

Brief to The Standing Committee on Justice and Human Rights

Re: Bill C-14, an Act to amend the Criminal Code and related acts.

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Suggestions for revisions to the proposed act:

1. The Supreme Court's deadline is for the passage of legislation by June 6th. The constitution requires Parliament to set the legislative agenda on behalf of all Canadians to create laws. Therefore, Parliament should change the deadline for passage of an assisted suicide act until it has met its due diligence in examining this very complex issue. In the interim, a temporary act that allows for assisted suicide should be passed for those people with unbearable and overwhelming pain and symptoms near the end of life. Once proper study, consultations and genuine consensus have been reached, a new law should be passed with clearer criteria and a more thoughtful procedure to access state sanctioned death.
2. To minimize the inevitable abuses under any new law, there must be a requirement to get legal approval in advance of euthanizing a person. Post-mortem reporting is not a sufficient safeguard regardless of two physicians and two witnesses agreeing. Death is irrevocable. We know from capital punishment cases as well as medical malpractice cases that mistakes happen; and they happen quite often because of discriminatory practices or over empathizing with patients who do not want to die but who professionals deem would be better off dead than alive.
3. Euthanasia should only be permitted in those cases where state-sanctioned and pre-approved **assisted suicides have failed**. People within the criteria of the act should be given the necessary means to end their lives themselves. They should not be able to request that someone kill them as the probability of direct and indirect abuse is well documented. No one should directly kill the patient except if the person's state-sanctioned attempt fails. The person should make the ultimate decision and act on that decision themselves surrounded by those they love and experts in the field who can be there to ensure that death occurs.

4. The law must be outside of the health care system. Physicians have a confidential relationship with their patients and, as seen in other jurisdictions, will use that confidential to fulfill a voluntary or involuntary euthanasia without prior approval or post-mortem reporting. State sanctioned death must be public and transparent. This would also negate the need for protocols for physicians who have conscientious objections to the act.
5. Families should not benefit financially from an early death of a loved one. Therefore, assets left to them by their loved one's will or insurance policies cannot be dispersed until after that person's actuarially-determined natural lifespan. Other aspects of the person's Last Will and Testament can be probated upon death.
6. Hospitals and healthcare professionals must not be permitted to counsel patients to die prematurely in order to assist with organ donations. There is a clear conflict-of-interest in such cases.
7. Since many pro-euthanasia and pro-assisted suicide advocates suggest that less than 5% of Canadians would ever use such a remedy, I recommend that the act legislate a priority to funding pain and symptom control research, suicide prevention research and hospice palliative care research first. We have spent decades debating assisted suicide while not improving the overall care and supports of dying and chronically ill people. We have allowed an environment where people would rather die than live rather than providing the majority of such people with the proven care that affirms living a fuller life with one's family, friends and community until a natural end of life.
8. Monitoring and research into the outcomes of any law that allows assisted suicide and/or euthanasia must be done objectively by a third party like Statistics Canada or the Auditor General. No jurisdiction has such third-party research to ensure compliance with the act and identification of trends and gaps that inflict undue pressure on vulnerable populations, including the elderly and people with disabilities. This research must be presented to Parliament directly to avoid political pressures within either the Health or Justice ministries. The act must specify how Parliament will deal with any increased risks to vulnerable people.

I have been involved in end-of-life issues as a patient advocate, family caregiver, author, and teacher (e.g., post-grad course in dying, death and bereavement at U of Toronto) with over 30 years of study in this field.

I have no political nor religious affiliations. Therefore, my opinions are not filtered through any political or religious beliefs but rather through a historical study of the consequences of legalizing death in any form.

I would be pleased to respond to any questions either by email/telephone, or by presentation to the committee.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Harry van Bommel', written in a cursive style.

Harry van Bommel