

To Whom it May Concern;

I am writing to you out of deep concern for my patients, my community, and the future of health care. My name is Karol Boschung, and I am a fourth-year medical student currently in the Island Medical Program at the University of British Columbia. I have watched with sadness and horror as, over the past several years, Physician-Assisted Suicide/Medically-Assisted Dying has moved from a marginal practice, fenced in by essential safeguards, to a force actively threatening the lives of the most vulnerable members of our society. This trend is coming to a head with Bill C-7, and it has come to the point where I am truly afraid of what our society, and my chosen profession, is becoming.

I realize that, for many, euthanasia is a deeply personal issue, which is imagined as a last resort to ease the suffering of the dying, and being against this practice is seen as callously condemning people to unendurable, unchosen suffering and pain. Moreover, in the media, euthanasia is regularly portrayed as a compassionate practice, with the sick and suffering being gently eased along their way surrounded by friends and family. I am writing to tell you clearly and to beg you to understand: this is **not** the whole truth. Bill C-7 is often framed as a matter of expanding “choice”, but for a choice to be truly meaningful, alternative options need to be accessible. It’s no kind of choice at all if the alternatives only exist in theory. But the idea that assisted suicide is the same kind of choice for everyone is just not true, and by broadening eligibility what we are really doing is broadening the circle of harm that we are causing. With that in mind, consider the following:

- It has been unambiguously documented, in several published studies, that pain is **not** that most common reason for a patient to request physician-assisted suicide. Instead, reasons such as loss of control, the feeling of being a burden, and fear of future suffering are listed amongst the most common reasons for requesting physician-assisted suicide.
- The standard of care for relief of physical **and** psychological suffering at the end of life is palliative care, ideally delivered by a properly trained physician or medical team. And yet we know that access to palliative care in Canada is abysmal, especially outside of urban centers. Some reports state that *up to 70%* of Canadians lack access to palliative care at the end of their life, meaning that *up to 70%* of Canadians lack access to the standard of care for addressing the very problems that most often lead people to request physician-assisted suicide. So when these patients “choose” physician-assisted suicide, what kind of choice is it?
- It has also been unambiguously documented, in published medical literature, that the desire to die, in very sick patients, is **variable** and **transient**. Likewise, suicidal ideation (the desire to die) in patients who are not imminently dying is affected by a complex interplay of social, economic, medical, and personal factors, and may resolve with the aid of social support and proper psychiatric care.
- Despite this, Bill C-7 will allow **same-day death** of patients requesting physician-assisted suicide, and the 90-day waiting period it proposes for those who are not imminently dying is far outstripped by wait times for psychiatric services in many parts of the country. So when patients who are not actively dying request and receive assisted suicide when what they really needed was psychiatric help, what kind of choice is it?

On top of all this, this change is being proposed in the midst of a pandemic which has wounded us all, but especially isolated the most vulnerable among us. If we sat down together, I would want to tell you about my patients: the woman with the new breast cancer diagnosis; the homeless man whose lung cancer had come back; the young woman with a devastating eating disorder; the man fighting for his life in the ICU with a heart defect, and so many more. Each of these patients had an uncertain future - maybe weeks left to live, but maybe months to years! Each of them was cut off from the people they loved due to COVID-related visiting restrictions, and they sat alone in the hospital, sad and hurting. This isolation, and the fear of facing an uncertain future, leaves them and so many like them vulnerable to cutting their life short by pursuing physician-assisted suicide in a moment of desperation.

Finally, Bill C-7 has been loudly and clearly denounced by the Council of Canadians with Disabilities as contributing to systemic injustice against some of the most vulnerable in our community. As a community uniquely vulnerable to the economic, social, and medical pressures that lead to assisted suicide, Canadians are rightly concerned that they are being ignored in the rush to loosen the eligibility criteria for euthanasia. Please hear the words of Tracy Odell, the president of Citizens with Disabilities Ontario: "The government seems committed to spending time, energy, and resources on helping us die sooner. What we truly need are resources to live with dignity in the community... Canada should show its resolve to be a 'kindler and gentler' nation. We do this through active support of our human rights recognized by the United Nation Convention on the Rights of People with Disabilities; not by expediting people's death - especially when our so-called 'choice' for an early death arises from fear of loneliness, neglect and shortage of help to live with dignity at home".

**This** is what will be achieved by passing Bill C-7 in the midst of a pandemic, a uniquely vulnerable time in our national life: endangering the vulnerable and contributing to systemic injustice. I appeal to you and your conscience, as a fellow citizen with those who will be endangered by this bill: please do not allow it to proceed as currently written, and insert strong protections to protect the vulnerable Canadians that are being endangered by its passage.