

April 29, 2016

The Euthanasia Prevention Coalition (EPC) is a coalition of healthcare workers, people with disabilities, seniors and members of different communities that was formed in 1998. Our mandate is to preserve and enforce social, legal and medical safeguards to protect people from assisted suicide and euthanasia and to promote compassionate healthcare respectful of the lives, dignity and autonomy of vulnerable people. We have intervened with written and oral submissions in court cases, including the *Carter case*, where we intervened at every level and we have advocated through Parliament concerning bills, and motions.

EPC has 25,000 contacts and our membership base extends to every region of the country.

Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) was tabled on April 14. The imprecise language to regulate euthanasia and assisted suicide, in the bill, will enable future extensions of these acts. Bill C-14 also enables anyone to participate in euthanasia and assisted suicide, opening the door to future problems far beyond what the *Carter* decision litigated.

The parameters of this intervention require EPC to raise three concerns with the bill. There are many more problems with the bill that we hope other groups who share our concerns will raise.

The first problem with Bill C-14 is that it provides legal immunity to “any person” who directly participates in euthanasia and assisted suicide.

Section 241 (3) states: *No person is a party to an offence under paragraph (1)(b) if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying in accordance with section 241.2.* There is a similar provision at Section 227(2).

Section 241 (5) states: *No person commits an offence under paragraph (1)(b) if they do anything, at another person’s explicit request, for the purpose of aiding that other person to self-administer a substance that has been prescribed for that other person as part of the provision of medical assistance in dying in accordance with section 241.2.*

These sections of the bill are unnecessary and must be removed. No other jurisdiction, in the world, offers legal immunity to “any person” who participates in euthanasia and assisted suicide.

These sections of the bill are very dangerous because they cannot be controlled, they can be interpreted in a very wide manner and they create the perfect defense for other acts of homicide.

The second problem is that the “safeguards” are not based on objective standards.

Section 241.2 (3)(a) only requires that a medical practitioner or nurse practitioner: ***be of the opinion that the person meets all of the criteria set out in subsection (1);***

It will be impossible to prove that a medical or nurse practitioner ***was not of the opinion that the person met all of the criteria.*** An objective standard is required.

Section 241.2 (3)(a) must be amended to state that the medical practitioner or nurse practitioner: ***ensure that the person meets all of the criteria set out in subsection (1).***

Section 241.2 (3)(c) only requires that a medical practitioner or nurse practitioner: ***be satisfied that the request was signed and dated by the person — or by another person under subsection (4) ...;***

It will be impossible to prove that a medical practitioner or nurse practitioner ***was not satisfied that the request was signed and dated...*** An objective standard is required.

Section 241.2 (3) must be amended by stating that the medical practitioner or nurse practitioner: ***ensure that the request was signed and dated...***

The third problem with the bill is that it lacks a prior judicial or third-party review.

Bill C-14 enables two medical practitioners or nurse practitioners to approve the death, one of the two medical practitioners or nurse practitioners will then carry-out the death, and then the person who carried-out the death reports the death. This system does not provide effective oversight of the process.

The Supreme Court of Canada created a system of oversight on January 15, 2016 when they extended the time-frame for parliament by four months by deciding that Superior Court judges would decide whether a person qualifies for assisted death based on being ***“a competent adult person who clearly consents to the termination of life and has a grievous and irremediable medical condition that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.”***

A system of judicial or committee oversight must be implemented to ensure effective oversight of the law.