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To: The Standing Committee on Justice and Human Rights,
House of Commons Ottawa ON K1A 0A6

Re: Bill C-14: Legalizing “medical” assistance in dying – The perfect cover for murder!

Rather than being a “harm reduction model”, this Bill is a “harm facilitation model” for Canadians.

As lawyers, we express some of our grave concerns with many parts of this imprecise and vague legislation:

1. Bill C-14 allows “a person” to assist in a suicide (even though it is so politely called “medically assisted dying”): In Section 241(5)(b) there is an exemption from the prosecution of any “person” aiding in the suicide of another person. This would cover suicides at home. This is shockingly remiss. Anyone with absolutely no expertise in health care can “aid” in an assisted death, not necessarily in the presence of a nurse or doctor, but “aiding” them in providing “MAID”. Did the Supreme Court not contemplate legislation where DOCTORS ONLY would administer assisted death? The Bill will allow many opportunities for abuse by lay people, from family members, unrelated care givers, or self-interested persons who wanted to take advantage of the patient. **The provision for nurse practitioners or “any person” administering lethal injections, or “any person” being exempted from prosecution for administering lethal injections is dangerous, and should be removed.**

2. Under Bill C- 14, there is no restriction in storing lethal medications at home, since “anyone” can assist in a suicide under section 241(5)(b): Is this not like having a loaded gun available to all family members in the home? Suicide is often a rash act. What if a family member is alone at home and takes the drug? What if “a person” does not properly administer the lethal injection and the patient does not die? This could be extremely traumatic and dangerous for all involved. A patient could be permanently disabled. Would we then have a doctor come in to the home to ‘finish off’ the patient. Is this what we want in Canada??? **There should be a prohibition against “anyone” administering a lethal injection.**

3. “Reasonable but mistaken belief” provides a loophole for outright murder: Section 227 (3) has a civil test, not a criminal test, for exemptions from prosecuting people who commit or assist in a “medical death” in error. Presumably this would involve killing of a patient who did not intend to be killed. Section 241 (6) provides loopholes for those who wrongfully cause another’s death. In its current state, Section 241 (6) will enable the outright killing of vulnerable people who have no one to advocate for them. **These provisions are dangerous, and should be removed. Sanctions should be of a criminal, not civil nature, so that anyone who is thinking of causing a person’s death should be warned that “wrongful death” is still a criminal act in Canada.**

4. Bill C-14 does not set up any independent or supervising mechanism for third party oversight to prevent error or abuse: The same two physicians or nurses who approve the killing can also do the killing and then report (or not) the killing. Under the Bill, they have **automatic immunity**, so there will be “no questions asked”. The patient’s death precludes all enquiries into whether the deceased was competent or coerced into suicide. Nursing homes will have nurses who can kill elderly feeble residents. *Beware if you have no family visiting you at the nursing home.* **This Bill provides the perfect cover for murder, coercion in elder abuse and killing off the poor, lonely and marginalized of society. We therefore recommend that there be a competent, independent third party entity to oversee the death of any patient, preferably one**

of judicial oversight.

5. Bill C-14 has a completely subjective and broad definition of “Grievous and irremediable medical condition”. Palliative care is administered solely in the care of the dying. Being near death is a natural prerequisite for palliative care. “Medical aid in dying” is dangerous because defining who is in a terminal state is open to interpretation. The language of Section 241.2 (2) is too vague, and does not protect vulnerable, mentally ill or depressed persons who may be reacting to a temporary situation, from making a final decision in error. The broad definition of “Grievous and irremediable” allows for multiple interpretations of whether one’s natural death is “reasonably foreseeable”. **There must be a much more stringent definition requiring an objective diagnosis from a medical doctor, (who is best qualified to be aware of treatment options other than death) to protect those who are suffering temporary psychological distress because of their condition.**

6. Bill C-14 has NO conscience clause for freedom of thought and action: Our Prime Minister Justin Trudeau often says that “**PEOPLE MUST HAVE A CHOICE**” yet he promotes a Bill which dictates that there be NO CHOICE for doctors / nurses who do not want to kill patients - a perfectly reasonable position for health professionals historically involved in health “care” not killing. **JUSTIN TRUDEAU** often talks of “**STRENGTH THROUGH DIVERSITY**”. If true, then **WHY NOT “diversity of belief”** for those who do not want to euthanize people. **Angus Ried says 68% of Canadians are OPPOSED to forcing religious health facilities to participate in suicide.** A conscience clause would foster safe ‘kill-free zones’ for patients wanting health “care” not killing, in their vulnerable years.

The total absence of a conscience clause is a serious infringement on the Charter rights of doctors, nurses and pharmacists who should in no way be coerced, pressured or discriminated against for taking a conscientious stand against any involvement in assisted suicide. **There is no jurisdiction in the world that forces physicians and other medical practitioners to act against their conscience. We strongly urge the Federal Government to implement rigorous conscience protection for objecting physicians and health care workers.**

Killing citizens by state funded medicine has never been permitted in the history of Canada or in Western / European Society, except in Nazi Germany under ‘Aktion 4’ and now in The Netherlands and Belgium, since 2002. The “built-in safeguards” in their 2002 laws are now gone (consent is no longer required for the mentally disabled - children can now be euthanized). **The UNITED NATIONS has expressed concerns about the misuse of Belgium and The Netherlands euthanasia laws “to kill off persons with intellectual disabilities”.**

Please see attached “**Twenty facts about assisted suicide and euthanasia in Europe**”. Do we think we are so superior to the “enlightened” citizens of The Netherlands and Belgium, that their rampant abuses will not, over time, also happen in Canada??? Disguising the name of this legislation will not change the perception in the general public! This legislation legalizes helping people to kill themselves, **and will promote suicide in general.**

Since the State of Oregon passed their assisted suicide law, they have seen a corresponding increase in suicides in the general population. Why? Because any law which undermines life will promote a culture of death, by sending out a public message that all lives are to be measured, and that some lives are just not worth living, or saving. **Dutch ethicist Professor Theo Boer** (who drafted the Netherlands safeguards) now warns that over time, assisted suicide quickly become a normality instead of a last resort. We do not want this for Canadians.

Based on The Netherland and Belgium horrors, several countries (**France, Scotland, England, South Australia, and New Hampshire**) have voted against legalizing euthanasia because the “safeguards” were not

safe. We urge our government to do the same.

Under our Constitution, Parliament is INDEPENDENT of the Judiciary. PARLIAMENT legislates, not the SUPREME COURT! We beg you ~ FOR THE SAKE OF HUMANITY – heed the warning of Dutch ethicist Professor Theo Boer, and do not take Canada down the dark road of legalized assisted suicide.

Yours Truly

John W. Findlay

Margaret L. McCarthy

National Right To Life News Today (UK)~ 20 things you might not know about assisted suicide in Europe - July 2013

By Dr. Peter Saunders Former General Surgeon, CEO of Christian Medical Fellowship (UK) - 4,500 doctors -1,000 medical

student members. ~ Late last year the BBC asked me to “learn something about assisted dying practices elsewhere in Europe” and also to speak to Britons who had signed up with Dignitas... (at www.nationalrighttolifenews.org)

Here are twenty facts about assisted suicide and euthanasia in Europe:

- 1. Assisted suicide and euthanasia are illegal in every country in Europe with the exception of Belgium, Luxembourg, Switzerland and the Netherlands - just four of the fifty sovereign states.*
- 2. Margo Macdonald’s End of Life Assistance Bill (Scotland) to legalise euthanasia and assisted suicide suffered an overwhelming defeat by 85-16 last November because MSPs were convinced that its ‘safeguards’ were not safe.*
- 3. On January 20, 2011, the European Court of Human Rights (ECHR) ruled that while there is a ‘human right’ to suicide, the state has no obligation to provide citizens with the means to commit suicide.*
- 4. On January 25, 2011, the French Senate rejected proposals to legalise assisted suicide and euthanasia, by 170 votes to 142. Francois Fillon, the French prime minister, had spoken out strongly against the proposals.*
- 5. The German Medical Congress of German Physicians, on June 1, opposed assisted suicide and euthanasia, leading to a change in doctors’ guidance which will prohibit doctors from participating in both assisted suicide and euthanasia.*
- 6. Using organs from euthanasia victims is now an established procedure in Belgium.*
- 7. At least 300 cremation urns with human remains were dumped in Lake Zurich near the Swiss suicide facility Dignitas.*
- 8. A recent study found that in the Flemish part of Belgium, 66 of 208 cases of ‘euthanasia’ (32%) occurred in the absence of request or consent.*
- 9. In Belgium, nearly half of all cases of euthanasia are not reported to the Federal*

Control and Evaluation Committee: Legal requirements were more frequently not met in unreported cases than in reported cases and a written request for euthanasia was absent in 88%.

10. Dozens of disabled children were killed under the Groningen protocol in the Netherlands although this is illegal.

11. In 2006 the Royal Dutch Medical Association declared that 'being over the age of 70 and tired of living' should be an acceptable reason for requesting euthanasia.

12. Many who have died at the Dignitas facility are not terminally ill. Ludwig Minelli, the Director, has helped people who are chronically ill, disabled, depressed or frail and elderly to kill themselves and has suggested the relations of the terminally ill could also take a lethal drug cocktail even if they are in perfect health.

13. The Dignitas facility had to move from the residential apartment block it was located in after residents complained about encountering body bags in the lifts.

14. Jacques Attali, former President of the European Bank for reconstruction and development, has said, 'As soon as he goes beyond 60-65 years of age man lives beyond his capacity to produce, and he costs society a lot of money...euthanasia will be one of the essential instruments of our future societies.'

15. Almost half of Belgium's euthanasia nurses have admitted to killing without consent, despite the fact that involuntary euthanasia is illegal in Belgium and that nurses are not allowed to perform even voluntary euthanasia.

16. In 2007 approximately 10% of all deaths in the Netherlands were by terminal sedation. Many deaths were caused by dehydration, by the physician sedating the patient and then withholding hydration until death occurs in 10 - 14 days.

17. Soraya Wernli, a nurse employed by Dignitas between 2003 and 2005, has accused the organisation of being a 'production line of death concerned only with profits'.

18. According to a 2005 House of Lords Select Committee Report a Dutch-type euthanasia law in Britain would result in 13,000 deaths per year.

19. Grand Duke Henri of Luxembourg, opposed euthanasia and as a result was stripped of his executive power to veto laws.

20. The Nazi holocaust began in 1939 with the killing of 6,000 disabled children and 70,000 patients in geriatric and psychiatric institutions. Leo Alexander, a psychiatrist who gave evidence at Nuremberg in 1949 said that 'its beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started

with the attitude, basic in the euthanasia movement that there is such a thing as a life not worthy to be lived. This attitude in its early stages concerned itself with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans.' END