



**Brief to the House of Commons Standing Committee on Justice and Human Rights  
Study of Bill C-14, an Act to amend the Criminal Code and to make related amendments to  
other Acts (medical assistance in dying).**

**May 2, 2016**

Bill C-14 is a measured legislative response to the Supreme Court of Canada decision on *Carter v. Canada* (SCC Carter). The Bill, while not perfect, provides proximate steps to needed regulation and continuing public deliberation on medical assistance in dying (MAID). In this brief we wish to provide reflections and recommendations on: the successful passage of legislation in advance of the SCC's June 6 deadline; the reporting and review elements of C-14; the protection of vulnerable people; and conscience protections for medical practitioners and institutions.

**Royal Assent by June 6, 2016.**

Many people in Christian communities have significant reservations about the legalization of MAID. This is reflected in official positions of our church communities. However, we recognize that SCC Carter requires a legislative response by June 6 of this year. Under these circumstances it is our preference that MAID be carefully regulated and rare. While Bill C-14 raises questions and issues for continuing public discernment we believe that passage of a bill that regulates MAID is an important means to avoid a vacuum in this critical realm of law. We recognize the challenge of meeting the deadline and most certainly support prudent Parliamentary measures to do so.

**Reporting and Review:**

We also recognize that recent advancements in life sustaining medical care do not necessarily enhance human dignity and quality of life at its end stages. This contrast is a foundation of the struggle to weigh the legal principles of sanctity of human life and autonomy in SCC Carter and a broader societal struggle to grapple with end-of-life care ethics. This is an important public dialogue that we believe must be sustained. We also recognize that fulsome answers to the many perplexing legal and ethical questions take time—time that is not currently available with the June 6 deadline looming. C-14 is therefore a proximate set of answers to pressing ethical and legal questions. For this reason we appreciate the *Review of Act* provisions of Bill C-14.

In correspondence with Minister Wilson-Raybould we called for regular statutory review that is robust, fully consultative, and empowered to recommend legislative amendments that will address the ethical and legal challenges likely to arise. Such review must necessarily include reflection on meaningful data sets.

**Recommendation 1:**

*That the collection of data referred to in Regulations (at p. 9, line 17) be mandatory, and be provided to Parliamentary Committees for any five-year review, and be provided on an annual basis to the public (with appropriate privacy safeguards) in the interests of transparency and evidence based public dialogue on MAID policy development.*

**Vulnerable Persons Standard:**

We note that an advisory group related to the Vulnerable Persons Standard has stated that Bill C-14 provides minimum standards for the protection of vulnerable persons from harm in a MAID regime. We agree with their statement that “Great care is needed to ensure that eligibility criteria and safeguards are clearly understood, rigorously applied and carefully monitored.” In this light we wish to express our appreciation for the current eligibility requirements on Bill C-14. In addition, we ask that *non-legislative measures* to come regarding wider eligibility (advanced requests, mature minors, and persons with mental illness—as discussed in the *Preamble* p. 2 line 20ff) be the subject of robust and inclusive dialogue that specifically incorporates the voices of disability advocates.

**Recommendation 2:**

*That the eligibility standards of Bill C-14 be maintained as a minimum standard of protection for vulnerable people.*

**Recommendation 3:**

*That a clause be added under “Safeguards” (C-14 p. 5 ff) requiring that a patient requesting access to MAID be presented with complete information regarding treatment and support options to alleviate suffering .*

**Recommendation 4:**

*That the Standing Committee on Justice and Human Rights encourage the Minister of Health and the Minister of Justice to pursue broad and inclusive public and stakeholder consultations in the process of the development of non-legislative measures referred to in the Preamble of Bill C-14.*

**Conscience Protection:**

Conscience protection of medical care providers is a matter of deep significance in any MAID regime. We note that Bill C-14 makes a single reference to conscience protection in the *non-legislative measures* referred to in the last paragraph of the Preamble. We expect that conscience protection is a matter for policy development at the level of provincial governments and medical regulatory bodies. Therefore, there will be a troubling lag in the development of



conscience protection for medical care providers following the passage of Bill C-14. Addressing this lag is a matter of urgency.

*Recommendation 5:*

*That the Standing Committee on Justice and Human Rights encourage the Minister of Health to, as a matter of urgency, engage with her provincial counterparts and appropriate regulatory bodies, for the development of a pan-Canadian solution to conscience protection for medical care providers and institutions with respect to MAID. Conscience protection of practitioners and institutions must be balanced with patient autonomy and reasonable provision for access to MAID services.*

### **Conclusions**

SCC Carter institutes MAID as a legal reality in Canada. This causes concern in our communities, but we recognize the critical importance of avoiding a legal vacuum on this issue. Therefore, with the caveats noted above, we hope that Bill C-14 is passed into law in advance of the June 6, 2016, SCC deadline. We hope that legislative review and regulatory reporting requirements will be part of an ongoing dialogue to address the perplexing ethical questions that relate to end-of-life suffering and care. We note that, while palliative care is outside of the specific scope of Bill C-14, it too is an essential part of the needed dialogue on end of life care and ethics. The careful MAID eligibility provisions of C-14 are a minimum standard for the protection of vulnerable persons. We hope that ongoing deliberations on wider eligibility criteria will include the full participation of disability advocates and other stakeholders. Finally, we note with concern the lag time in the legalization of MAID and the needed development of a pan-Canadian approach to conscience protection for medical service providers.

We wish the members of the Justice Committee the blessings of wisdom and discernment for the study of Bill C-14.

For further information please contact:

Mike Hogeterp  
Director, Christian Reformed Centre for Public Dialogue  
Algonquin Territory  
140 Laurier Avenue West  
Ottawa Ontario  
K1P 5J4  
613.686.6298 [mhogeterp@crcna.ca](mailto:mhogeterp@crcna.ca)