

To:

The Standing Committee on Justice and Human Rights

Re:

Bill C-7 - An Act to amend the Criminal Code (medical assistance in dying)

Dear members of the Committee,

With this letter, our family are calling upon you to reject Bill C-7 in its entirety. We provide three key reasons to do so, any one of which should be enough to see that this bill is ill-advised and must not be passed at this time.

1. The bill is unnecessary and violates the government's commitment to first assess the impact of current assisted dying provisions.

At the passing of Bill C-14, the government had planned a five-year revision of the law. This revision has not taken place: nothing the government has done, including the survey on euthanasia, can be counted as anywhere near what is required in this context. The Quebec judge's decision is already law in Canada because the government did not appeal, so there is no need to legislate to catch up with it either. It would be unethical and irresponsible for the government to modify the law at this point, without having done the five-year review. C-7 must therefore be firmly rejected.

2. The bill sanctions the idea that some lives are not worth living, and is a factor in increased suicides, with and without MAID.

Rather than increasing access to MAID, government needs to *restrict* access – and should consider legislating against this practice altogether in a quest to send the right signal to Canadians: that their lives, at whatever stage or under whatever circumstances – has dignity and that we as a society “have their backs” and will do whatever we can to alleviate pain and suffering, and to ensure they truly die with dignity and are not disposed of because they are considered a burden. In the Netherlands, where MAID has been extended to most parts of society and may be extended to small children in 2021, suicide rates without MAID have increased.¹ In other European countries, where MAID is not legal, rates have decreased at the same time (see article reference at the end of this submission). It is important to understand that laws do not merely *reflect* mainstream (or elite) opinion, they also influence public opinion. For example, attitudes towards marijuana use have changed materially in Quebec since the legalization of the drug in 2018.² Government must not send mixed messages to Canadians: our medical system must affirm the dignity of human life and must discourage decisions to take one's life, rather than reinforcing them. The Committee has already heard evidence that abuse and pressure towards MAID are occurring under the present law. This needs to be evaluated and addressed. As mentioned under the previous point, it is imperative to first

¹ <https://oneofus.eu/legalize-euthanasia-increase-suicides/>

² <https://www.lapresse.ca/actualites/2020-03-11/l-acceptabilite-sociale-du-cannabis-bondit>

examine the detrimental effects of the current legislation and take measures to protect Canadians in vulnerable situations before the regime can be further adapted.

3. C-7 removes important safeguards and makes the MAID regime more dangerous to the vulnerable than C-14 was.

The law does not take the realities in the field into account. By allowing MAID to be given the same day, without any waiting period, it jeopardizes Canadians with depression and transient suicidal ideation. Many Canadians will express a preference for suicide not because they want to die but as a call for help - they feel hopeless and isolated, even more so with the current COVID confinement. Government and especially the medical system must not give people in need a callous reply when they are most in need of compassion and consolation. Safeguards with respect to waiting periods, independent confirmation by several doctors and the exclusion of pressure on patients from either family or medical personnel, as is evidently already happening in Canada (re. Roger Foley's testimony), must be put or kept in place. Bill C-7 would move Canada more towards routinely killing patients upon unconsidered, irreversible requests that are not based on well-informed consent, where MAID is not just one option but becomes the *default* option because people are "expected" to opt for MAID whenever those close to them, including nurses and doctors or care staff, think their lives are no longer worthy. We have heard about seniors in the Netherlands who wanted to spend their last days in Germany, for fear of being euthanized in a Dutch hospital. We must not let this happen in Canada by creating a culture that denigrates age or disability and laws that teach medical staff and families that MAID is an acceptable way to dispose of family members who appear to be a burden. Don't forget that all members of the Committee may eventually find themselves in a situation where a decision for or against MAID needs to be taken. You will want to be protected from both rash decision and any pressure from others in that moment.

We are hoping that these arguments – and the many others you will hear or have already heard – serve to illustrate that this bill is ill-advised, both in terms of its timing and in terms of its content. As Canadians, we expect government to act responsibly and based on the best evidence. Bill C-7 does not respond to these expectations and does not respect the practices of good governance.

Kind regards,

Martin Tampier, Quebec
(*not signed to enable web publication*)

Reference to Paper on Dutch euthanasia experience:

Boer, Theo: Does Euthanasia Have a Dampening Effect on Suicide Rates? Recent Experiences from the Netherlands. *Journal of Ethics in Mental Health*, Open Volume 10, 2017