

**Brief to Standing Committee on
Justice & Human Rights on Physician-Assisted “Dying”
Submitted by Dr. Paul Saba M.D.
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This brief addresses some deficiencies – and recommended remedies -- of the proposed law on euthanasia and physician-assisted suicide. Above all, this brief proposes a focus on physician-assisted “dying”.

To start, many health care services are inadequately available in Canada thereby creating a significant risk that patients will not be able to exercise genuine free and informed consent to end their lives. Second, there is the always present danger of physicians rendering an incorrect diagnosis and/or prognosis. Third, such a proposed law unquestionably discriminates against persons who are depressed, suffering from chronic conditions (i.e. the majority of Canadians), disabilities or poor.

These challenges presented by the law mean that people who are in need of medical care -- but lacking adequate services at the most vulnerable time of their lives -- could be forced to end their lives prematurely by euthanasia or physician-assisted suicide because of a lack of appropriate care. Any law should respect the principle that people must have a right to have their medical condition or suffering treated at the end of life -- and not be pressured to end their lives prematurely and intentionally.

The proposed law as presently drafted goes against common sense, our humanity and our health laws. Our federal and provincial governments should adequately fund and provide the best healthcare for all their citizens. Euthanizing citizens may save money but this violates all civilized human values.

The proposed law also violates certain international conventions and agreements on health and life that the Canadian government has committed to and signed. Indeed, these agreements oblige Canada to implement quality healthcare services for our citizens -- including palliative care -- that are greatly lacking. How we treat our fellow citizens’ at the most vulnerable time of their lives is a measure of our humanity as a society.

Accordingly, this brief suggests an approach of physician-assisted “dying” – not euthanasia or physician-assisted “suicide”. The proposed framework will incorporate the highest quality of medical care that includes broadly available and accessible palliative care. Thus, the proposed law would both protect those who are at risk of dying needlessly and respect patient autonomy.

REFER TO THE APPENDED PROPOSED AMENDMENTS TO BILL C-14

The goal of these proposed amendments is to provide physicians with the ability to practice emergency palliative care on patients who are actually at the very end of life and suffering. This would respect the Canadian Charter of Rights and Freedoms and be consistent with the Supreme Court decision in *Carter*. Specifically, it is proposed that “nurse practitioners” not be granted authority under the law since the Carter ruling does not provide for them. ***Additions are in yellow and deletions are in red.***

Other Issues: Doctor-assisted suicide and euthanasia for "mature minors" and the depressed.

Some proponents of doctor-assisted suicide and euthanasia continue to recommend extending euthanasia to some of society's most vulnerable citizens, including children who are "mature minors" and the depressed.

Children possibly as young as 11 or 12 could see their lives ended prematurely without parental consent and/or prior notification. Anecdotally, the case of Nadine illustrates the serious consequences of enacting such a provision. At 14 years old, she was diagnosed with an aggressive form of leukemia. She underwent multiple chemotherapies and a failed bone marrow transplant. She was told that she had little chance to survive. She states that without the loving support of her family, she would have given up. Today at age 19, Nadine attends college and she is well and happy to be alive.

Preview YouTube video: **Canada's Dark Road of Child Euthanasia and Assisted Suicide**
<https://www.youtube.com/watch?v=5-3wHtTJQg>

In Quebec, the Human Rights and Youth Protection Commission filed a brief during the consultation hearings of the Parliamentary Committee. This Commission is a special advisor to the National Assembly and the government on legal matters for proposed legislation. In its brief, it warned the government that it would be considered to be discriminatory if the law does not offer to children and mentally handicapped persons access to euthanasia. Court challenges are to be expected by people who fall within these categories.

Dr. Paul Saba's Commitment Against Doctor-assisted Suicide and Euthanasia

History has taught us that killing the weak and vulnerable is a formula for disaster. The Romans encouraged the weak, sick and depressed to kill themselves. In 1938, Germany started euthanizing handicapped children. Today, Belgium and the Netherlands euthanize children, the depressed and those tired of life.

Montreal is where I live and practice as a medical physician. As President and Founder of the *Coalition of Physicians for Social Justice* [<http://coalitionmd.org>], my progressive ideas have included promoting quality medical care for the poor, the incapacitated, the elderly and the young. However, I do not consider euthanasia and doctor-assisted suicide as progressive. Presently, in the province of Quebec, many citizens have already been euthanized under a cloud of government-controlled secrecy, despite a requirement of an oversight committee. [<http://coalitionmd.org/en/quebecers-call-to-stop-euthanasia-bill52-quebec/>]. Quebec's provincial medical board has mandated physicians not to write on the death certificate that their patients have been euthanized. Indeed, there is a threat – express and implied -- of sanctions and possible loss of physicians' licenses if they fail to comply.

As a physician, I refuse to inject a lethal substance into a patient [or refer any patient to be so injected] since the intention is to prematurely end a person's life. Accordingly, I have launched court challenges to disallow the governing euthanasia law in Quebec. Nevertheless, I realize that disobeying this law risks the possible loss of my medical license.

There are ten (10) key reasons why I oppose the law as presently drafted – as well as any extension of its scope to mature minors and the depressed.

1. First, and foremost, every life is valuable.

2. Errors in medical diagnosis occur in up to 20% of cases. Two of my patients were told that they had lung cancer and they did not.
 3. People will be encouraged to throw away their lives needlessly. This is because prognosis or predicting the life expectancy is an inexact science as in the case of Nadine (SEE Video referred to above). Also, SEE the story of Sylvain, Sherley and 5-year-old Jolyanne. <http://www.newswire.ca/news-releases/a-five-year-old-canadian-girl-and-family-pleads-with-the-prime-minister-of-canada-for-the-sake-of-our-families-say-no-to-euthanasia-564148521.html> or <https://www.youtube.com/watch?v=p7RQL8ATEUA>
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4. "Mature children" do not have the psychological or cognitive ability to reason like adults, that is, why they cannot drive, vote, enter into civil contracts or get married.
 5. People faced with a serious diagnosis are more likely to be depressed. A depressed person cannot make a free and informed decision to end her/his life because of feelings of hopelessness.
 6. Quality medical care includes providing palliative care -- which is different from euthanasia. Doctors can reduce the suffering of end-of-life patients with palliative care. However, unfortunately many Canadians do not have access to quality palliative care.
 7. There is the real danger of elder abuse. This is well documented. As a family physician, I have had to engage the services of social workers to intervene in some cases that were quite obvious. No safeguards will prevent a family member from forcing a parent, grandparent, brother or sister into accepting euthanasia or assisted suicide for financial gain.
 8. The few jurisdictions that practice euthanasia are unable to establish workable safeguards. For example: in Belgium, 32% of euthanasia deaths are performed without specific request or consent; and, 47% of cases go unreported.
 9. Many civilized societies (e.g. the United Kingdom, Scotland and France) have recently rejected such legislation because of the inherent dangers to their citizens.
 10. The World Medical Association [that represents 9 million doctors in over 100 countries] denounces euthanasia and advises physicians not to practice euthanasia even in jurisdictions where it is permitted.

The evidence is overwhelmingly clear — euthanasia and assisted suicide is not the solution for suffering. Many wise people have stated that insanity is repeating the same thing over and over again and expecting a different result.

Our citizens need to be cared for and not killed. How we treat those at the most vulnerable moments in their lives in our society, is a measure of who we are as a society.

Dr. Paul Saba M.D.