



Physical Therapy  
UNIVERSITY OF TORONTO

Mike MacPherson,  
Clerk  
[JUST@parl.gc.ca](mailto:JUST@parl.gc.ca)

Sunday May 1, 2016

Dear Mr. MacPherson:

RE: Submission to Standing Committee on Justice and Human Right- Amendments to Bill C-14.

Please accept my submission regarding amendments to Bill C-14 (Medical assistance with dying). I have read through carefully the Act as of April 14, 2016 (First Reading in the House of Commons).

As a Canadian citizen who deeply beliefs in social justice and human rights, I have many professional and personal relationships to disability. I am an Associate Professor (tenured) in the Department of Physical Therapy, Faculty of Medicine, University of Toronto. I am a Disability Studies teacher and researcher for the past 25 years on the lived experience of disability, disability history, women's health and general access to health issues for disabled people. My research is community based and many of my colleagues are disabled scholars, community members and other allies like me. I also have family members who live with disabilities.

I believe that the Act attempts to balance the rights of individuals who wish to have medical assistance to die, while providing protection of vulnerable people who may be induced to end their lives. However, I believe that the safeguards as currently presented in the Act are essential, but constitute the bare minimum of protection of vulnerable people. Thus, any discussion of broadening eligibility for medical assistance in dying, beyond which death is reasonably foreseeable, would place vulnerable people in greater harm.

Given this, Section 241.31 of Bill C-14 needs to be strengthened in order to be consistent with the principle outlined in the preamble – to protect vulnerable people. I will make four points that I believe need to be considered for amendment to achieve this goal.

First, the principle of accessibility as set out in the Canada Health Act is essential to the enactment of the safeguards as set out in Bill C-14. Full and inclusive accessibility (i.e. communication, information, physical) is needed throughout the Bill and especially in the section of safeguards as an essential check and balance to ensure that all people, especially vulnerable people, are not being pressured towards this decision. All medical and nurse practitioner need to be trained in understanding and implementing the many ways that people choose to communicate. In addition, vulnerable people must have access to communication preferences, accommodations, options and supports to fully and clearly communicate.

Second, the current Bill has not provided any form of vulnerability assessment. People can be vulnerable besides being elderly, ill or disabled. In addition and separately, people may be vulnerable due to many



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social factors, such as isolation, acute and chronic stress, long term unemployment, and living in poverty. This form of assessment is vital as many of these factors can be alleviated by appropriate care.

Third, I support, endorse and recommend that the five safeguards presented in the Vulnerable Persons Standard <http://www.vps-npv.ca/> be incorporated into Bill C-14, especially the requirement for arms-length prior authorization.

Fourth, it is incumbent upon the government to establish a rigorous reporting system on assisted deaths that will effectively monitor the social impacts of this practice, especially for vulnerable people. This reporting system should collect data on key features of individuals seeking medical assistance for dying. Data should be collected on demographic and clinical information (including diagnostic and prognostic data). Central to this reporting system is documenting the nature and extent of the “enduring and intolerable suffering” and the range of intervention (medical, complementary, social, technical, spiritual etc.) offered, unavailable, considered, pursued or declined. This information should be collected on all who make a request, whether it is granted or not and administered or not. This reporting data should be accessible to any oversight body which should include people with disabilities and other vulnerable people. The data should also be open for researchers to conduct analyses on the impact of this practice and provide recommendations to revise the practice.

I hope that my points convey my deep concern for safeguarding Canadians who may be vulnerable to being induced, to end their lives.

Respectfully submitted,

Karen K. Yoshida Ph.D.  
Associate Professor (tenured)