

Honourable members of the Standing Committee on Justice and Human Rights,

I greatly appreciate the chance to share my feelings and experiences, and put forward my thoughts regarding the matter before you.

First of all, I recognize the fact that the government is facing huge public health and economic challenges, and the subject of MAiD may be considered by some as a boutique issue. On the other hand, discussions about change and conversations regarding progressive ideas and actions cannot come to a grinding halt.

Secondly, this is a legislative, and therefore in a democracy, a political matter. To be sure, all exchanges and decisions regarding this legislation will be viewed, by many, through a political lens. But I sincerely hope that it will not be politicized, much less made into a partisan wedge issue. It is with this hope that I appeal to your sense of impartiality and rational consideration. The Senate is said to be a place of sober second thought. I don't see why the first thought in the Parliament can't be so carefully considered as to render the second thought automatic.

And thirdly, even though this case is being addressed within the domain of the Department of Justice, I consider it to be equally a healthcare question; much the same as street drugs, abortion, prostitution, and handguns.

Please allow me to begin with my personal experience regarding the death of my father and father-in-law. I will keep the details to a minimum for reasons that will be explained later. Suffice it to say that I watched my father-in-law linger for 8 ½ years in personal care homes as he was reduced from the most gregarious and life-loving man I know, to a completely listless, dejected and sorrowful body. He was tormented by incessant seizure and convulsions for the last five days of his life. It does not bother me to say that my father, the most easygoing man and the biggest jokester I know, mercifully suffered half as long in both cases. He spent just over four years in personal care homes and his pre-mortem seizures lasted two and a half days.

Both men suffered from vascular dementia which fortunately, is a much faster killer than the most famous form of dementia, the dreaded Alzheimer's disease. As

experts can testify, even the fastest progressing forms of dementia are interspersed with periods of total lucidity. It was during those intervals and on more than one occasion that I heard from both men their wish to die and end their suffering; and I don't mean a passive death. They both used phrases in their language (Farsi) equivalent to "why doesn't someone kill me and get this over with?"

To hear that time and again and to continue watching them decline leaves one with the utter sense of desperation. You watch them deteriorate while you feel helpless to do anything about it. They become the first thing you think of when you wake up, and the last one before you fall asleep; and there is nothing for you to do but wish for their death.

That is all I will say about my feelings and experience. Do we really need one's personal experience to make decisions about right and wrong? I hope our society is mature enough to discuss an issue in the abstract, and without appealing to personal experience. We must not need to have individually experienced a misfortune to consider it bad or wrong. Why do we need to be independently touched by an issue to be concerned with it? That is what empathy is; to understand someone's hurt without having been hurt the same way. That is what being an ally means; to denounce unfairness even if it didn't happen to my people. A woman making statements about sexual harassment at workplace does not have to begin with "As a woman..." A man is fully capable of finding that behaviour abhorrent. Along the same line, an indigenous person discussing the injustices of the past and present should not feel the need to qualify his statement by first identifying himself as indigenous. Shouldn't we all recognize and lament the terrible hardship that befell the First Nations?

One of the very few well-known American Republicans who is a proponent of LGBT rights is Dick Cheney. He has openly admitted the reason for this is that his own daughter is a lesbian and that he has firsthand understanding of the difficulties she has faced. I find this narrow-minded and distasteful. Right and wrong must be addressed objectively and dispassionately. We all can, and must find injustice, tragedy, and inequality wrong, and consider ordeal and adversity faced by any group as our own. To draw only from one's personal experience will lead to tribalism and identity politics.

Before I present my own case, please allow me to address and respond to statements and concerns that I predict will be raised by my opponents in this exchange; and this is going to be, by far, the longer part of my argument.

I am glad to not have the unenviable task that you as elected official face, for having to weigh the pros and cons of this issue while considering the political advisability of your decisions. As a forewarning I must inform you that I do not feel held back by any such restraints. You may be pondering that this is a highly personal and emotional issue; that we must tread carefully; that as a group of polite, middle-of-the-road Canadians, we must take it slow, as the general public may not be used to the idea. I sincerely agree. It is a sensitive and emotional topic, and we must tread carefully. I admit that the argument I'm putting forward is also, to a large extent, emotional. For pure evidence you can rely on your board of specialists. But I contend that these emotions are not only backed by evidence at hand, but also centred on the sanctity of personal liberty and empathy towards the sufferer, rather than highly personal convictions.

I also urge you to keep in mind that both sides of an argument do not necessarily carry the same weight. This is what in philosophical circles is called false equivalence. After all, people still fiercely arguing for a flat earth do not get the same platform as astronomers.

You may also be apprehensive about hurt feelings and offending the sensibilities of my opponents. But again, while they are welcome to their sentiments, I ask of you to remember that when it was decided that women can vote, people of colour have citizenship rights, or that earth orbits the sun, the populace wasn't quite there yet. And many found the idea to be quite offensive.

My opponents will state and emote about their personal experiences, sometimes bordering on, or fully characterized as miracles. I recognize their right to hold them as authentic, but when it comes to making a decision of such heft, those stories are as unreliable as eyewitness accounts of an event. Their interpretations can vary greatly even between two individuals. A collection of personal anecdotes makes a poor substitute for, and cannot pass as data.

I am certain that my opponents will present their case passionately and emotionally. I understand that human emotions play a big part in forming the reality of an individual. But one has to draw a boundary between the individual reality and the truth. In short, the intensity, eloquence, and poetry with which a statement is made has very little to do with the validity of that statement. Here, at the risk of irritating some people present, I will repeat the catchword of a man whose very name still causes feelings of indigestion in some parts of this country. Pierre Elliott Trudeau's mantra was "Reason before passion."

Here, I will repeat the catchword of a man who shall remain nameless for the fear of irritating some people present. His name still causes feelings of indigestion in some parts of this country. The mantra was "Reason before passion."

Some will plead religious faith, saying that they find the idea of such a manmade decision offensive, because their versions of deity or temple say so. I submit to you that this does not constitute reason, but personal feelings. I may as well argue that my feelings on the matter are so because my wise friend, Bob says so, and I believe everything Bob tells me. While I remain sensitive to their personal beliefs, let me remind them that they get to practice their beliefs freely because the secular values of this country affords them freedom of religion; and emphasize that by those values, freedom of religion must include freedom from religion.

You will hear from the opposition that life is given by God, and only he decides when to take it away; that we cannot play God. Let me call to mind that the first medical intervention in the human history closed the door to that argument. Every time antibiotics and insulin are prescribed, someone is playing God. Now, some may argue further that antibiotics and insulin are for the well-being of the patient. But what if I consider not being as a form of well-being, when compared to the way I am being today?

Now, up to this point, some may find my tone toward the other side hostile and aggressive. I assure you that it is not my intention to offend, but I cannot allow the fear of offence to stop me from honest submission of my point of view. However, it never hurts to take on a conciliatory tone, extend an olive branch, and give some

reassurance; and when possible, try to show that I may know where they're coming from.

The discomfort that the subject of death produces is quite plain and palpable. But it doesn't have to be this way. The advice "Memento Mori" (Remember That You Die) has been around from the Stoic philosophers for thousands of years. Benjamin Franklin's adage about the only two certainties in life, death and taxes, is not even universal. Some jurisdictions don't collect taxes. Truly, the only certainty in life is death. But somehow, we have been conditioned to evade the subject in our conversations, and the mere thought in our daily living; even though study after study shows that honest discussions about death and dying not only between family members, but also in the public forum have a calming effect and provide us with crisis management tools. But despite its inevitability, and because of the absent conversation, we still allow it to come to us as a shock, even though most of us claim that we do not fear death. I also make that claim, but I'm deathly afraid of dying; the process of it, admittedly because I am highly allergic to needless suffering; for myself and my fellow humans.

I would like to know what scares my opponents about this bill, and what they find so wrong with it. Have they ever considered the possibility that they may be honestly mistaken; that their anxiety about this may be due to misunderstanding or worse, unfounded fear, and worse yet, deliberate misinformation and fear-mongering? There is always a lot of that going around, because fear is a great motivator and is easily utilized to shape public opinion. Let us remember that in her opposition to the Affordable Care Act, publicly known as Obamacare, Sarah Palin warned the American public about the Canadian-style Death Panels, made up of bureaucrats who would decide whether elderly parents, or children with Down Syndrome were worthy of medical care. I am certain that the Canadian society is mature beyond falling for such obvious nonsense, but more subtle forms of falsehood can still creep into our business too.

If we consider our society mature, we must allow it some discretion. Of course, this discretion must be exercised under the watchful eyes of independent bodies and the public at large. This oversight is what debunks the slippery slope argument. I am a faithful follower of Canadian news. Since July, 2005 the number of same-

sex marriages must be **nearing 50,000**. In all that time no news agency has reported a single incident of two unwilling same-sex individuals being forced to marry, or any reluctant member of the Clergy forced to perform the ceremony; this, in spite of all the same kinds of anxiety that permeated that issue.

By the same token, and according to the latest statistics available to me, over **7,000** Canadians have died with Medical assistance. This is since June 2016, when Bill C-14 became law; not a single one without consent, or performed by a physician against their freedom of conscience. 4 Interim reports by Health Canada, a non-partisan organization, corroborate my assertions. I don't see why loosening restrictions that courts find unconstitutional would suddenly force people into situations against their principles. There is certainly fear, but there is no rational basis for supposing that passing this bill means open season on the elderly, the disabled, the homeless, or any other vulnerable segments of society.

This brings us to another false equivalence that needs to be addressed. The cost of this bill being passed or defeated will not be borne equally by each side. If it is passed in favour of my argument, my opponents stand to lose nothing. Their autonomy will remain intact. They will keep the right to continue as before, and choose how they and their loved ones go through the process of dying. On the other hand, if it is defeated, the way my side faces end of life may very well be dictated by the faith, belief systems, and convictions of my opponents. Even if they outnumber my side, that would be unacceptable in a true democracy and considered tyranny of the majority.

And now, here are my thoughts on Bill C-7:

The best definition available to me regarding ethical and moral behavior is conduct that increases well-being and alleviates suffering. Of all human undertakings, I find the institutions of healthcare and justice to be the most obligated to stick to that definition. As such, I find any restriction imposed on a person's right to choose and carry out MAiD to be immoral and unethical, never mind that it already violates their human rights in the form of freedom of choice.

Curbing access to MAiD in the case of dementia, depression and conditions without foreseeable death is tantamount to a catch 22. What makes one ineligible

to receive MAiD is the very same thing that is causing the suffering. I think we can all agree that anguish and distress are not the monopoly of cancer and ALS.

Being a under 18 or depressed is not equal to being mentally disabled, and to limit access to such groups either presumes that they are rationally incapacitated, or that they are less deserving of the constitutional rights afforded to others. Mature minors and depression sufferers are fully capable of informed consent.

Emancipated minors are allowed to request treatment against the religious values of their parents. Inversely, they are allowed to refuse even though their parents would really like them to undergo yet another round of chemotherapy. I fail to see the logic in preventing such individuals to make decisions about MAiD. Are bone cancer and spinal stenosis any less painful for a minor than an adult?

In the similar fashion, as soon as a mentally ill person is deemed to pose no immediate danger to others, he cannot be detained involuntarily, and has every right to refuse further treatment, and is free to walk out of the emergency room or mental health facility. After all avenues regarding the treatment of individuals with mental illness have been exhausted, it is not ok to tell them that they need to continue with their misery, because by our standards, they are not thinking straight and are incapable of making rational choices. What is the alternative to MAiD, to find them hanged from the joist in the basement? What a lonely and desperate image!

Regarding prior consent; we respect the individual by upholding their wishes as expressed in their last will and testament that starts with the caveat “being of sound mind.” The will may be decades old, but we honour it without requiring any renewal of their declarations or reassertion of their intent. Why can we not respect the individual the same way when it comes to their request regarding how they wished to die when they were of sound mind? You may argue that distribution of someone’s estate is different from his death process; that you can’t be sure if I still stand by my previously declared wishes. Well, why not let me own that risk?

Furthermore, requiring final consent at the time of procedure forces individuals to rush to access it, based on the fear that they will lose capacity to give consent later on; and this hastens their death against their wishes, and defeats the purpose for those who want to prolong life. Audrey Parker of Nova Scotia and Neil Clark of British Columbia are only two examples among many.

Let me assure you that I have not arrived at where I am frivolously. The last thing I want to do is be flippant about death, and make light of a difficult situation. Look, it's not like I am sitting here, excitedly looking forward to my medically assisted death.

Good elderly and palliative care and other means of relief from suffering are noble ideas. But an honest assessment of the current situation makes it clear that these resources are not as available as we wish them to be. Once made readily accessible, more individuals will surely go in that direction. In my mind, MAiD currently remains an unattractive second-best choice as a mechanism for harm reduction; in a way like access to safe abortion, decriminalization of street drugs, safe injection sites for users, and so on. Real solutions are, respectively, reproductive education and prevention of unwanted pregnancies, reduction in poverty and homelessness rates, support for those suffering from addiction, and also robust mental health services.

But these underlying problems cannot be simply prayed away. Real solutions require social programs which, in turn, rely on government income. I know I said that this is not to be politicized. But as long as the public regards "tax" as a four-letter word and recoils at its profanity, and as long as some of your colleagues campaign and win elections on tax reduction especially for the super-wealthy and the corporations, these solutions will prove elusive. I will stand with anyone voting for leaders and parliamentarians with visions longer than the next election cycle, and those who will advocate for funding towards these solutions.

Thank you for your time and attention, and thanks again for the opportunity. I am prepared to be questioned and welcome any challenge to my reasoning and claims.