

May 1, 2016

Re: Bill C-14 – Medical Assistance in Dying

Dear Honourable Members of the Standing Committee on Justice and Human Rights:

Thank you for the opportunity to submit this brief regarding what is truly a life and death matter for our country, and thank you in advance for your consideration of my feedback on Bill C-14. I appreciate that this is a difficult and weighty topic, and I thank you for your participation on this committee.

The following are some recommendations for amendments to Bill C-14. For simplicity's sake, I've used the term MAID for medical assistance in dying.

- 1. Parliament can enact a complete prohibition on assisted suicide, without relying on 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.**

ARPA Canada has made an excellent legal case for this, and I expect that these details will be reviewed by the committee. <https://arpacanada.ca/assisted-suicide-total-ban.pdf>

If Parliament decides not to enact protection from assisted suicide for all human beings in Canada, here are some recommendations for amending Bill C-14.

- 2. Add wording to explicitly define “reasonably foreseeable.”** Does this phrase mean terminal? Does this mean that the person will die within one week? As we are ALL mortal, the death of any one of us is “reasonably foreseeable.” In addition, misdiagnosis can and does happen. What if a so-called terminal illness is not really terminal?
- 3. Add explicit wording for conscience protection of medical practitioners and institutions (doctors, nurse practitioners, nurses, pharmacists, and anyone else who might be asked to participate in this act.)** E.g. “Nothing in this bill shall compel or require any medical practitioner (doctor, nurse practitioner, nurse, pharmacist, care aide etc.) to counsel a patient to participate in MAID. Medical practitioners shall not be required to administer MAID nor shall they be required to refer patients for MAID.”
Doctors, other healthcare professionals and institutions should NOT be required to perform this procedure OR to refer patients for euthanasia, which ethically is THE SAME THING. Most doctors and healthcare professionals go to school to be **healers, not killers**, and part of the Hippocratic Oath that they take is to do no harm. The Supreme Court’s decision clearly stated in *Carter*, “[i]n our view, nothing in the declaration of invalidity which we propose to issue would compel physicians to provide assistance in dying.”
Freedom of conscience is enshrined in our Charter of Rights and Freedoms and needs to be respected and explicitly protected.
- 4. Add a requirement for all MAID deaths to be pre-approved by a standing panel** in order to prevent 'doctor shopping' and to better screen out cases of subtle pressure on patients to receive MAID.

5. **Strengthen Safeguard Section 3(g).** Remove text after: *Ensure that there are at least 15 clear days between the day on which the request was signed by the person and the day on which the medical assistance in dying is provided.* Having any shorter waiting period no matter the circumstance gives too much room for abuse of this clause by medical practitioners willing to exterminate their patients.
6. **Amend Safeguard (4) to strengthen the language requiring consent.**
If the person requesting medical assistance in dying is unable to sign and date the request, another person — who is at least 18 years of age and who understands the nature of the request for medical assistance in dying — may do so in the person’s presence on their behalf.
Aside from the few safeguards following Safeguard (4), this section is too broad. For example, the pizza delivery person could sign on the patient’s behalf with the wording as it stands!
7. Add wording to the effect that palliative care must be explicitly made available to the patient and all options discussed before MAID is even tabled.
8. **Any amendments to this bill should refrain from allowing MAID for mature minors or for cases of mental illness or dementia.** There is too much room for abuse.
9. **The bill should not provide for advance directives.** As for those pushing to get advance directives included in this legislation, an advance directive gives a doctor or other party the ability to legally kill a person without their consent if they are no longer able to consent. So whose choice is it really in the end? Who knows how the ill person would really feel at the time when they are in a difficult situation?

I thank the Committee in advance for their consideration of my feedback on this bill.

Euthanasia or MAID is not, “care.” It is not “compassion,” nor is it a “service.” The fact that we are even having this discussion is representative of a self-centred society that devalues its most vulnerable citizens. Dignity is inherent in personhood and is not dependent on one’s outward condition.

Respectfully yours,

Jill Ford