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The Standing Committee on Justice and Human Rights,  
House of Commons  
131 Queen Street, 6-07  
Ottawa, ON, K1A 0A6

## **Proposed Amendments to Bill C-14**

Dear Committee Members,

Thank you for inviting us to submit our comments on the proposed Bill C-14. We have previously been involved in the consultative process culminating in this Bill and we are pleased to submit several recommendations for amendments. Our views are not necessarily representative of the institutions with which we are affiliated.

There is much to be commended in the legislation as drafted, for example the safeguards to protect vulnerable patients and the somewhat clearer eligibility criteria than those offered by *Carter*.

However, Bill C-14 does not contain any protection of conscience rights. Many doctors and other healthcare workers object to assisted suicide and euthanasia on the grounds of moral conscience; others object as a matter of professional ethics, which is no less an objection of conscience. In paras. 130-132 of the *Carter* decision, the Supreme Court held “a physician’s decision to participate in assisted dying is a matter of conscience and, in some cases, of religious belief.” The Court then invited Parliament, along with provincial legislatures and physician’s colleges, to implement a scheme which protects these rights.

Parliament is free to craft an exception to a criminal prohibition on what terms it sees fit, even while the regulation of professionals is not within the scope of Parliament’s constitutional jurisdiction. There is a necessary interplay between, and overlap of, federal and provincial jurisdiction on many matters related to assisted suicide.

By legislating that any participant in an assisted suicide be a **willing** participant, Parliament would ensure that those who object as a matter of conscience cannot be compelled to participate in an assisted suicide or euthanasia.

The preamble to the legislation should also express support and recognition of the rights of healthcare workers who object to participation in assisted suicide and euthanasia.

**We also strongly believe that the processes and outcomes of physician-assisted suicide and euthanasia must be transparent and a matter of public record.** This is required to allow for research to determine whether the systems in place are safe, effective, reasonably free of error, and non-discriminatory. This requires physician-assisted suicide or euthanasia to be noted on the death certificate, the cause of death and contributing causes of death be recorded, and (at least initially) coroner's investigations be done as needed. This is especially important if the penalties for a physician's "mistakes" are absent or minimal. We need to be certain that people are not being killed by mistake.

**We also strongly believe that a comprehensive vulnerability assessment is required before a patient can access physician-assisted suicide or euthanasia.** This is necessary to ensure the "voluntariness" of the patient and is a requirement of informed consent. This assessment must include an assessment by a clinician with expertise in the patient's disease or diagnosis, in order that the patient be fully informed of her options and prognosis. This vulnerability assessment should be completed before the start of any waiting period.

#### **Recommendations for Amendments**

We make the following recommendations to amend Bill C-14:

- 1. The exceptions to the laws against culpable homicide, aiding a suicide, and administering a noxious thing should only apply to physicians and health care workers who are willing to participate in these acts.**
- 2. Parliament should require that death certificates clearly identify deaths which occur under the exceptions to the laws against culpable homicide, aiding a suicide, and administering a noxious thing.**
- 3. Parliament should require in Section 241.2(3) that individuals requesting physician-assisted suicide or euthanasia receive a clinical assessment from a physician with particular expertise in that individual's disease or diagnosis, that the patient be fully informed of his or her prognosis and options for care, and that this assessment occur prior to the start of any required waiting period. Failure to comply with this requirement should be an offense as per Section 241.3.**
- 4. The preamble to the legislation should be amended to specifically recognize the rights of healthcare workers who object to participation in assisted suicide and euthanasia.**

We thank the Committee for considering our comments.

Sincerely,

**Dr. Althea Burrell, M.D., FRCP(C)**

**Mr. Daniel Santoro, LLB**