

Submission to the All-Party Parliamentary Justice Committee

Re: Amendments to the text of Bill C-14

2 May 2016

Introduction

As a recent university graduate and now working as a mentor for university and college students, the reality of suicide hits home for many of us. Many of us have also walked alongside a loved one in a time of great suffering, first-hand witnesses to the lack of care in hospitals across Canada. We are looking forward to being active members of this country that we call home. However, we are very concerned about the negative impact of assisted suicide and voluntary euthanasia in our country.

As ARPA Canada has discovered, Parliament can enact a complete prohibition on assisted suicide, without the notwithstanding clause, 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.

At the very least, amendments to the text of Bill C-14 are crucial.

Summary of concerns with the text of Bill C-14

- A. As tabled, Bill C-14 does not adequately address nor seek to mitigate the seriousness of suicide.
- B. As tabled, Bill C-14 does not protect the rights of medical professionals and students.
- C. As tabled, Bill C-14 has deadly loopholes that expose Canadians to abuse.

A. Suicide Prevention

A1. Suicide is a serious problem among my peers. The vague terminology, “medical assistance in dying” implies that suicide can be made socially acceptable. The Bill must be clear that suicide is never an acceptable solution to suffering – physical or psychological. Euthanasia and assisted suicide are not solutions, as relief from suffering is a feeling, and one does not have feelings when dead.

Amendments:

- i. Terminology: rather than using the euphemism of medical assistance in dying, refer to Assisted Suicide and Voluntary Euthanasia.
- ii. Include a clause in the Bill that states in no uncertain terms that suicide is never a solution to suffering.

B. Upholding the rights of medical students and professionals

B1. Medical students and professionals have the right to act according to conscience and to fundamental medical principles. However, there are already cases of students being discriminated against in undergraduate programs as well as medical schools because of their beliefs. We need the federal government to protect the rights of medical students and professionals to decline to participate in assisted suicide as well as not be required to provide effective referrals.

Amendment:

- i. Rather than S 241.31(3) of Bill C-14, insert a clause that provides federal guarantee of the rights of medical students and professionals, explicitly ensuring that no one is required to provide assisted suicide and/or an effective referral for assisted suicide, even to the Ministry of Health.

C. Elimination of loopholes

C1. Impartiality of assessment: to ensure impartiality and to prevent doctor-shopping, there is a need for judicial review after a request for assisted suicide has been made, to impartially assess the opinions of the two doctors.

Amendment:

- i. In reference to S 241.2(3)(e), include a judicial review process.

C2. Vague qualifications: to say that death must be “reasonably foreseeable” is dangerously vague. Patients have the right to know their life expectancy prognosis and to hear about options for managing pain so that they can make an informed choice. Hearing that you can get through this and that there is support available could save a life, giving Canadians a message of hope rather than an easy way out.

Amendment:

- i. In reference to S 241.2(2)(d), clarify what “reasonably foreseeable” would actually look like.
- ii. Require patients to have a conversation regarding their life expectancy with their doctor, resulting in a report that would also need to be reviewed by an independent third party as part of the judicial review process.

C3. Waiting period: having a flexible waiting period opens the door to abuse, leaving little room for informed consent and showing little respect for human dignity. The irrevocable finality of the decision to commit suicide behooves all parties involved to have a waiting period, putting full confidence in our medical system to provide appropriate care so that so no one would seek to rush into suicide.

Amendment:

- i. In reference to S 241.2(3)(g), remove the provision for a shorter timeline for the current 15-day waiting period.

C4. Written requests: It is crucial that the request for assisted suicide be free from any coercion. However, the Bill currently allows anyone to write a request on behalf of the patient, without safeguards against potential coercion nor ensuring autonomous choice.

Amendment:

- i. In reference to S 241.2(3)(b)(i), the written request for assisted suicide must be made by the person making the request, no exceptions.

C5. Mistaken deaths: Bill C-14 lacks accountability for mistaken deaths. Taking a person’s life, even by accident, must be recognized as a grievous and unacceptable act, otherwise Canada compromises the dignity of human life and degrades trust in our once-celebrated medical system.

Amendment:

- i. Remove S 227.3, the section on “Reasonable but mistaken belief.”

Conclusion

Fundamentally, the value and dignity of one's life can only be affirmed through true compassion that recognizes the beauty and inherent value of life in those who have forgotten it or who have been otherwise convinced that their lives no longer possess it.

While the Supreme Court of Canada in Carter v. Canada made clear that assisted suicide would be legal in certain circumstances, **our government still has the opportunity** to find compassionate and creative ways to kill intolerable physical and psychological pain, rather than the human being.

It is essential for Canada to send a strong message that every human life, regardless of the circumstances one is in, has value and is worth living.

Thank you for your consideration and for your work on this important issue. I am looking forward to staying connected.

Sincerely,

Joanna Krawczynski