act, particularly as the bill proposes to reword the anthem so that it finally has inclusive language in terms of gender.

This is an important initiative put forward by the member of Parliament for Ottawa—Vanier. Along with members of my party, I want to acknowledge his tireless efforts over time to achieve this historic change.

This is a change that we in the NDP are proud to support. I would like to acknowledge that this change was also proposed, over the years, by NDP members of Parliament such as Libby Davies and Svend Robinson.

Like many efforts to achieve equality, we must also acknowledge the push that came from women outside of this place. Without their tireless campaigning and advocacy to make this change to these lyrics, it would not be possible.

It is important to note that this change is symbolic. It is about making a line in the anthem more reflective of the fact that women and men are Canadians. It is about sending a message that we are not sons, but we are people. This is about adopting gender-neutral language, a practice that has been very important over the last few decades. In essence, it would allow us in the House to alter the language in our anthem and in a way catch up to the kind of changes in language we have seen over time.

In fact, during the 1970s, feminists Casey Miller and Kate Swift created a manual called *The Handbook of Nonsexist Writing*. It served to reform the existing sexist language that was said to exclude and even dehumanize women.

This conversation led to important changes, like changing the words businessman or businesswoman to business person. It led to changing words like chairman or chairwoman to chair or chairperson. Policeman became police officer, stewardess became flight attendant, and the list goes on.

These changes matter. They send a signal to girls and young women that they can aspire to do anything. By changing our language, by moving from what is known as androcentric language and focus, we send a signal that we all share space in this world.

Feminists have argued that male terms contribute to making women invisible, that they obscure women's importance and distract attention from their or our existence. I also want to point out that changing this part of the anthem also means that the language would be inclusive of trans people, or people who identify as gender fluid. Changing the anthem in this way sends a signal that we can all be just as proud to love our country, and we should celebrate that.

However, we should not stop here. The anthem, as well as many of our national symbols, must be an accurate reflection of who we are. The reality is that there is much work to be done.

We know that so many of our symbols are not reflective of our history of nation building, which is premised truly on colonization and the attack on first nations, Inuit, and Métis peoples; that we continue to live and work on unceded territories; that we continue to perpetuate racist attitudes and implement discriminatory policies.

We also know that, in many cases, our national symbols fail to reflect the racial and ethnic diversity of our country, or the fact that many people immigrated to Canada from around the world to help build the country of which we are so proud. We fail to recognize that, while many have come as immigrants and have made Canada their home, others have only been able to come as migrant workers, without access to the rights any citizen would have.

Therefore, much work remains to be done to make sure our national symbols—and symbols they are—are reflective of the kind of reality we all live in this country.

These are important conversations that people are already having on a day-to-day basis. I want to acknowledge the work of many who have taken part in the discussion around reconciliation and what reconciliation ought to mean. Those discussions also involved reforming and reshaping our national symbols.

●(1840)

I want to acknowledge that many activists have been critical of the concept of reconciliation, and recognize that in many cases the narrative around reconciliation, as it is used by some, is used to pacify, in their particular case, indigenous activists who are truly challenging the foundations of our country.

I also want to acknowledge the many who have called for a very critical lens when it comes to discussions around our national symbols, as well as concepts of fairness and justice, and what that might mean for racialized Canadians in particular.

Private Members' Business

Going back to the notion that today is about symbols, I also want to acknowledge that we in the NDP have made it clear that this is an important step, and changing that one sentence in our anthem is critical. However, it certainly is not enough when we are talking about achieving gender equality in our country.

We are at a historic time. We have a Prime Minister who has identified as being a feminist. We have seen a government appoint a gender-equal cabinet. We have seen some very positive pronouncements when it comes to the recognition that injustices faced by women are injustices that require federal leadership. In particular, I am thinking of the commitment to a national inquiry into missing and murdered indigenous women.

The reality is that in order to make a difference in the lives of women, to make a difference in the daily lives of Canadian women, we need to go far beyond symbolism. We need to move to action. There are many ways in which we need the federal government to act and to take leadership to truly make a difference in the lives of Canadian women.

First and foremost is the area of violence against women. We know that while other kinds of violence have dropped over the last number of years, domestic violence continues to remain stagnant. We know that over the last number of years, in fact, statistics show that women continue to face intimate partner violence at the same rate, consistently, year after year.

We know that violence targeted against women also impacts women differently according to their identity. Sixty-six per cent of all female victims of sexual assault are young women under the age of 24. We know that indigenous women are four times more likely to be targeted in terms of violence than non-indigenous women. We know that 60% of women with a disability experience some form of violence in their lifetimes.

The statistics go on. We know that in order to act on violence against women, there needs to be action at the federal level. I am proud to have worked with our party to propose a comprehensive national action plan to end violence against women, a comprehensive national action plan that we put forward in a motion in the last Parliament. We certainly hope that the Liberal government will not just talk about the need for a comprehensive national action plan, as we have heard, but more importantly, will implement that national action plan to end violence against women.

Another area that demands federal leadership is the area of economic injustice still faced by women. We know that on average Canadian women still only make 72 cents to the male dollar, but when we apply a racialized lens or even an immigrant lens to that reality, the numbers are even more stark. Racialized women who are also immigrants only earn 48.7 cents for every dollar a non-racialized man earns in Canada today.

In terms of violence or economic injustice or the ongoing discrimination that women face on a daily basis, whether it is on our streets, in our schools, in our institutions, we know that the reality is that there needs to be concrete action so that women can truly see a change in their daily reality.

I also want to acknowledge the work that needs to be done in terms of child care and the work that needs to be done in terms of

strengthening our social safety net to support women, whether it is in terms of employment insurance, health care, or acknowledging the importance of how a strong social safety net contributes to women's equality.

• (1845)

I will conclude by saying that, yes, while we are proud to support Bill C-210, an act to amend the National Anthem Act, we also ask that the government show leadership in that same vein and commit to concrete actions and concrete support in terms of funding to truly achieve equality for women in our country.

[*Translation*]

Mr. Greg Fergus (Parliamentary Secretary to the Minister of Innovation, Science and Economic Development, Lib.): Madam Speaker, I have the honour to rise in the House today to speak to Bill C-210, an act to amend the National Anthem Act, which proposes changing the English version of the national anthem to make it gender neutral.

The bill proposes replacing the words “thy sons” with “of us”. The third line, which now reads “true patriot love in all thy sons command” would be replaced by “true patriot love in all of us command”.

First, I would like to thank the hon. member for Ottawa—Vanier for introducing this important bill. His dedication to the principle of justice in general and gender equality in particular and his extraordinary courage are a source of inspiration and an example to us all.

The theme of this bill should be of interest to all Canadians, men and women, and I am very proud to talk about it. The hon. member noticed that the national anthem did not correspond to our society and values. His bill seeks to correct that contradiction and change the anthem so that it better reflects Canada's reality. What is more, and I am sure that everyone in the House will agree with me, we want a Canada that gives men and women an equal opportunity to participate in society.

I want to point out that the French and English versions of *O Canada* are quite different. The verses in the English version are not a literal translation of the French version. That is why Bill C-210 is focused on the English version. The French version is already gender neutral.

The French version of *O Canada* was written in 1880. The music was composed by Calixa Lavallée, and the words were written by Sir Adolphe-Basile Routhier. The words of the French version have not changed in all this time.

The English version of *O Canada* was written later. The music is the same as the French version, but the words were written by Justice Robert Stanley Weir, in 1908. Many changes have been made to Mr. Weir's words since 1908.

Private Members' Business

The first change dates back to 1913, and I would like to make a slight correction to what my hon. colleague from Abitibi said. When Mr. Weir changed the neutral words “true patriot love thou dost in us command”, he replaced them with “true patriot love in all thy sons command”. It is widely acknowledged that this change was made to honour the men who served in the armed forces on the eve of the First World War.

The 1913 version became the official English version of *O Canada* when the National Anthem Act was adopted in 1980. The words “in all thy sons command” may have reflected the Canada of 1913, but our country has changed considerably over the centuries. Nowadays, women participate in all facets of Canadian life, including our armed forces.

On June 27, 1980, the National Anthem Act was adopted unanimously by the House of Commons and the Senate, and it received royal assent that same day. It is important to note that the parties agreed to limit debate on the National Anthem Act to one representative each because other changes to the lyrics of *O Canada* would be made through private members' bills.

Prior to that arrangement, the House had considered a number of bills to adopt a national anthem, but all died on the Order Paper. Since 1980, 12 bills have been introduced in Parliament to make the English version of the national anthem gender neutral. All of them sought to change the words “thy sons”.

Despite the fact that all of the bills were rejected or died on the Order Paper, support for the change grew. Last year, a bill identical to Bill C-210 was rejected at second reading by a vote of 144 to 127.

● (1850)

Public support for making the national anthem gender neutral has also increased. A 2015 poll commissioned by the member for Ottawa—Vanier and conducted by Mainstreet Technologies revealed that 58% of Canadians supported the amended wording proposed in Bill C-210. After 34 years and 12 bills, the time has come to return to the neutral meaning of the original 1908 version of the national anthem.

This change to our national anthem is long overdue. In fact, it is 36 years overdue. Its lyrics should have been changed when *O Canada* became our national anthem in 1980. I think it is appropriate to make this change now, and I hope all members of the House will agree.

The idea of changing a national symbol can spark debate. People are reluctant to give up traditions. However, as I just said, *O Canada* has only been our official national anthem since 1980.

This year, 2016, marks the 100th anniversary of women's right to vote. Next year we will celebrate the 150th anniversary of Confederation. It would be nice if we stopped excluding women from their national anthem.

Today I call on all members of the House to make up for lost time and support the changes proposed in Bill C-210.

Last November, our government received a lot of attention and support throughout the world when it appointed an equal number of

men and women to cabinet. At that time, our Prime Minister expressed his pride in appointing a cabinet that reflects Canada.

The hon. member for Ottawa—Vanier asked the following question: should a national symbol not be reflective of the people it is supposed to represent? I sincerely believe that our 42nd Parliament will answer him with a resounding yes.

[English]

Mr. Tom Kmiec (Calgary Shepard, CPC): Madam Speaker, the member who just spoke was very eloquent on his position. I am glad to be joining this debate. However, when joining a debate at this late an hour, everything that is smart and interesting has already been said, so I will try to add a viewpoint to the debate that I do not think has been shared too often.

I actually conducted a poll in my riding asking my constituents how I should vote. I will provide some of that information to the House and some background as to how I will be voting on this matter.

Other members have mentioned that this is not the first time this has been proposed. There have been 10 attempts since the 1980s to change the second line of the English version of the anthem for both personal and technical reasons. In the previous Parliament, Bill C-624 was debated and considered on this matter. Therefore, successive Parliaments have spent ample time on this over the past few decades debating whether there should be a change to the national anthem.

In 2010, the previous Conservative government proposed this change in its throne speech, no less. When the member for York—Simcoe spoke earlier in the debate, he alluded to the fact that even Weir's grandson had weighed in at that time and opposed a change to the national anthem.

I want to clear up one misconception that I heard earlier today. It has been raised in the public and in the House as well that somehow the Conservative caucus blocked this bill earlier in the month. I do not believe that is true. It was simply following the usual legislative practice, which is rather than adopting a special expedited process, we should have a fulsome debate on this subject. This would allow me an opportunity to rise in the House to speak to this on behalf of my constituents.

I know this will shock many members, but I was initially going to support this bill. I thought changing and adopting the words “in all of us command” would have returned the wording closer to the 1908 version by Mr. Justice Robert Stanley Weir. I thought that would be the correct thing to do.

As an originalist, I would consider that a reasonable legislative amendment to our national anthem. When I approach all manners of legislation, I look at our Constitution. I am an originalist and I like to stay within the bounds of what our founders intended for us to do both in the Constitution and with the symbols that represent Canada.

Private Members' Business

Since the bill was first tabled and debated, I have heard loud and clear from my constituents in Calgary Shepard, through a poll I conducted both on my website and promoted online via my Facebook page. They are 87% opposed to this change. Accordingly, I will be voting against this bill, unless more of my constituents vote in this online poll and sway me the other way.

I received hundreds of comments. In emails and phone calls, people explained to me the reasons they thought their local member should vote against this bill. I am attuned to the fact that this is not just a vote that I have to exercise based on what I believe is best, using what I know, and the facts that are laid before me. However, I also represent my constituents and they have been very clear with me that they are opposed to this change.

I am also mindful that a poll was conducted called "Sing 'all of us'" by Mainstreet. It is a 2016 national poll conducted by Mainstreet Research in May. It is true that it found that 62% of Canadians supported this change of wording from "all thy sons command" to "in all of us command", its original English wording. It was indicated that it was quite possible that a great deal of the 38% that were greatly opposed to this happened to be in my constituency.

I note that in the news release Mainstreet issued, it promoted the notion that Canadians supported a gender-neutral national anthem. However, if we actually look at the questions it put forward in its poll, the script very handily put into the report, it made no such argument and did not put forward questions asking whether there should be a gender-neutral national anthem. Instead, they asked the following two questions, which I will read.

The first question was, "The original English Anthem uses the word US, the current version uses Thy SONS. Which version do you believe is most appropriate?" I actually used a question very similar to this to ask my constituents which version we should use. I took the 1908 version and the current version, put them side by side, and put in big bold text the changes that were going to be made.

The second question that Mainstreet used was, "There is a Private Members Bill in the House of Commons to restore the meaning of the original English Anthem. Do you agree or disagree that we should restore the original meaning and use the words 'in all of us command' instead of the words 'in all thy sons command' in the English O Canada?" Again, I do not see a single mention of gender neutrality being proposed. Those are questions about restoration and returning something to its original meaning in 1908, closer to the true original meaning of the anthem at the time.

• (1855)

Those are questions that ask Canadians whether changing a national symbol back to a previous version would be a good idea, not whether there is sufficient gender neutrality or parity in the language.

As well, the promotional material used by Mainstreet in that poll does not match the questions asked by the firm. It has been used by proponents of this change. This poll has been used oftentimes. Canadians do support it massively, but what Canadians support is retaining our national symbols the way they are and keeping to our traditions as much as possible.

I also disagree with the argument made by many in the House, and outside, that the proposed change is to ensure the gender neutrality of the wording. I am not opposed to that in a general way, only in this particular case. That argument implies that the English language is incapable of allusions, allegory, imagery, metaphors, or irony, that somehow the English language is very static. We know that not to be a fact. Many members use allegory, metaphors, and irony in their speeches in the House, using words that 200 years ago had a completely different meaning.

Andrew Coyne made this same argument in a *National Post* comment that appeared May 9, 2016 online, and wrote that if "all thy sons" ever meant "just the guys", it does not do so now. I very much agree with him. It requires an extraordinary effort of obtuseness to claim that it does. I am using his words here. I am just quoting what he said.

After all, many of the same proponents of this view of the static meaning of words are also enthusiastic proponents of a legal theory called the "living tree" when approaching the law and a constitution. It is that a constitution that serves the basis of all laws in a country can be reinterpreted, endlessly at times, with new meaning, including new words being found in it, sentences being read into it and read into the law.

I am conscious that in Canada we accept that the English language does change. All languages are not static. They change with the times, and words take on new meaning. In the case of the anthem, I believe it is all-inclusive, and if it meant a very specific thing 100 years ago, it does not mean that necessarily today.

Before *O Canada* was officially adopted in 1980 as the official anthem, we used *God Save the Queen*. Will we be changing that as well? It still remains our royal anthem in Canada.

We have many national symbols, including coats of arms, mottoes, a national flag, official colours, the maple tree, the beaver, the national horse, our national sports, and the tartan. How many of these should we start to change, as well, to achieve some type of goal? Should we restore them to their original status of maybe 1967? How far do we need to go back to ensure gender neutrality? When is it appropriate to change these symbols of Canada? Is there a rush to change them? Does it not need fulsome debate?

We have had 25 or 30 years of different individuals considering the matter and proposing changes to our different symbols. Our provinces and territories also have their own symbols, which residents of them cherish to various degrees. I am from Alberta, and back home we unofficially sing a tune called *Alberta Bound* by Paul Brandt as our anthem. I will provide a few lyrics from that song because it is so good:

I'm Alberta bound
 This piece of heaven that I've found
 Rocky Mountains and black fertile ground
 Everything I need beneath that big blue sky
 Doesn't matter where I go
 This place will always be my home
 Yeah I've been Alberta bound all my life
 And I'll be Alberta bound until I die.

Private Members' Business

Despite not being born in Alberta, those few lines speak to that deep, hard to explain, but easy to feel, sense of home and belonging that Alberta is to Albertans. It is an unofficial anthem. There is no act saying that it is an official symbol of Alberta, but those few simple lines give literary life to the feeling that every Albertan feels, wherever he or she is from originally, that we are truly only home when we are back in Alberta. I hope Paul Brandt keeps every single word exactly the way it is.

Words do have meaning, and they do have a lot of power, and the original meaning especially has a lot of power.

My constituents, though, are really tied to the current version of the national anthem. I deeply respect the motivation of the mover of this motion, the member for Ottawa—Vanier. He has offered us yet another opportunity to have vigorous debate on this topic. I salute his stamina and strength as he battles his illness. It is courageous to see a man like that who has such grace and power. It gives heart to people like me with kids with a chronic condition. They can do it too. They can outlast it as well. However, at the end of the day, I must listen to my constituents, who are vastly opposed to the bill. Canadians, in 2010, so strongly opposed the amendments to the national anthem, and I must vote against the bill.

● (1900)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I want to begin my remarks on this important bill by paying tribute to the work done by the member for Ottawa—Vanier. Of course we can still have differences of opinion with respect to this bill. However, it is important to recognize his courage and commitment to a cause that we may not all agree with. Nonetheless, his willingness to absolutely preserve and put forward a principle that is important to him and reflects a long-term project of his is important.

I have to say that I have thought quite a bit about this bill. I know that during this debate some have taken the view that these things can never change. That is not my view. I am open to having a conversation about the wording and I believe that there is no harm in having that conversation.

In that context I will say that if we were to change the words, I would personally prefer the original version of “thou dost in us command” over “all of us command”, which I regard as somewhat awkward phrasing. This perhaps illustrates the point that ultimately this is not quite a binary choice. Members of the Canadian public might ultimately wish to make some kind of a change but have a range of different perspectives on what the best kind of change would be.

However, I have concerns about the process. I will be voting against the bill, principally because, and this is perhaps the only case wherein I would tell the government it needs to do much more consultation on this. I do not think two hours of debate on a private member's bill is the appropriate process of pushing through a change that is this consequential to our national anthem. It seems perhaps strange that I would say that, given on so many files we make the opposite criticism of the government, that it seems to be dragging out and punting down the road decisions that could be taken much more quickly. Then on other files, and particularly in this case, there is a will it seems to expedite this.

In fact, there was some criticism in the media about Conservative members who wanted to complete the first hour and continue to a second hour. There were members of the government who felt that we should just let the debate shut down and have the vote right then. I think that is fundamentally irresponsible. I understand the desire to move this along because of the health situation of the member for Ottawa—Vanier, however, I think we would give him a better tribute if we give this the thorough discussion, and engage in the necessary conversations and consultations with Canadians as part of that important process. Therefore, I would make a modest proposal. If the government wants to have this discussion, if it wants to have Canadians engaged in this discussion, why not have this as the second question on the electoral reform referendum that we think certainly needs to happen and we hope will be happening?

If members of the government are eager to have this conversation, I just do not think we should be rushing this in through the vehicle of a private member's bill. I also do not think that prescribing specific new wording is the way to go instead of having a conversation that engages Canadians and then ultimately puts the question to Canadians. I believe that a process that engages Canadians in the discussion would be more effective because it seems to me there are likely many Canadians who do not even know that we are having a conversation this consequential about changing our national anthem. I know that some members have talked, and my friend from Calgary Shepard in particular, about the significant engagements they have had with their constituents on this issue. However, I suspect all the same that there are many Canadians who are not following the debates in this place in detail. They would be surprised to find that in a few short months all of a sudden they are told that the anthem that they have been singing from childhood has been changed. I think that would be a surprise and a very unfortunate way of rushing this important conversation.

● (1905)

The language contained in this type of an anthem obviously is important. It has symbolic value for Canadians on both sides. It has symbolic value to those who may not feel included by the words, but on the other hand, they may not be interpreting the original connotation of those words in the correct way, but still may not feel included by them.

On the other hand, there are those who have identified with that anthem, have fought for Canada under that anthem, and would feel the opposite, would feel that moving away from wording that they have historically identified with and appreciated would be really troubling for their sense of patriotism, troubling in their desire to identify with long-standing Canadian symbols.

We can do this. If members in the government are interested in having this discussion, it could be done in a responsible way. However, in the absence of that process and in the absence of the proper engagement with Canadians, I am forced to oppose the bill.

● (1910)

[*Translation*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): It being 7:10 p.m., the time provided for debate has expired.

The vote is on the motion. Is it the pleasure of the House to adopt the motion?

Adjournment Proceedings

Some hon. members: Agreed.

Some hon. members: No.

The Assistant Deputy Speaker (Mrs. Carol Hughes): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Assistant Deputy Speaker (Mrs. Carol Hughes): All those opposed will please say nay.

Some hon. members: Nay.

The Assistant Deputy Speaker (Mrs. Carol Hughes): In my opinion the yeas have it.

And five or more members having risen:

The Assistant Deputy Speaker (Mrs. Carol Hughes): Pursuant to Standing Order 93, the division stands deferred until Wednesday, June 1, immediately before the time provided for private members' business.

ADJOURNMENT PROCEEDINGS

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

[English]

THE ENVIRONMENT

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, it is my honour this evening to take up a question I originally asked the Prime Minister on the subject of the Paris accord on climate change. I asked him if he was planning to attend the April 22 United Nations meeting at which the Paris accord would be open for signing. However, the second part of my question, which is still relevant, is whether we would be presenting more robust targets at that occasion.

It is entirely my pleasure to report that of course the Prime Minister did personally attend the United Nations General Assembly. It was a record breaker for the United Nations system that on the first day open for official signing of a treaty, for the first time ever, more than 174 countries signed on one day. It was wonderful that our Prime Minister and our Minister of Environment and Climate Change were both present. To give it context, there are 195 countries that have confirmed that they will be signing, so every country on earth is committed to this agreement.

A lot of people watching these debates may wonder what the Paris accord would accomplish. This is what I want to focus upon in the time remaining. It is either an agreement that is an enormous success, or it is a sham. I believe it will be an enormous success. However, in order to succeed in achieving the long-term target, which is to ensure that global average temperature rise does not exceed 1.5 degrees Celsius—what they were before the industrialized revolution. In order to achieve that, we need to have very robust action plans from every government. The Secretary General of the United Nations, on that occasion of the signing ceremony in the UN General Assembly

headquarters, said that the window of opportunity to avoid a rise of 1.5 degrees is closing very rapidly.

Crunching the numbers, as scientists do, they look at all of the targets. They are now referred to as intended nationally determined contributions, or INDC. They take the aggregate of all those targets, and assuming every country is going to meet its target, what is the impact? Do we avoid 1.5 degrees? Do we hold it to less than two degrees? The horrible truth is that the range of global average temperature increase takes us well past the danger zone and potentially into the area that scientists do not want to talk about—a runaway global warming, where the amount of anthropogenic warming triggers a non-stop warming effect globally. Planetary disaster and catastrophic impacts would ensue. The range, if every country achieves its targets, is 2.7 to 3.5 degrees Celsius global average temperature increase.

Currently, Canada's INDC is that left behind by the previous government, which is why I raised this with the Prime Minister and raise it again tonight with the parliamentary secretary. It is quite clear that Canada showed leadership at COP21 in Paris. Canada again showed leadership in signing on the opening day and in the Prime Minister's rather prominent role in that signing ceremony. Now we have to show leadership by withdrawing the INDC that is currently tabled, left by the previous government, of 30% below 2005 levels by 2030. It is far weaker than that of our U.S. partners. The Barack Obama administration has an end date of 2025. It is my absolute contention and assertion, and in fact I am begging the government to change our target to coincide with that of the U.S. At least advance it to close by 2025. Then as the Paris agreement goes through global stock-taking, we will be reviewed in concert with the U.S.

• (1915)

Mr. Jonathan Wilkinson (Parliamentary Secretary to the Minister of Environment and Climate Change, Lib.): Madam Speaker, I would like to start by acknowledging the party leaders, the provincial and territorial leaders, the indigenous leaders, and members of Canadian civil society who came together from across the country and participated constructively in the negotiations in Paris just a few short months ago.

Our government very intentionally adopted an inclusive approach to these important negotiations in order to send a clear message to the international community: one, that Canada takes the threat of climate change very seriously, and two, that climate change should very much be a non-partisan issue.

As the hon. member, I too am very proud of the leadership role that Canada, its Prime Minister, its Minister of Environment and Climate Change, and its entire delegation, played in Paris.

Maintaining the momentum established in Paris has been, and will continue to be, very important. A key first step in this regard will be to ensure that the Paris agreement is brought into force as soon as possible. As the member opposite is aware and as she acknowledged, the Prime Minister signed the Paris agreement on behalf of Canada at the United Nations headquarters in New York City on April 22.

Adjournment Proceedings

Domestically, what is most important now is how Canada works to develop and implement specific policies to address greenhouse gas emissions and clean growth. This government takes the commitments made in Paris very seriously. We are presently working on a detailed strategy that will enable us to ensure that we meet or exceed our currently stated target.

Given the decade of complete inaction on climate change that we experienced under the previous government, Canada has made virtually no progress over the past decade with regard to addressing greenhouse gas emissions.

In fact, if one looks at Canada's projected emissions profile in 2030, taking into account actions taken at provincial and municipal levels to date, we are projected to have emissions of approximately 9% above 2005 levels by 2030, versus the current target of 30% below 2005 levels.

Given the lack of progress in the 10 years since the previous Conservative government established the 30% below 2005 target, this target now represents a highly ambitious goal.

In terms of a climate plan for Canada, as the hon. member is aware, the Prime Minister met with premiers from the provinces and territories to discuss climate change and what Canada must do to achieve its target.

The Vancouver declaration established a framework for the development of a detailed plan as to how Canada will begin the transition to a stronger, more resilient, low-carbon economy. As first ministers agreed at that time, we will promote clean and innovative economic growth that creates jobs for Canadians; we will ensure that carbon pricing exists; and we will invest in both adaptation and mitigation of greenhouse gas emissions. First ministers will meet this fall to finalize that plan.

We have also taken action with the Americans on a number of fronts, specifically with respect to reducing methane emissions to 40% below 2012 levels by 2025.

Canadians recognize the enormous strides that have been taken on this file over the past number of years. In my mind we have a moral imperative to get this right for our children and our grandchildren. We also have an economic imperative to get this right to ensure a strong and robust Canadian economy continues to thrive as we move toward a lower carbon future.

I am proud to be part of a government that is demonstrating strong leadership, globally and domestically. I am also pleased to be part of a government that is desirous of engaging Canadians of all political stripes in this important conversation.

I know that the hon. member opposite cares deeply about this issue, as do I, and that she has many thoughtful things to say regarding these issues. I look forward to working with her to ensure that we are collectively successful on this very important file.

Ms. Elizabeth May: Madam Speaker, of course I do not disagree with a single thing that the parliamentary secretary said about the last 10 years. In fact, I would go further and say that in 2005, the previous government of the Right Hon. Paul Martin had in place a plan that would have taken us very close to Kyoto targets, which was

immediately cancelled by the previous Prime Minister when he took office.

That is still not good enough. It will not be enough for the new Liberal government to be much, much better than the previous government. We actually have to do what is necessary, and what is necessary to avoid 1.5°C means not just drilling down domestically into how we almost meet or meet the targets of the previous government. By withdrawing our INDC and tabling a new one that is more robust, that is more ambitious, we can trigger other countries to do the same. Otherwise we will lock in global average temperature increases way past the danger zone.

● (1920)

Mr. Jonathan Wilkinson: Madam Speaker, I certainly commend the hon. member for her passion on this issue. I certainly feel very strongly in the same way she does that we need to take strong action to address climate change.

In the context of the Canadian federation, part of what we actually have to do is work collaboratively with the provinces that hold many of the key metrics and the key tools with which we can actually get at some of the key sources of emission, so the process that we established as part of the Vancouver declaration is to work collaboratively with the provinces to work toward an outcome that we will all be happy with.

As I said when I spoke a few minutes ago, the focus for us is on meeting or exceeding those targets, and we are working on a collaborative basis with the provinces to ensure that, on a pan-Canadian basis, we have a plan to do that.

FOREIGN AFFAIRS

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, it is a pleasure for me to rise at this point and further challenge the government on its lack of emphasis on international human rights.

I am following up on a question that I asked in March, where I, or we, called on the government to renew the important work then being done by Canada's office of religious freedom. Of course, we know now that the government most likely did not have any plan at the time, but certainly was not prepared to renew the work of the office.

In the intervening time, the office expired in March. We spent a month and half with absolutely no plan. The government was not prepared to even extend the work of the office of religious freedom for the interim period of time until it came up with what it is notionally identifying as a replacement structure.

There was not a plan. There was not a willingness to do anything in the interim. I think that left a real problem for many of the stakeholders who are involved in this area, as well as our international partners.

Now we finally know what the government's much-promoted, at least by it, new replacement strategy is. It has come up with what it is calling an office of human rights, freedom, and inclusion, what we have dubbed an office of everything. If we look at the words of the minister and others, this office promises to do absolutely everything in this context.

Adjournment Proceedings

In a conversation the minister had with the *National Post*, he talked about it being involved in promoting the rights of indigenous peoples around the world, certainly something that is important, as well as dealing with the Canadian mining industry, and dealing with how indigenous rights internationally might interact with it. Again, it is an important area, to be sure.

The minister talked as well about this office dealing with freedom of religion in the context of the subdivision of inclusion within the office. However, then he said that inclusion was not only freedom of religion; it could be sexual inclusion. I am not entirely sure what that means, but we will just move on.

It could be political exclusion, pluralism, rights of women, rights of refugees, and in the midst of aiming at dealing with almost every problem, it is not at all clear what this office will do. As we learn more, it is particularly concerning that this office is not really an independent office at all, certainly not in the sense that we once had with the office of religious freedom. This is not an independent office with an ambassador. It is in fact aligned within foreign affairs and is headed up by a director. If the government took this area seriously, it would at least appoint an ambassador to be responsible for this important area.

I will just mention as well that there is no mention in the budget of this work, of course again suggesting that the government is flying by the seat of its pants on this, but also making us wonder where the money for this is going to come from. If this comes from internal reallocation from other existing human rights activities, we are clearly no better off.

If the government was serious about international human rights, it could have maintained the existing office of religious freedom and certainly built on that existing model to explore creating other small, focused offices to deal with some of the other very worthy areas that are mentioned. I certainly think there is some value in looking at the area of international rights of indigenous peoples, but the government does not do that area or religious freedom or anything else justice by lumping it together in this ostensibly mandateless soupy office of everything.

I want to ask the government this question again. Is it willing to do the responsible thing, use the model that worked, and renew the office of religious freedom?

• (1925)

Ms. Pam Goldsmith-Jones (Parliamentary Secretary to the Minister of Foreign Affairs, Lib.): Madam Speaker, I am happy to share with the hon. member, again, the government's plan for defending human rights.

Canada stands in solidarity with anyone who faces oppression, including a threat to life, due to their beliefs. The government has taken significant steps to ensure that the important work of defending freedom of religion, or belief effectively, is included in our broadened approach to champion peaceful pluralism, respect for diversity, and human rights as a whole.

The promotion and protection of human rights, including freedom of religion or belief, as well as the right to not believe, is an integral part of Canada's constructive engagement in the world. Our government is committed to doing more in the promotion and

protection of human rights, which are indivisible at home and abroad.

As part of this commitment to human rights, on May 17, 2016, the hon. Minister of Foreign Affairs announced the creation of the office of human rights, freedoms, and inclusion. The new office expands on the work undertaken by the former office of religious freedom by bringing these efforts together in an approach that includes all human rights. The hon. member is quite right.

I am proud to say that all Canadian heads of mission will make the promotion of human rights, freedoms, and inclusion part of their core objectives. Canada's permanent representatives to the United Nations in New York City and Geneva will have a clear mandate for the advancement of human rights. This is a key component of Canada's renewed engagement with the United Nations.

As well, the budget dedicated to the promotion of human rights, including freedom of religion or belief, will be \$15 million, which is three times the amount originally committed to the former office of religious freedom.

The integration of freedom of religion or belief within a human rights framework provides Canada with enhanced ways to advocate for all rights and freedoms, including the rights of women and children, refugees, indigenous peoples, sexual minorities, and the freedom of religion or belief, for example. It reflects our enhanced effort to advance peaceful pluralism, respect for diversity, and inclusion.

The office of human rights, freedoms, and inclusion does more to enrich our societies by including those often marginalized in civic engagement and public discourse, regardless of their place of birth, mother tongue, gender, sexual orientation, religion, or beliefs.

There is much to improve upon in the field of human rights. Here at home and abroad, the Government of Canada is working continuously to promote positive change.

Mr. Garnett Genuis: Madam Speaker, it is mystifying that the government wants this new office of everything but cannot answer some very simple questions about it.

I would like to hear from the parliamentary secretary what this office will actually do. I would like to know why this office is not a real independent office, in the same sense as the previous office. Why is there not an ambassador who has the ability to speak and raise issues in a clear public way? Is this new money, or is this just the product of internal reallocation, potentially away from existing human rights activities?

Finally, why the absence of focus? Of course, we all recognize that human rights issues are interconnected, but if we are focused on everything then we are not focused on anything. Therefore, instead of this office of everything approach, can the government answer some of these clear questions and commit to a focus on some of these important areas of international human rights?

Ms. Pam Goldsmith-Jones: Madam Speaker, as I have said, the heads of mission throughout the world, acting on behalf of the Government of Canada, will put human rights, freedoms, and inclusion at the heart of what they do each day.

Adjournment Proceedings

Global Affairs Canada is building on the work that has been accomplished in the promotion of the freedom of religion or belief and enhancing Canada's efforts to protect and promote peaceful pluralism, respect for diversity, and human rights internationally.

As we know, human rights are universal, indivisible, interrelated, and interdependent. The promotion and protection of human rights, including freedom of religion and belief, is an integral part of Canada's constructive engagement in the world.

● (1930)

[*Translation*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): The motion to adjourn the House is now deemed to have been adopted. Accordingly, this House stands adjourned until tomorrow at 2 p.m., pursuant to Standing Order 24(1).

(The House adjourned at 7:30 p.m.)

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