



## **PHYSICIAN-ASSISTED DYING**

**February 12, 2016**

**Presented to:**

**SPECIAL JOINT COMMITTEE ON PHYSICIAN-ASSISTED DYING**

**Submitted by:**

**REAL Women of Canada**

Box 8813, Station "T"

Ottawa, Ontario K1G 3J1

Tel: (613) 236-4001

Fax: (613) 236-7203

Email: [realwcna@rogers.com](mailto:realwcna@rogers.com)

## Physician-Assisted Dying

---

REAL Women of Canada is a national women's organization, federally incorporated in 1983. We support the equality of women and the family consisting of mother, father and children. We believe the family is the foundation of society.

We are concerned about all members of the family, including the aged, the disabled and all other vulnerable individuals such as the depressed and the mentally ill. This concern has given rise to our apprehensions about the policy of physician-assisted suicide.

The hasty process by which physician-assisted suicide is to be part of our legal structure is deeply troubling. In just over a year, the law on assisted suicide has changed from it being illegal under the *Criminal Code*, to becoming wide open to interpretation and implementation, resulting in a complete change to the entire fabric of Canadian society and our long-held respect for the dignity and value of each human life.

Those who support assisted suicide argue that they do so out of sympathy and compassion for the sick and dying. There is nonetheless, underlying this position, a belief that lives may be exterminated if those lives are no longer deemed worth living.

### **Court Ignores Experience of Other Jurisdictions**

The Supreme Court of Canada in its decision on February 6, 2015 to remove the prohibitions against assisted suicide in the *Criminal Code*, concluded that "it is possible for physicians, with due care and attention to the seriousness of the decision involved, to adequately assess decisional capacity". The court obviously was not aware, or, alternatively, chose to ignore, the experience of the ten jurisdictions which have already legalized assisted suicide or euthanasia. The data from these jurisdictions is frightening. A significant number of those who die by this method do so without giving their consent. Euthanasia and requests for assisted suicide are now provided to children and those suffering from depression or mental illnesses. Many of these deaths are not officially reported and there has been a steady increase of them. Irrefutable evidence also indicates that it is not physicians who are necessarily carrying out these deaths, but nurses, who do so frequently, without the knowledge and permission of a physician or the patient. Safeguards are ignored. Assisted suicide and euthanasia have become normalized and accepted as a part of medical care. Killing a patient, however, is not medical care.

There is no use pretending that Canada, when implementing the Supreme Court decision on assisted suicide, will avoid the traumatic effects of such a policy that have occurred in other jurisdictions. No matter how carefully guidelines are

## **Physician-Assisted Dying**

---

drafted, they will fail. The haste and enthusiasm to implement this policy will leave a wake of vulnerable human beings.

### **Conscience Rights of Physicians Ignored**

The Supreme Court of Canada in its decision also made the statement, without supporting evidence, that “Nothing in this declaration would compel physicians to provide assistance in dying.” The court has quickly been proven wrong on this point. The Colleges of Physicians and Surgeons of the provinces of Saskatchewan and Ontario have declared that any physician who, for conscience or religious reasons, may not wish to participate in assisted suicide, must refer a patient to another physician to carry out this procedure.

To coerce physicians to provide services that go against their religion or consciences is not acceptable. It is contrary to the Charter’s right of freedom of conscience and religion. It is also a serious incursion into the professional standing of the physician. A proper balancing of the rights of physicians with the concept of patient autonomy, must not result in the trumping of the rights of a physician in his/her medical practice. Such rights extend not only to refusing to perform assisted suicide and euthanasia, but the right not to be obliged to refer to other practitioners or third parties, who may be willing to provide such services. The reality is that the requirement to refer for assisted suicide or euthanasia procedures, to which the physician objects on the grounds of conscience or religion, compels that physician to violate his or her conscience by being a participant in the very act, the very procedure to which he or she objects in the first place.

### **Palliative Care**

The Minister of Health, Jane Philpott, reports that only 15% of Canadians have access to high quality palliative care. Palliative care today, is publicly funded only in hospitals, not by way of home care or otherwise where it would be more effective and affordable. The astonishingly low figure of the availability of palliative care is not due to the fact that the issue has been ignored in Canada. Senate studies on palliative care have been undertaken in 1995, 2000, 2005 and 2010. Perhaps the most definitive study on palliative care was carried out in 2011 by the Parliamentary Committee on Palliative and Compassionate Care. Close to 60 MPs and former MPs from all parties supported this Committee’s work. Many individuals and organizations and groups provided input to it. In November 2011, the Committee published its superb Report called: *Not to be Forgotten: Care of Vulnerable Canadians*. No action has been taken on this report, which includes the recommendation that a National Palliative Secretariat be established. Consequently, despite extensive research, no federal scheme for palliative care in Canada has either been advanced or implemented.

## Physician-Assisted Dying

---

How can we then have a policy of assisted suicide which requires informed consent, when the patient has not been offered a reasonable alternative by way of palliative care? The tragedy is that patients will be killed under assisted suicide simply because he/she lacks access to palliative care which would have alleviated their concerns and fears about death. Access to proper, fully adequate pain management provided by palliative care is a fundamental human right. Why then is society allowing the patient to be killed, instead of giving them the offer of this compassionate care and rights?

### **Section 33 of the Charter, The Notwithstanding Clause**

It would not be unreasonable for Parliament to invoke S.33 (The Notwithstanding Clause), of the Charter of Rights, given the open ended questions arising, as well as the trying circumstances discussed above, plus the haste with which the policy of assisted suicide is being forced upon us. This would provide for a five year period to address this traumatic issue, which cannot possibly be dealt with in the unsatisfactory length of time given to Parliament by the court. In-depth consideration of the medical, legal and societal implications of assisted suicide must be carefully considered in order to protect human beings from this policy which may not stand the test of time, and may cause tragic harm, grief and trauma to individuals and to our society.

---