

## Brief to the Standing Committee on Justice and Human Rights

Representing over 15,000 contacts of our provincial group, I must first state that Canada should not permit any assisted suicide or euthanasia in our country. It is our opinion that when we start killing some, we devalue human lives and endanger all. **Our first recommendation** is to deny Bill C-14 and that Parliament pass a new law enforcing the longstanding common law principle of the inviolability of life and prohibit assisted suicide and euthanasia acts. We submit this recommendation based on the legal opinion and draft law outlined by ARPA at <https://arpacanada.ca/assisted-suicide-total-ban.pdf>

We challenge our leaders in Parliament to pause and deeply consider the matter at hand. Such a step away from Canada's core values of respecting all people and life is a step down a slippery slope.

Should our primary request be denied we submit the following recommendations to Bill C-14.

1. **Section 3, Part g.** Royal College of Psychiatrists in their document Coping After a Traumatic Event stress the importance of adequate time after traumatic experiences. Furthermore, they suggest "avoid making major life decisions". Such professional wisdom should be applied to an increased waiting time from 15 days to a minimum of 3 months. Coping With Grief: Strategies for People Living with ALS states "Time has a way of easing grief's intense feelings" which further supports this recommendation. 15 days is simply too spontaneous and puts depressed, shocked and grieving people in a dangerous and vulnerable position.
2. **241.1 (2)** "Grievous and irremediable medical condition" is too broad and is left for interpretation. To mitigate abuse, we recommend a definition that includes two doctors confirmed diagnosis of a irremediable medical condition.
3. **Conscience Protection:** Medically Aided Death has been founded in the beliefs of autonomy and respect for one's choices. This value must be extended to all medical professionals, not just the patient! It is unconstitutional that medical staff's freedom of choice and conscience is not rigorously protected. A fundamental right such as this should not be left for the provinces or medical communities to uphold.

4. Section 241 (5) Permitting “anyone” to administer a lethal medication is too dangerous. Medical professionals should be the only people permitted to perform such a drastic medical procedure. We recommend that this section be removed.
5. Section 241.2 (3) should include the oversight of an independent third-party. This amendment would provide checks and balances to a system that would otherwise be easy to hide incompetence, coercion or abuse.
6. Section 241 (6) “Reasonable but mistaken belief” is frighteningly vague and opens the door wide for outright murder. We recommend that this section be removed to protect vulnerable people.

Sincerely,



Stephanie Fennelly  
Executive Director  
The Wilberforce Project  
Box 11479  
Edmonton, AB  
T5J 3K5  
780 421 7747

References:

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<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/copingafteratraumaticevent.aspx>

Coping With Grief – Strategies For People Living With ALS. Amyotrophic Lateral Sclerosis Society of Canada. Markham, Canada. Page 2.

<https://www.als.ca/sites/default/files/files/Coping%20with%20Greif/Coping%20with%20Grief%20English.pdf>