



January 20, 2016

The Honourable Jody Wilson-Raybould
Minister of Justice and Attorney General of Canada
284 Wellington Street
Ottawa, Ontario K1A 0H8

The Honourable Jane Philpott
Minister of Health
Health Canada
70 Colombine Driveway, Tunney's Pasture
Ottawa, Ontario K1A 0K9

Dear Minister Wilson-Raybould and Minister Philpott,

I wish to begin by thanking the Government of Canada for having attempted to delay the implementation of doctor-assisted suicide by the Government of Quebec, and also for having asked the Supreme Court of Canada to extend the period in which our country can reflect on the Court's decision of last February in *Carter v. Canada*. Secondly, I respectfully request that the Canadian Conference of Catholic Bishops be among the groups and organizations to be invited to appear before the Special Joint Committee on Physician-Assisted Dying.

Our Conference is the national assembly of the Roman Catholic and Eastern Catholic Bishops. As its principal pastors who officially speak on behalf of the Church in Canada, the Bishops are the spiritual leaders and teachers of more than thirteen million Canadian Catholics. Moreover, our concerns are widely shared in Canada, and so are the principles, values and the official stance of the Catholic Church on euthanasia and assisted suicide. This is evident in a recent Declaration on assisted suicide and euthanasia ([Enclosure 1](#)), developed by our Conference in unison with the Evangelical Fellowship of Canada, and endorsed by Jewish and Muslim representatives as well as the leaders of the Orthodox Churches and members of main-line Protestant Christians. To date, almost 6,000 Canadians have signed the Declaration (see <http://www.euthanasiadeclaration.ca/signatories/>).

Our Church clearly teaches, as it has consistently and emphatically done over the centuries, that life is a sacred gift to be defended and protected. Our country, for its part, has made great strides over the decades in constructing "safety nets" that help safeguard human lives from the worst onslaughts of poverty, in wisely agreeing to forego the use of capital punishment, and in challenging and questioning every call to war. These efforts, which we applaud, are in recognition of the paramount importance of respecting and sustaining the life and inviolable dignity of individuals from conception to natural death. Likewise, such efforts acknowledge the

negative and indeed nefarious consequences on society itself and on the hearts and minds of future generations, if there are not sustained and continued efforts to protect human dignity. Most regrettably, Canada has become somewhat indifferent to how human life is demeaned and devalued in ways such as abortion, and is now on the brink of allowing suicide to be considered a medical procedure.

The experiences of those few other nations which have legalized euthanasia and assisted suicide indicate that any legislation intended to limit these solely to certain cases is easily challenged and soon weakened. The effects of legalized assisted suicide on individual persons and families as well as on society as a whole are easily predictable: new efforts to extend assisted suicide and euthanasia to other medical situations; a growing sense of anxiety among the handicapped, the elderly, the chronically ill, the depressed, and the dying, with the increased threat to their lives and serenity; the erosion of a patient's trust in his or her physician; greater anxiety and increased pressures on health-care providers; and a greater risk of family and social pressure on the vulnerable not to "be a burden." By focusing so narrowly on the liberty and preferences of a small minority of individuals, the Supreme Court has voided our society's moral obligation to protect the lives of its members, especially the most vulnerable and feeble.

Indeed, many Canadians have already experienced the detrimental impact that suicide has made in their own personal lives and in the lives of their communities – how it engenders feelings of guilt, anger and futility, and can sinisterly and tragically encourage others to take their own lives. As stated in *Not to be Forgotten: Care of Vulnerable Canadians* (p.71), the 2011 report by the Parliamentary Committee on Palliative and Compassionate Care, suicide deaths in Canada "are particularly high among young people, especially aboriginal and Inuit young people, middle aged men, and the elderly. Suicide is the second leading cause of death among young people aged 10-24. Suicide rates among aboriginal youth are five to seven times higher than the rate among non-aboriginal youth. Quebec and the territories have the highest rates of suicide in Canada."

Following the tabling of the report in 2011, in May 2014, Parliament almost unanimously endorsed a call for a cross-country strategy on palliative and end-of-life care. Those supporting the motion noted the "dangerous and failed route of assisted suicide or euthanasia tried by other countries." With the Supreme Court's decision, the false economics of physician-assisted suicide will inevitably tempt governments, health-care institutions and families not to invest further in palliative care.

Physician-assisted suicide and euthanasia have already been idealized by media, and a number of Canadians and their institutions now portray it as a "right". The Supreme Court's decision last year did not take into account its own past rulings against euthanasia and assisted suicide, nor was its decision based on the legal traditions of the Western world, nor on past and proven ethical principles. For more than two thousand years, medical ethics have been guided by the principles of the Hippocratic Oath: to do no harm or injustice, not to give a lethal drug to anyone if asked nor to advise such a plan, and not to cause an abortion. The ruling of the Court is arbitrary in terms of its decision as well as with regard to the limits and the delay it has attempted to impose. Citizens can currently appeal to a provincial or territorial court to authorize physician-assisted suicide, even though the respective medical and health associations do not have guidelines on this. It is difficult to imagine the Supreme Court's ruling will not be used, sooner rather than later, to justify other forms of assisted suicide as well as euthanasia in general. The

Canadian Medical Association has estimated almost two-thirds of physicians in this country do not wish to be involved in such suicides, and the overwhelming majority of palliative care centres in Quebec have said they will not facilitate physician-assisted suicide.

The Catholic Church and the Catholic Bishops of Canada have great compassion for the suffering, those in pain, and for the dying. The first health-care institutions in Canada were established by Catholic religious communities. Many Catholic laity today are involved in providing dedicated health-care services, while at the same time our Church encourages all its members to be merciful and attentive to the needs of others, and to pray and care for the sick, the suffering, and the dying, accompanying them and offering them comfort and companionship. Assisted suicide and euthanasia are not the solution to human pain and suffering. As the Parliamentary Committee noted in *Not to be Forgotten* (pp. 8, 23, 34 [first bullet], 44, 45):

The palliative care philosophy is person-centered, family-focused and community-based. It moves us from disease or condition-specific care to person-centered care. It recognizes that the psycho-social and spiritual dimensions have profound impact upon health and wellbeing, and that a variety of specific conditions may be operating on different levels in the chronically ill or dying person's life.

The only health care, however, that offers [patient-centred care in Canada] consistently, effectively and across all jurisdictions is palliative care. This is all the more noteworthy in that much of our palliative care infrastructure was developed at the margins of the health care system, with little or no financial support, often as the result of grass roots community endeavour.

The "various professional colleges and organizations" need to collaborate "to meet the legitimate needs of Canadians; that doctors, nurses, and related professionals receive significantly more palliative/end-of-life and pain control training. The medical schools, nursing schools, pharmacy schools, and related professional schools need to significantly increase the number of hours spent on training in palliative care, pain and symptom management.

Pain control is gravely deficient in Canada. Acute pain is often poorly managed, despite the availability of pain management knowledge and technology. It is critical to treat acute pain adequately, not only to decrease suffering but to minimize the chances of the pain becoming a persistent chronic condition.

Pain control training is inadequate for health care professionals. Professional schools give pain management a low priority, in terms of class room hours. It is a sad irony that veterinarians receive 5 times more education on pain control than do doctors who treat humans.

Caring for the dying does not include killing them or helping them kill themselves. For all the above reasons, this past November, in my letter to the Right Honourable Justin Trudeau (Enclosure 2), I indicated that the Catholic Bishops of Canada would have preferred that the Government use the not-withstanding clause in order to postpone any implementation of physician-assisted suicide for at least the next five years. This could have provided sufficient time for calm reflection, reasoned reconsideration, thorough consultation, and much needed

clarity in the definitions being used (many Canadians still do not understand that so-called “assisted dying” is a deliberately misleading term for physician-assisted suicide and euthanasia).

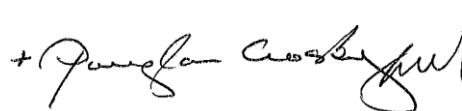
Now, as the Government of Canada engages in a process of reflecting on the implementation of the *Carter v. Canada* decision, our Bishops’ Conference, continuing its own consultations and dialogue with other religious groups in this country, respectfully requests that the Government of Canada:

- 1) Prioritize palliative care by implementing *Not to be Forgotten*, the 2011 report by the Parliamentary Committee on Palliative and Compassionate Care, so Canadians have a true choice in end-of-life care and fully understand that assisted suicide, by its very nature, is not part of palliative care;
- 2) Provide funding for further research and education in pain relief;
- 3) Implement the National Plan for the Prevention of Suicide, as proposed to Parliament in 2011;
- 4) Ensure there is not a “patch-work” approach to interpreting the law by each province and territory, or by individual physicians and patients;
- 5) Guarantee the right of every health-care provider and all health-care institutions not to be coerced into providing, facilitating or abetting assisted suicide, nor forced into referring patients to physicians or institutions that provide assisted suicide or euthanasia.

As further background on the position of our Conference and of the Catholic Church on euthanasia and physician-assisted suicide, I am enclosing a copy of our earlier submission to the Expert Panel on Options for a Legislative Response to *Carter v. Canada* (Enclosure 3).

In closing, I assure you that the prayers of the Catholic Bishops of Canada accompany you in your reflections on this life and death issue.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Douglas Crosby".

(Most Rev.) Douglas Crosby, OMI
Bishop of Hamilton and
President of the Canadian Conference
of Catholic Bishops

Enclosure 1: Canadian Conference of Catholic Bishops and The Evangelical Fellowship of Canada, Declaration on Euthanasia and Assisted Suicide, launched October 29, 2015

Enclosure 2: Letter to The Right Honourable Justin Trudeau, Prime Minister of Canada, November 4, 2015

Enclosure 3: Submission by the President of the Canadian Conference of Catholic Bishops to the Expert Panel on Options for a Legislative Response to *Carter v. Canada*, “The position of the Catholic Church and the stance of the Catholic Bishops of Canada on ‘the giving of assistance in dying’”, October 19, 2015

The Canadian Conference of Catholic Bishops and The Evangelical Fellowship of Canada

Declaration on Euthanasia and Assisted Suicide

Assisted suicide and euthanasia raise profound social, moral, legal, theological and philosophical questions -- questions that go to the very core of our understanding of who we are, the meaning of life, and the duty of care we owe to each other. The recent Supreme Court of Canada decision has brought this issue to the forefront of public discussion and compels each of us as Canadians to reflect upon our personal and societal response to those who need our compassion and care.

We, the undersigned, each from the basis of our sacred teachings and enduring traditions, affirm the sanctity of all human life, and the equal and inviolable dignity of every human being. This is an affirmation shared by societies and cultures around the world and throughout history. Human dignity is not exclusively a religious belief, although for us it has a significant religious meaning. Furthermore, we affirm that reverence for human life is the basis and reason for our compassion, responsibility and commitment in caring for all humans, our brothers and sisters, when they are suffering and in pain.

The sanctity of human life is a foundational principle of Canadian society. It has both individual and communal import: it undergirds the recognition of the equal dignity of each individual regardless of their abilities or disabilities and shapes and guides our common life together, including our legal, health care and social welfare systems. It engenders the collective promotion of life and the protection of the vulnerable.

While Canadian society continues to affirm the importance of human dignity, there is a worrisome tendency to define this subjectively and emotionally. For us, human dignity is most properly understood as the value of a person's life before her or his Creator and within a social network of familial and societal relationships. We are convinced the only ways to help people live and die with dignity are: to ensure they are supported by love and care; to provide holistic care which includes pain control as well as psychological, spiritual and emotional support; and, to improve and increase resources in support of palliative and home care.

On the basis of our respective traditions and beliefs, we insist that any action intended to end human life is morally and ethically wrong. Together, we are determined to work to alleviate human suffering in every form but never by intentionally eliminating those who suffer.

The withholding or withdrawal of burdensome treatment must be distinguished from euthanasia and assisted suicide. The intention in such cases is not to cause death but to let it occur naturally. We understand that under certain circumstances it is morally and legally acceptable for someone to refuse or stop treatment. The refusal of medical treatment, including extraordinary measures, is very different from euthanasia or assisted suicide. Euthanasia is the deliberate killing of someone, with or without that person's consent, ostensibly in order to eliminate suffering. Assisted suicide occurs when one person aids, counsels or encourages another person to commit suicide. There is a fundamental difference between killing a person and letting her or him die of natural causes.

Euthanasia and assisted suicide treat the lives of disadvantaged, ill, disabled, or dying persons as less valuable than the lives of others. Such a message does not respect the equal dignity of our vulnerable brothers and sisters.

Health care systems must maintain a life-affirming ethos. Medical professionals are trained to restore and enhance life. They are not trained or expected to administer death. Any change in this regard would fundamentally distort the doctor/patient relationship. Similarly, all members of society are called upon to do their utmost to protect their neighbours when their lives or safety are threatened. This basic care and concern, so fundamental to society, is evident in the continuing efforts to provide better, readily available palliative and home care.

Health Canada defines palliative care as “an approach to care for people who are living with a life-threatening illness, no matter how old they are. The focus of care is on achieving comfort and ensuring respect for the person nearing death, and maximizing quality of life for the patient, family, and loved ones, and is a societal affirmation of caring for the most vulnerable amongst us. Palliative care addresses different aspects of end-of-life care by: managing pain and other symptoms; providing social, psychological, cultural, emotional, spiritual and practical support; supporting caregivers; providing support for bereavement.” Assisted suicide and euthanasia are contrary to the philosophy and practice of palliative care.

In light of the recent decision of the Supreme Court of Canada, we urge federal, provincial and territorial legislators to enact and uphold laws that enhance human solidarity by promoting the rights to life and security for all people; to make good-quality home care and palliative care accessible in all jurisdictions; and to implement regulations and policies that ensure respect for the freedom of conscience of all health-care workers and administrators who will not and cannot accept suicide or euthanasia as a medical solution to pain and suffering.

Humanity’s moral strength is based on solidarity, communion and communication – particularly with those who are suffering. It is personal attention and palliative care and not assisted suicide or euthanasia that best uphold the worth of the human person. It is when we are willing to care for one another under the direst of circumstances and at the cost of great inconvenience that human dignity and society’s fundamental goodness are best expressed and preserved.

Signatures:



November 4, 2015

The Right Honourable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa, ON
K1A 0A6

Dear Prime Minister,

On behalf of the Catholic Bishops of Canada, I congratulate you on your recent election and on being sworn in today as the twenty-third Prime Minister of Canada. We assure you of our prayers and our hope to collaborate with you and all the members of your Cabinet on issues of importance for the common good of the citizens of our country and of the international community.

We would like to echo the words of Pope Francis to the diplomatic corps accredited to the Holy See in expressing our “hope for a common commitment ... to pursue reconciliation, peace and the defence of the transcendent dignity of the person.” We recognize the immense challenges facing our country, our cultures, our society, and thereby also our faith communities. Equally important, we are convinced that solutions to these problems can be found through dialogue and encounter, respect and mutual trust, a renewed spirit of cooperation, and a mutual determination to promote integral human development, political stability and peaceful civil coexistence.

It is in this spirit that we wish to convey to you today our hope that we will be able to exchange and reflect with you and your Government on significant issues of common concern. There are five of immediate and pressing urgency:

- We encourage the Government of Canada, in cooperation with other states and in collaboration with our country’s provincial, territorial, and municipal governments, as well as with representatives of civil society and of faith-based agencies and interest groups, to take responsible action on the urgent climatic, environmental and social challenges facing the world, as outlined so forcefully by Pope Francis in his encyclical *Laudato Si’*, issued this past May 24. The whole of society needs to be involved, including industry, if there are to be fair, binding and truly transformational climate agreements both nationally and internationally.

- Shortly after the Truth and Reconciliation Commission of Canada released its summary report with its Calls to Action in June, an initial response was issued by our Conference, which is the national assembly of the Catholic Bishops of our country. Our statement confirmed our intention to follow up on those Calls to Action addressed specifically to our Church, and at the same time conveyed a number of concerns shared by many other Canadians, Indigenous and non-Indigenous. We highlighted the need for improved Aboriginal access to education, the epidemic of murdered and missing Indigenous women, the need for environments supportive of Indigenous families and communities, and the importance of strengthening the ability of Canadian justice and correctional systems to respond to Aboriginal realities.
- Shortly before the election, we had signalled in a letter to you and the other leaders of the national political parties our wish, shared with other Churches and religious communities, for continued efforts by the Government of Canada, as well as collaboration among all members of Parliament, to respond to the current refugee crisis by expanding, accelerating, and facilitating the private sponsorship of refugees during this time of urgent need.
- An effective and enduring solution to the global crisis of refugees and displaced persons requires a determined international effort to resolve the ongoing conflicts in the Middle East and Africa, as well as Ukraine. Each of these not only involves immense human suffering, but threatens international peace and stability. Our Conference will continue to encourage the federal government to work with other nations and with the international community in protecting populations under attack and in finding diplomatic ways to sustain peace and ensure justice.
- In a few months, our nation will face the end of the one-year deadline given by the Supreme Court of Canada to find a legislative response to its decision on physician-assisted suicide. I recently submitted the concerns of the Catholic Bishops of Canada to the Expert Panel on Options for a Legislative Response to *Carter v. Canada*. Together with other religious leaders – Christians as well as members of other world religions – we consider physician-assisted suicide ethically and morally wrong. The Court’s decision is divisive; polls indicate almost two-thirds of Canadian physicians would refuse to assist in such suicides. In contrast, there has been near unanimity in the Canadian Parliament on the need to focus on improving access to palliative care. At the unanimous request of my brother Bishops, I request that the Government of Canada invoke the *Notwithstanding Clause*, in order to protect the interests of the sick, the elderly, the disabled, the socially and economically vulnerable, as well as those who care for them, including their loved ones and health-care professionals. We are convinced that our nation and its legislators need to take more time to look closely at the Court’s decision and the grave social risk of embarking on policies of assisted suicide and euthanasia.

We look forward to future opportunities to discuss these and other concerns with you and your ministers. Once again, together with my brother Bishops, I assure you of our prayers and our best wishes which accompany you, and of our hope to dialogue with you and your Government in mutual respect and trust.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Douglas Crosby". The signature is written in a cursive style with a small cross at the beginning.

(Most Rev.) Douglas Crosby, OMI
Bishop of Hamilton and
President of the Canadian Conference
of Catholic Bishops



**THE POSITION OF THE CATHOLIC CHURCH
AND THE STANCE OF THE CATHOLIC BISHOPS OF CANADA
ON ‘THE GIVING OF ASSISTANCE IN DYING’**

**Submission by the President of the Canadian Conference of Catholic Bishops
to the Expert Panel on Options for a Legislative Response to *Carter v. Canada***

1. On the common good, the Catholic Church believes and teaches:

“The common good consists of three essential elements: respect for and promotion of the fundamental rights of the person; prosperity, or the development of the spiritual and temporal goods of society; the peace and security of the group and of its members. The dignity of the human person requires the pursuit of the common good. Everyone should be concerned to create and support institutions that improve the conditions of human life. It is the role of the state to defend and promote the common good of civil society...” – Catechism of the Catholic Church, nn. 1925-27

As Catholic Bishops, we speak in terms that are informed by reason, ethical dialogue, religious conviction and profound respect for the dignity of the human person. Our awareness is shaped by humanity’s thousands of years of reflection and by our actions as Christians in following Jesus. He showed most fully what it means to love, to serve, and to be present to others. His response to the suffering of others was to suffer with them, not to kill them. He accepted suffering in his life as the pathway to giving, to generosity, to mercy. One does not have to be a believer to recognize in Jesus’ life and action a supreme example of humanity. The values of Jesus of Nazareth are the basis for our views on assisted suicide. Canada has nothing to fear in committing itself to these profoundly human and life-giving values. Similar values are shared not only by other Christians but also other world religions as well as men and women of goodwill without religious faith.

At the Plenary Assembly of our Conference this past September, we, the Eastern Catholic and Roman Catholic Bishops of Canada, made what we described as a heartfelt cry (a copy of our September statement is attached). Consequent to our previous individual and collective statements over the past years, we reiterated our continued opposition to efforts to implement any form of euthanasia and assisted suicide. As we did then, so we do again, in a spirit of collaboration with all our fellow citizens, in building a society which will prove to be more compassionate, more respectful of the dignity of all human life, more just and more generous. As Catholic Bishops, we invite all Canadians to build a society that respects the dignity of every person.

2. On the moral and social evil of assisted suicide, the Catholic Church believes and teaches:

“Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable. Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God....” – Catechism of the Catholic Church, n. 2277

“Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbor because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.” –Catechism of the Catholic Church, n. 2281

“Intentional euthanasia, whatever its forms or motives, is murder.” – Catechism of the Catholic Church, n. 2324

“Suicide is seriously contrary to justice, hope, and charity.” – Catechism of the Catholic Church, n. 2325

During our annual Plenary Assembly, we, the Catholic Bishops of our country, expressed our outrage at the decision of the Supreme Court of Canada to create a new “constitutional right” in Canada -- the so-called “right” to suicide. We again stated our profound dismay, disappointment and disagreement with the Court’s decision. The ruling would legalize an action that, from time immemorial, has been judged immoral: the taking of innocent life. In the face of the terrible suffering that can be caused by illnesses or depression, a truly human response should be to care, not to kill.

3. On the current imperative of palliative care, the Catholic Church believes and teaches:

“The fruits of charity are joy, peace, and mercy; charity demands beneficence and fraternal correction; it is benevolence; it fosters reciprocity and remains disinterested and generous; it is friendship and communion....” – Catechism of the Catholic Church, n. 1829

“Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible.” – Catechism of the Catholic Church, n. 2276

“Every human life, from the moment of conception until death, is sacred because the human person has been willed for its own sake in the image and likeness of the living and holy God.” – Catechism of the Catholic Church, n. 2319

The Catholic Bishops of our land give thanks for the thousands of women and men from all across our land who assist others by their concern and prayers and through health care, education, and other works of service and solidarity with the poor and marginalized. Moved by the powerful example of their generosity and how they promote and protect human dignity in the many sectors of society, we again affirm our nation's long tradition of caring for the sick and the vulnerable. The response to the anguish and fear people can experience at the end of their lives is to be present to them, offering palliative care, not intentionally to cause their death. The need for palliative care should be one of the most pressing preoccupations of our country and its institutions. This is where the energies and resources of our elected leaders and the Expert Panel should be directed. This is why we advocate making high-quality palliative care, long-term care, and home care easily accessible to all Canadians.

A few years ago, there was almost unanimous agreement among all members of Parliament on the urgent priority of palliative care, as outlined in the November 2011 report by the Parliamentary Committee on Palliative and Compassionate Care, *Not to be Forgotten: Care of Vulnerable Canadians* (see Executive Summary, Part –1. Palliative and end-of-life care)¹:

Our health care system is good at short term acute care but less so at dealing with people with chronic conditions, with serious pain, with mental health concerns, or with the psycho-social and spiritual needs of patients and their families surrounding the dying process.

People with chronic conditions need holistic care that looks at them as a whole person. They require patient centered care that recognizes their individual needs and not those of the bureaucratic system, as most important. They require integrated continual care that does not allow them to become lost in a fragmented and confusing world of multiple siloed health systems with less than satisfactory inter-communication between them.

4. On protecting the vulnerable, the Catholic Church believes and teaches:

“The person represents the ultimate end of society.... Respect for the human person entails respect for the rights that flow from his dignity as a creature. These rights are prior to society and must be recognized by it.... Respect for the human person proceeds by way of respect for the principle that ‘everyone should look upon his neighbor (without any exception) as “another self,” above all bearing in mind his life and the means necessary for living it with dignity...’ The duty of making oneself a neighbor to others and actively serving them becomes even more urgent when it involves the disadvantaged, in whatever area this may be.” – Catechism of the Catholic Church, nn. 1929-32

¹ The definition of palliative care which is used in the report is that from the World Health Organization (WHO). The report by the Parliamentary Committee also calls for a National Suicide Prevention Strategy. Neither the WHO definition of palliative care, nor that used by Health Canada, includes assisted suicide or euthanasia.

This question is fundamental for our society and its future. The ruling by the Supreme Court of Canada puts at risk the lives of the vulnerable, the depressed, those with physical or mental illness, and those with disabilities. The one-year period given by the Supreme Court is far too short for such a fundamental change in our laws to enter into force. The Bishops of Canada have unanimously agreed to urge the government that is elected on October 19 to invoke the Notwithstanding Clause and extend this timeline to five years. If ever a legal decision warranted invoking this clause in our Constitution, this is it. We need to allow ourselves time to reflect before acting, time to consider seriously the consequences of our actions in dealing with this crucial moral issue.

5. On safeguarding freedom of conscience and religion, the Catholic Church believes and teaches:

“Freedom is exercised in relationships between human beings. Every human person, created in the image of God, has the natural right to be recognized as a free and responsible being. All owe to each other this duty of respect. The right to the exercise of freedom, especially in moral and religious matters, is an inalienable requirement of the dignity of the human person. This right must be recognized and protected by civil authority within the limits of the common good and public order.” – Catechism of the Catholic Church, n. 1738

It is the conviction of all the Bishops of Canada, together with the other clergy and members of the consecrated life, united with our Catholic faithful, that our country must at all cost uphold and protect the conscience rights of the men and women who work as caregivers. Requiring a physician to kill a patient is always unacceptable. It is an affront to the conscience and vocation of the health-care provider to require him or her to collaborate in the intentional putting to death of a patient, even by referring the person to a colleague. The respect we owe our physicians in this regard must be extended to all who are engaged in health care and work in our society’s institutions, as well as to the individual institutions themselves.²

As Bishops of the Catholic Church, we are united with Pope Francis in his concerns about our “throw-away culture” and its fascination with “quick fixes” and “technical solutions”. His following words in his recent Encyclical *Laudato Si’* (paragraphs 46 and 70) apply in so many ways to the question of euthanasia and assisted suicide, even when disguised in misleading phrases such as “assisted dying”:

The social dimensions of global change include the effects of technological innovations on employment, social exclusion, an inequitable distribution and consumption of energy and other services, social breakdown, increased violence and

² According to an online survey by the Canadian Medical Association this summer, 63% of the 1,407 physicians who replied said they would not provide physician-assisted suicide. Also this summer, palliative care centres in Quebec announced they will not offer physician-assisted suicide if it should become legal in the province.

a rise in new forms of social aggression, drug trafficking, growing drug use by young people, and the loss of identity. These are signs that the growth of the past two centuries has not always led to an integral development and an improvement in the quality of life. Some of these signs are also symptomatic of real social decline, the silent rupture of the bonds of integration and social cohesion.

Disregard for the duty to cultivate and maintain a proper relationship with my neighbour, for whose care and custody I am responsible, ruins my relationship with my own self, with others, with God and with the earth. When all these relationships are neglected, when justice no longer dwells in the land, the Bible tells us that life itself is endangered.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Douglas Crosby". The signature is written in a cursive style with a cross at the beginning.

(Most Rev.) Douglas Crosby, OMI
Bishop of Hamilton and
President of the Canadian Conference of
Catholic Bishops

October 19, 2015

The Canadian Conference of Catholic Bishops is the national assembly of the Roman Catholic and Eastern Catholic Bishops. As its principal pastors who officially speak on behalf of the Church in Canada, the Bishops are the spiritual leaders and teachers of more than thirteen million Canadian Catholics. Forty-six per cent of Canadians are baptized Catholics.