

Right to Die Society of Canada

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Standing Committee on Justice and Human Rights
Sixth Floor, 131 Queen St.
House of Commons
Ottawa ON
K1A 0A6

Recommendations concerning Bill C-14 (medical assistance in dying):

1)

Do not invoke the mythical **duty to live**, e.g. by requiring that people accept their misery until bodily breakdown is imminent. With whom would we have contracted such a duty? Since we had no say about getting into life, we deserve to have some power over getting out.

Just use the language of the Court – irremediable condition, intolerable suffering – **EXCEPT**

2)

Do not follow the Court in speaking of **consent**. In the context of a law about death, this term will alarm many. It is also dated – it harks back to the days when all the plans were made by the doctor and the patient's role was just to say "Oh, all right".

Instead present the doctor's role as explaining to the patient what the various **options** are (one of them being MAID), then accepting the patient's **choice** (pointing to a referral database if necessary).

3)

Consider permitting not only **escape** from suffering but also **avoidance** of it – e.g. say that MAID is available to people who are already suffering intolerably **or** who have one or more conditions which alone or jointly will probably start to cause intolerable suffering within a year.

Since administering euthanasia pre-emptively might be psychologically difficult for doctors (a perception of suffering being necessary in order to let them overcome their instinctive reluctance to end life), the avoidance situation could be restricted to people who are willing to self-administer the medication.

4)

Modify the exclusion of people whose suffering stems primarily from an illness described as mental, by making an exception for patients whose condition is clearly refractory – e.g. those who

- a) have endured more than 5 years without adequate improvement, **or**
- b) have tried more than 10 different drugs or other therapies without adequate improvement, **or**
- c) have tried 3 or more different professionals or facilities without adequate improvement.

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