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Child Neurology

Developmental Paediatrics

The Standing Committee on Justice and Human Rights

The House of Commons

131 Queen Street, 6-07

Ottawa, ON, K1A 0A6

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Dear Committee Members,

I am grateful for the opportunity to provide comments on Bill C-14. I currently practice as pediatrician with a special interest in child neurology and developmental paediatrics. The population I serve is culturally diverse, and includes a large number of patients with chronic diseases or disabilities. In my post-graduate training I spent two years as a resident in family practice, in addition to completing residency training first in paediatrics and then in neurology. I am writing as a physician who understands his profession as a liberal art focused on the personal relationship between doctor and patient, for the purpose of education, prevention and healing.

Healing can be defined as restoring function of body and mind when compromised by an illness or injury, and is strictly tied to health education, disease prevention and research in the fields of medical science. In terminal and chronic conditions, where a cure cannot be achieved, healing restores the patient's integrity by effective symptom control, fostering acceptance of his current circumstances and finding meaning and purpose in his relationships.

In this context, medical assistance in dying (MAID) consists of palliative care. It respects a patient's decision to refuse treatment, but it must always affirm the inherent value of each patient and the value of his life. It cannot include cultural practices such as assisted suicide or euthanasia, which endorse the belief that a particular life may not be worth living, and therefore are not acts of healing or caring.

The concept of healing presupposes that each human being has a given physical and mental makeup that flourishes under certain conditions, and suffers when these conditions are not met. Healing is meaningless if we believe that man can (or should) craft himself, his life, and his death according to his own desires, since this would imply denial of an objective state of well-being that can be achieved or restored. The concept of "disease" and "cure" also lose objective meaning. What we have instead, is the individual's subjective imagination and will.

I would like the Committee to give serious consideration to amend Bill C-14, to allow physicians and health-care institutions committed to healing, to opt out from direct or indirect involvement in physician assisted suicide (PAS) and euthanasia.

Individual patients and communities would greatly benefit from this provision in a number of ways:

- Patients would have access to physicians whom they can trust to act in a principled way, according to the best of their judgment, in light of the inherent value of life.
- To know that a physician and allied professional are part of an institution where PAS and euthanasia are not practiced, promotes a positive, therapeutic relationship between doctor and patient, helps allaying the fears and anxieties experienced during a serious illness, and encourages the patient to engage fully in his current circumstances.
- Opted-out Physicians and allied professionals would work in an environment that values and rewards their commitment, effort and creativity in providing care in difficult, challenging situations.
- Vulnerable patients would be free from subtle or explicit pressures, to consent to life-ending measures. They would be spared the distressing ambivalence of perceiving their care givers also as potential killers.
- Patients who chose to be cared for in an institution opted out from PAS and euthanasia would not have to fear becoming victims of the abuses and errors that any practice is inherently prone to. In the case of PAS and euthanasia, the consequences of abuse or error are irreversible.
- In absence of opted-out institutions and physicians, patient might seek care in jurisdictions where PAS and euthanasia are illegal. This is the case in Holland and Belgium, where elderly patients often seek care in neighboring Germany. In Canada, such option would only be possible for individuals with sufficient financial means. Access to medical care as healing practice, free from PAS and euthanasia should be a choice available to every Canadian.
- Large communities within Canada who uphold the sanctity of life, including practicing followers of the historic religions (e.g.: Judaism, Christianity and Islam) would find support in opted-out institutions as they try to maintain, in accordance with their beliefs, a sense of meaning and purpose in the face of disabilities, chronic disease or approaching death.

- Talented and principled young people, with an aptitude to the practice medicine as a healing art, and members of minority groups who understand PAS and euthanasia as unethical, would not be discouraged or barred from pursuing medicine as a profession, if opting-out were possible. This would ensure diversity within the medical profession.
- Allowing physicians and institutions to opt out, would prevent a shift of power and resources away from Canadians who wish to live, in favor of those who wish to die. It would be a step forward to extend access to palliative care to all citizens, rather than the currently estimated 30%.
- Opted-out physicians and institutions will help preventing erosion of the understanding that all human beings are of equal value, regardless of their age, socioeconomic status, abilities, and general health.

To conclude, I would like to thank the Committee for considering my comments.

With best regards

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