

A Brief regarding Bill C-7

We are two Canadians who have a number of concerns regarding Bill C-7 which we wish to detail as follows:

Although the Quebec Truchon court decision only required an amendment to allow MAiD for patients who are not terminally ill, Bill C-7 goes further.

Firstly, Bill C-7 permits MAiD for a person who was previously approved for MAiD, but has subsequently lost the capacity to consent at the time MAiD is to be administered. This will mean that the patient will have lost the right to change his/her mind about MAiD.

Secondly, Bill C-7 waives the ten day waiting period for MAiD for the terminally ill. This may not allow a patient who requests MAiD an adequate time to reflect upon their decision.

Thirdly, when MAiD is approved for a person who is deemed to be not terminally ill, there is a ninety day waiting period before the person can receive MAiD. This creates an inequity between the patient who is terminally ill and the person who is not terminally ill. It can be anticipated that there will be a court challenge to the law in this regard which will result in the law being struck down.

Fourthly, Bill C-7 reduces the number of independent witnesses for the written request for MAiD from two to one.

Fifthly, the definition of mental suffering has not been clarified such that mental illness cannot be definitively stated as an exclusion criteria for MAiD.

Sixthly, there has been no review of the MAiD law, as had been mandated in Bill C-14 to begin in June 2020. Bill C-7 would amend the original MAiD law before any review of that law has begun. (Admittedly, since the original MAiD law has been struck down, such a review may be a moot point, however, a review of MAiD cases may provide valuable data for a new MAiD law).

For these reasons, we request that the Standing Committee on Justice and Human Rights consider recommending the maintenance of requiring two witnesses for the written request for MAiD, continuing to not allow MAiD in the case of prior request if the patient has lost the capacity to consent at the time

MAiD is to be administered. We also request consideration for the same waiting period for both the terminally ill and the non-terminally ill. We further request clarifying language that will exclude MAiD solely on the grounds of mental illness.

Further personal concern:

I have spent many years in the field of healthcare, specifically as a pharmacist and I have worked in the area of Palliative Care, among others. When legislation was introduced to allow MAiD, my main concern was that patients who were diagnosed with a terminal illness would automatically conclude that their only choices were a slow, painful, undignified death where they would become a burden on their loved ones or MAiD. I believe that Palliative Care offers a better alternative. The original MAiD law contained wording in which the Government of Canada committed to working to “facilitate access to palliative and end-of-life care”, but I have seen little practical change in this area. There does appear to be, however, much effort being put toward facilitating access to MAiD, such as Bill C-7.

In my experience, much can be done to bring a patient’s pain and other symptoms to a tolerable level and to provide a dignified quality of life. The provision of palliative care requires a lot of compassion and a lot of selfless hard work, but the patients and their families are worth it and they deserve it. Another observation I have made is that dying, like living, is a process. I am afraid that by shortening or removing that process we rob the terminally ill patient of something of great value, much as we would be robbing someone of something of great value if we removed or shortened their process of living. There is much that we do not know of death and there is much to learn.

One question that I would ask is: Whose suffering do we treat when we administer MAiD to a patient? One lesson that I have learned in my career can be summed up in a phrase which I have heard from many of my mentors: Treat the patient, don’t treat yourself. Sometimes we healthcare professionals do things to help us feel better about our patients. It may be prescribing a medication that might not really be necessary or ordering a test although the result might not change the outcome. We do these things because we want to feel that we are doing something, anything in a situation we find ourselves powerless to change. I have found that we end up needing to deal with our own fear. The most terrifying experience of my life was when a patient who was in extreme pain begged me to get a gun and shoot him, so that he would be out of his agony. I wonder if we are so quick to turn to MAiD so that we won’t have to look on such human suffering and experience such fear? If that patient had been shot dead, it would have appeared to my eyes that he was no longer suffering so terribly, but he may have been suffering a great deal more in ways that I could not see. That event was early in my career, before I had the experience and the tools to help that patient. I regret that I did not know the principles and techniques I do now which I believe would have allowed me to help that patient then. My desire is for that patient’s suffering to not have been in vain. My desire is for palliative care practitioners to treat those who are suffering. It has been my experience that people who are facing terminal illnesses are not looking for someone to cure them, they are looking for someone to listen to them, stay with them and remember them.