

Bill C-14 (medical assistance in dying)

Brief presented to the JUST Committee and concerned Ministers and Members of parliament

Brossard May 1st 2016

Greetings

I would like to share with you my concerns about Bill C-14. (medical assistance in dying)

Considering that:

The decriminalization of assisted suicide and physician-assisted death is a serious danger for the life and dignity of Canadians, particularly the most vulnerable.

Vulnerable people are already the target of abuse, contempt or disregard.

Everywhere else this has been legalized, we see an ever growing number of people and health conditions less severe accepted for assisted death, despite the safeguards measures.

Suicide thus being normalized, validated as a legitimate solution to suffering, "common" suicides increase too.

Canada is already seeing an "epidemic" of suicides in some communities.

From an ethical and societal perspective, physician-assisted suicide is worse since it involves the requirement that another person kills, becomes an accomplice or executor.

Although it is not possible to prevent all suicides, we have a responsibility, a duty to do everything possible to prevent and not increase them.

Although there may be an understandable desire, in some ways for some individuals, at certain times to end their lives and seek help to accomplish, this cannot be considered a need, a care, a choice or a right that the "society" should be allowed or obliged to provide. The precautionary principle should apply to this issue for the safety and security of all citizens and the reduction of overall suicides.

This bill opens a radical change in the fundamental values of our nation in that it seems to give priority to a desire for suicide, for assisted death and to the obligation to participate in the putting to death as opposed to the right of the conscientious objector, the right to life, safety and the value of the human person regardless of his condition or abilities

Depression is a frequent condition often accompanying other medical ailments and should be detected and treated before considering medical assistance to dying.

It is appalling and shocking that we push access to death as a right even as we can't guarantee access to good health care especially in regards to pain control, palliative care, mental health and geriatrics.

Doctors and health care workers will be torn between their usual role of caring and the new role of putting to death, and are without protection for their right to refuse to participate for reason of conscience.

I would urge you consider with utmost seriousness the consequences of the proposed bill C-14 and your votes.

Since it seems impossible to invoke the notwithstanding clause, (It is not desirable to leave a legal vacuum)

here are the most problematic elements to reconsider in the C-14 bill

-Do not agree to broaden the eligible conditions. I know there will be pressure.

-Add a protection for the right of conscientious objection: Nothing is said about this in C-14

Given the very fundamental nature of the values involved here, the risks of the failure of the controls, and that health care workers have always had the task to cure, treat, improve, relieve and not to kill, (a complete reversal) it is imperative to protect the rights of conscientious objectors, for whom even to refer is the equivalent of being an accomplice of a serious and criminal act, like telling a suicidal person where to find a weapon. Provincial health departments have their own agenda and will try to get health care workers to participate even against their conscience and beliefs. The federal government must prevent coercion or intimidation and the risk of penalties for conscientious objectors. We must protect the freedoms and choices of health workers also.

One could say: Although there is a permission and an exemption to the Criminal Code for cases mentioned in regard to medical assistance in dying, no professional or health care worker or institution shall be obliged to participate in any way in the process of bringing a patient to receive the said medical assistance to die. It would be to provincial health departments to establish references procedures that do not require the participation of the objectors, such requests could come directly from patients to designated authorities. There could also have care units or parts of units of certain institutions reserved for such purposes. Not all specialties are in all hospitals, why should this be considered a more essential service?

Reasonable but mistaken belief: 227 (3) and 241 (6)

Remove this: too much potential for abuse. We could excuse too easily or take away the responsibility of someone who would say that he believed the patient to be eligible but who lies or was negligent to check everything or hides behind the famous: "I was just following orders". This is unacceptable for such a lethal mistake.

-Criteria Of eligibility 241.2 (1)

-**add** a requirement of psychological assessment, to exclude a person who is depressed because the person could choose differently if he was not depressed. A necessity to treat a depressed patient.

d) It is almost impossible to be certain that there is no pressure felt, in fact once the possibility of "departing" is available choosing to stay would be felt like choosing to be a burden. What an implied pressure!

-Medical conditions 241.2 (2)

a) " have a serious and incurable illness, disease or disability;"

we may add, that the person was offered, all other relief measures available and it was documented.

c) Remove psychological suffering.

d) Specify terminally ill or that death is inevitable and imminent (instead of reasonably foreseeable which is subjective and open to interpretation) or at least say that natural death is **reasonably foreseeable in the short term or very short term.**

-Safeguards 241: 2 (3)

b) (i) exclude signed by a third person

g) 15 days : it is very little and can sometimes be reduced. Where is the emergency? Do we fear that the person may die or change his mind before we give him death ?.

241: 2 (4) exclude signing from a third party: hard to ensure that it is the will of the person even if it is done in his presence.

-We should add that instead of just two doctors, **an assessment by the court or an independent committee before applying the medical aid in dying.** After it is too late because the person is already dead.

-For assisted suicide, a cocktail that the person would take to her home or elsewhere outside of medical supervision: How do we make sure that another person would not have forced the gesture or that another person does not get killed with the product?

-241.4 Since it will be important to have accurate information because of the seriousness of the process, it will be necessary to write without concealing the true cause of death of the patient (injection or swallowing of the lethal product on death certificates.)

There would be much more to say and it is difficult to summarize all the issues involved but I will finish here

Thank you for your attention

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“A nation’s greatness is measured by the way it treats its weakest members” Mahatma Gandhi, Jimmy Carter and many others