

Nov. 2, 2020

National Association of Catholic Nurses-Canada  
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The members and executive of our association object to the process and pace with which your government has embraced euthanasia and now plans to extend its reach in Bill C-7. We discuss three issues in this letter. First, the bill erodes the requirement for consent to procedures. Second, it devalues people with chronic illness in the name of equal access to lethal injections. Third, section 3.5 of the bill contradicts suicide prevention by allowing clinicians to complete their patients' failed suicide attempts begun in the context of the legislation.

Bill C-7 erodes patient consent because it abandons the requirement for immediate consent before clinicians administer death. Advance directives that require a past verbal self to speak for the actual, present and nonverbal self dramatically weaken patient safety and autonomy. According to the bill, the patient's non-verbal resistance to medically administered death could be seen by clinicians intent on inducing death as "words, sounds or gestures made in response to contact" rather than "a demonstration of refusal or resistance."

Clinical interpretation of non-verbal behaviour is speculative. It should never determine that induction of death should proceed. It is not good clinical practice to assume that past directives hold – that is why clinicians reassess patients' "Do Not Resuscitate" directives throughout cancer care. The most shocking aspect of Bill C-7 and previous legislation that followed the Carter decision is that clinicians can terminate their patients' lives with impunity. Involuntary and non-voluntary euthanasia has occurred in other countries. In this context, your government's proposal to drop the requirement for patients to be capable and to reaffirm their consent to life-ending procedures immediately before they take place is alarming.

Our next concern is that Bill C-7 removes the requirement that death be "reasonably foreseeable," allowing euthanasia for patients with chronic illness and disability who may have many years to live. This assumes that death is preferable to a life with disability. Life with disability is often satisfying for those living it, while observers think that they could never live in that condition. As you have heard from the disability community, opening up euthanasia to those with chronic illness presents greater pressure on people who are already on the margins. Our goal as nurses is to reduce suffering by life-affirming measures, helping patients adapt to illness, and affirming their resilience. If we endorse their hopelessness and acknowledge that some lives are not worth living, we undermine our values and place our patients' lives in jeopardy.

Our third concern is that section 3.5 of Bill C-7 allows clinicians to complete their patients' failed suicide attempts begun in the context of the legislation. Allowing nurses and doctors to complete patients' suicide attempts places everyone in an untenable situation – suicide prevention for some patients, suicide endorsement for others.

People with concurrent medical and mental illness have died in Canada at the hand of clinicians, despite mental illness having had an impact on their patients' capacity for consent. That is, concurrent depression or autism likely restricted patients' flexibility in thinking about options to medically administered death. Before the Carter decision and subsequent legislation, people in this situation did consider alternatives and adapt to chronic and terminal illness.

We urge your government to reconsider these components of Bill C-7. The bill also mentions your goal of standardizing approaches to euthanasia across the country. Therefore, we have two more urgent requests. Limit access to euthanasia as far as possible. Prevent professional bodies from setting standards that coerce clinicians into participation in causing their patients' deaths.

The National Association of Catholic Nurses-Canada (NACN-Canada) launched in June 2018 in response to nurses' moral distress related to the abrupt decriminalization of medically administered death in Canada. NACN-Canada is a member association of the Comité International Catholique des Infirmières et Assistantes Médico-Sociales (CICIAMS).

A handwritten signature in dark ink, appearing to read 'H McGee', with a stylized, cursive script.

Helen McGee, BScN MN CPMHNC  
President  
National Association of Catholic Nurses-Canada