

Brief to the Standing Committee on Justice and Human Rights RE Bill C-14
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Citizen

Dear Honourable Members of the Standing Committee on Justice and Human Rights

I sincerely thank you for serving as Parliamentarians on this committee, especially given the very difficult nature of the subject of euthanasia and assisted suicide. To serve your country in this manner at this time is an honor and grave responsibility. Future generations of Canadians will look on these times as crucial and pivotal regarding the quality of life in Canada.

I, as an average Canadian, wish it known that I am against physician assisted death/suicide/euthanasia in Canada.

I believe every person lives with dignity simply because they are alive. It is an inherent truth each human has. The beauty and wonder of their life never relies upon their need to depend on others to care for them, nor on their illness. And so I believe we all live with dignity and die with dignity.

I am deeply disturbed by Bill C-14 because I believe it will irrevocably change and erode the celebration and respect for life which we currently have in this nation. I believe that it will cause suicide to be normalized and this would be a tragedy in light of the recent suicides in Attawapiskat.

I believe this legislation would succumb to a broadening of its terms. It would be inconceivable to think Canadian doctors would be authorized to also perform assisted suicide in the case of autism, anorexia, borderline personality disorder, chronic fatigue syndrome, partial paralysis, blindness coupled with deafness, and manic depression: all of which are now legalised in Belgium. How could you prevent the broadening of its terms and therefore the protection of our fellow Canadians?

When people are sick, in pain, and suffering, they are weak and vulnerable and most likely to choose this option in a moment of weakness. I believe that the current blanket prohibition is the only way to protect vulnerable people. There will never be enough safeguards to protect the life of vulnerable people. If even one person dies as a result of being coerced, or not given the opportunity to change their mind at the last minute, that is one death too many.

Let us be a nation of life, not of death.

Let us be a nation that knows how to walk with people when they are sick and very scared.

Let us be a nation that can look at death as being part of life, and may we help people experience the best end of life possible.

Let us be a nation that respects and honors our elders.

Let us be a nation that seeks to help find solutions to the end of life issues.
Let us be a nation where effective palliative care is available to all Canadians.
Let us be a nation who stands apart from the global trend to offer death to the weak and vulnerable as a viable solution.
Let us be a nation that does not fear sickness and disease.
Let us be a nation where we can trust our doctors and governments to never be economically motivated by physician assisted death.
Let us be a nation where there are no businesses that profit by delivering this service.
Let us be a nation strong enough to engage the fear of death in a way that citizens can rely on their doctors to provide life giving advice and not fear abandonment.
Let us be a nation free of suicide.
Let us be a nation of life and hope.

To quote the Association for Reformed Political Action(ARPA):

“An independent legal analysis commissioned by ARPA Canada has proven that Parliament can still prohibit all euthanasia and assisted suicide without invoking the notwithstanding clause by clarifying in law that the purpose of an absolute prohibition goes beyond what the Supreme Court mistakenly concluded it was in the Carter Decision. The Court thought that the objective of the criminal prohibition on assisted suicide was merely to protect vulnerable persons from being induced to commit suicide at a moment of weakness. The Court thought that the objective was not to protect life broadly speaking, or even to prevent suicide. This distinction effectively determined the outcome of the case. But what if the purpose or objective of the assisted suicide law was actually much broader than the SCC thought? Parliament has opportunity now to clarify.

Parliament can enact a complete prohibition on assisted suicide, without relying on the Notwithstanding clause. (You may do so) by explicitly stating in a new law that the purpose of the prohibition is broader than merely protecting vulnerable persons in a moment of weakness. We respectfully urge Parliament to seize this opportunity while it still can to pass a new law which maintains and enforces the longstanding common law principle of the inviolability of life by prohibiting assisted suicide and euthanasia as acts that are intrinsically legally and morally wrong.

An extended legal opinion defending the constitutionality of this option is available at <https://arpacanada.ca/assisted-suicide-total-ban.pdf> “

I believe that Bill C-14 places far too much power in the hands of medical and nurse practitioners and the safeguards cannot be maintained. How can we ensure vulnerable people are protected when those prescribing, providing, and reporting on assisted death are one and the same? Will doctors self-report abuses? The information gathered by them will have no value other than statistical. How could you hope to protect and prevent someone from being coerced into an early death? You could not. We do not live in a perfect world where elder abuse does not exist and where vulnerable people are never coerced. How will you be able to guarantee that a physicians' personal views on what makes life valuable will not lead a patient to choose suicide when other options

would be available? I would want to interview a prospective doctor to know his/her views.

I am concerned that the protection of conscience for medical and nurse practitioners and pharmacists is not clearly stated in this bill. How could you protect the nurse practitioner who does not have the same power and influence as doctors? I imagine that they would have great difficulty and little support defending their right to not assist in the death of their patient. How will you protect them and the fallout if they are forced to do what is unimaginable to them and which goes against their training?

In this bill, there is no requirement that people who suffer be at the end of their life. It is enough that their death has become "reasonably foreseeable" and without a definite prognosis, how can anyone know when that might be? We have all heard cases of people given six months to live and they live on for many years, sometimes with recovery.

And how can you guarantee that they will be given the opportunity to change their mind up to the last minute? If a person didn't have to deal with being a burden to their family before, they might certainly have even greater difficulty stopping the process once it has started. I think it is a stretch to believe that every person who is about to help administer the suicide drug to their loved one will eagerly lean in and say "You can still change your mind now." and not be the least bit affected by a delay or change of heart. That to me would be even harder to do than the initial decision and impossible to police. How could you prevent murder and coercion?

I ask that this committee ask for a complete prohibition of assisted suicide and to ensure the law is strengthened to prevent physician assisted suicide.

This bill would change our attitudes toward the value of life. How could we ever come back from that? I do not want to live in a country where suicide has become normal for the sick, dying, fearful, and vulnerable people are encouraged to end their life.

Thank you for your consideration.

Respectfully,

Jo-Anne Phillips