

Submission to the Standing Committee on Justice and Human Rights regarding Bill C-7

As a Specialist Physician in Palliative Medicine I am committed to ensuring Canadians with a 'grievous and irremediable' illness receive **optimal care while safeguarding them against harm**. In this way, physicians share the same responsibility as legislators amending the criminal code: to ensure that changes in law or medical practice do not cause unintended harm. I submit to the Committee the accompanying article I wrote with two other experts in palliative care, published in the World Medical Journal in April 2020 (vol 66). In this article, we outline a review of evidence for harm that followed from Bill C-14 and now object to the expansion and relaxation of safeguards for MAiD as proposed in Bill C-7. Canada needs more stringent and objective oversight for existing safeguards for MAiD, not less.

In addition, my colleagues and I urge consideration of two amendments to Bill C7 including:

1. An amendment to protect Canadians from coercion caused by subtle or perceived pressure to choose MAiD that can result from professionals offering MAiD as a treatment. Information on MAiD should only be provided when requested by a patient.
2. An amendment to protect professional integrity and freedom of conscience in relation to MAiD. Evidence demonstrates that access to MAiD can be provided by the health care system as a whole without forcing individual professionals to violate their professional medical ethics or personal integrity. In a diverse society, patients need to be able to have the choice to see a physician who will not suggest they are better off dead when they are in despair and at their most vulnerable. Trust in the physician-patient relationship necessitates that the integrity of both the physician and the patient are respected.

We commend to you the legislation from Victoria, Australia as an example of how these two amendments could be framed:

Victorian Legislation. Voluntary Assisted Dying Act 2017. 19 June 2020. [Internet]. [cited 2020 Nov 1]. Available from: <https://content.legislation.vic.gov.au/sites/default/files/2020-06/17-61aa004%20authorised.pdf>

"7 Conscientious objection of registered health practitioners

A registered health practitioner who has a conscientious objection to voluntary assisted dying has the right to refuse to do any of the following—

- (a) to provide information about voluntary assisted dying;
- b) to participate in the request and assessment process;
- c) to apply for a voluntary assisted dying permit;
- (d) to supply, prescribe or administer a voluntary assisted dying substance;
- (e) to be present at the time of administration of a voluntary assisted dying substance;
- f) to dispense a prescription for a voluntary assisted dying substance.

8 Voluntary assisted dying must not be initiated by registered health practitioner

1) A registered health practitioner who provides health services or professional care services to a person must not, in the course of providing those services to the person—

- (a) initiate discussion with that person that is in substance about voluntary assisted dying; or
- (b) in substance, suggest voluntary assisted dying to that person."

All Canadians share a common goal – to enhance the life of those faced with serious illness. Palliative care professionals and disability advocates across Canada are warning the committee that changes in the law that are intended to enhance the human rights of sick Canadians will cause unintended harm. Adding protections to prevent coercion and protect professional integrity will signal that you are listening.

Respectfully submitted,

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