UNI-T VOICE FOR CHRISTIAN VALUES

UNI-T VOIX POUR LES VALEURS CHRÉTIENNES

BRIEF FROM

THE UVVC ASSOCIATION: A VOICE FOR CHRISTIAN VALUES

PRESENTED TO:

THE STANDING COMMITTEE ON JUSTICE AND HUMAN RIGHTS

REGARDING BILL C-7 ON MEDICAL ASSISTANCE IN DYING

Bill introduced at First Reading on October 5, 2020
And at Second Reading on October 29, 2020

Table of contents

BRIEF PRESENTING THE POSITION OF UNI-T: A VOICE FOR CHRISTIAN VALUES

I. PREFACE

Unit-T: A Voice for Christian Values (UVVC) is a young and growing organization. Born in early 2017, its message is being increasingly echoed throughout the households of Quebec. **The UVVC currently represents several thousand fellow citizens** (Christian churches, members of those churches, citizens who are not church members but who believe in the same values promoted by the UVVC) **who wish to promote and protect the values and heritage that shaped Quebec**.

We believe in the values protected by the **Canadian Charter of Rights and Freedoms** and the **Quebec Charter of Human Rights and Freedoms**.

Thus, we believe that **freedom of religion, freedom of the press, freedom of expression, freedom of assembly and freedom of conscience** must not only be protected, but also respected.

We also believe in the **fundamental institution of marriage, the family, the rights of parents, the rights of children, the protection of the most vulnerable**, and it is under the banner of these fundamental beliefs that we submit to you our opinions, reflections and recommendations regarding the bill on medical assistance in dying.

II. INTRODUCTION

We would like to thank the parliamentarians and members of the Senate who make it their duty to protect human life, security and dignity, as well as those who have been made vulnerable by life's circumstances.

We want to begin by acknowledging that this social debate is a highly emotional one, and we would like to say that in no way is the objective of our brief to diminish the suffering of people who find themselves in a situation that could cause them to ask for assistance in dying. We recognize that everyone has different moral values and it is important that this social debate be carried out with respect for all.

Assisted suicide is a topic of great concern to many Canadians. Some oppose it on moral grounds. Others are concerned that this legislation could have irreversible consequences for people living with a disability,[1] as they may feel pressured every time they are informed of this new practice; and all the more so since healthcare has deteriorated with the crisis created by the COVID-19 pandemic. Some question whether this is not a missed opportunity for the government to save on social spending.[2] Others see it as a subtle

[1] CTV News, Oct. 1, 2019, Two Canadians want next prime minister to push for 'assistance in living,' not assisted dying, Testimony of Jonathan Marchand and Lisa D'Amico, "*They were willing to help me kill myself without helping me to live. … I want to be free. I don't want to die," said D'Amico, but added that life was difficult without access to proper care, proper food, and proper technical aid to alleviate her disability. "If I ever require euthanasia, it's not my disability that's killing me, it's my own government."*

[2] Ibid: *"I think it's a cheap solution for the government who doesn't want to invest in healthcare. They've sold it and people have bought into it."*

shift towards a form of eugenics,[3] such as the universal prenatal screening for Down Syndrome in Quebec, which is perceived by the Down Syndrome community as a way to make them disappear.[4]

The specific purpose of our brief is to alert Quebecers and Canadians to the foreseeable consequences of adopting this legislation. We are opposed to this bill, which has the effect of proposing discriminatory social selection. This practice, which was initially permitted in the name of the dignity of certain individuals whose suffering had been demonstrated in court, will inevitably slide towards a subtle form of euthanasia that threatens the most vulnerable members of Canadian society. *Pandora's box* was opened when assisted suicide was decriminalized in Canada. The concerns that were denounced when expressed through the representations of various groups and professional orders in the context of *Carter* and the *Select Committee on Dying with Dignity*, are now becoming a reality.[5]

III. ARGUMENT

1. The social debate on medical assistance in dying (MAID) in Canada has not been democratic and impartial

First of all, we must express our astonishment that the Attorney General of Canada did not appeal the decision of the Superior Court of Quebec in *Truchon*, despite the fact that this is a sensitive and controversial issue for Canadian society. Indeed, an appeal to the Quebec Court of Appeal would have allowed the Government of Canada time to be informed of the Ontario Superior Court decision on the constitutional challenge of MAID by Roger Folley.[6] Mr. Folley, who has a disability that causes suffering, alleges that he was unduly pressured by healthcare personnel to request MAID when he was seeking care. In our view, it would have been helpful for the Supreme Court of Canada to have addressed the issues decided in *Truchon*. The Supreme Court of Canada decision in *Carter* was a balanced analysis between individual rights and the protection of the most vulnerable in Canadian society. It is our view that the government's decision not to appeal *Truchon*, when it could have benefited from the analysis of Canada's highest court, deprived Canadians of constitutional protection and a pan-Canadian analysis of the issue.

It is also disappointing to note that while the *Council of Canadian Academies' Expert Panel on Advance Requests for MAID (2018)*, whose study on the subject was requested by the Government of Canada, **invited the Canadian public and parliamentarians to engage in a wider discussion about MAID in the weeks and months following release of its reports**, that wider discussion did not in fact take place. The public consultation of Canadians was conducted in early January 2020 through a two-week online survey.

---

[3] HUFFPOST, De l'euthanasie à l'eugénisme: les familles sous le choc. Égalité et réconciliation, Nouveau dépistage de la trisomie: vers l'eugénisme?

[4] LE SOLEIL, May 22, 2010, Dépistage du syndrome de Down: parents et trisomiques craignent une dérive, [TRANSLATION] "Quebec is continuing to implement a universal prenatal screening program for Down Syndrome, much to the chagrin of parents of Down Syndrome children and adults who grew up with this "difference," and who see it as the beginning of a slippery slope, the start of genetic selection of babies."

[5] OIIQ, (2010), Mourir dans la dignité, Développer d'abord les soins palliatifs: [TRANSLATION] "So why not make palliative care, euthanasia and assisted suicide accessible at the same time? Mainly because of the potential excesses. In that regard, 'it is interesting to consider that caregivers who focus on technique and the immediate solution will find it easier to resort to euthanasia rather than provide care that is very demanding.'" p. 9.

[6] Statement of Claim, Roger Folley v Victoria Hospital London & Attorney General of Canada.

Any submissions received after midnight of the last day were rejected. Roundtable discussions were held (3 weeks in length), with many people involved in this issue, but no one representing the **spiritual and ethnocultural point of view**, even though they are the main objectors to medical assistance in dying. It would also appear that this consultation was not advertised in Quebec: despite the fact that Quebec represents 22.6%[7] of the Canadian population in 2020, Quebecers constituted only 9.2% of respondents to this survey. We therefore feel that this discussion on MAID was not objective and did not consider the viewpoints of all Canadians. It is worth mentioning that Oregon, for example, held a true democratic process on the issue through a referendum to determine whether citizens were in agreement.[8] In Canada, meanwhile, the debate about assisted dying has remained within elitist academic, expert and health professional circles.

We are dismayed that broader discussion and consultation have not taken place with disabled people and marginalized groups, when very serious issues[9] have been raised and those people are specifically affected by the expansion of assisted dying in Bill C-7. Are they not experts as a result of their experience with the healthcare system?

2. The bill legislates beyond the *Truchon* decision and removes safeguards and protections from the *Criminal Code*

Truchon held that the "reasonably foreseeable death" test in paragraph 241.2(2)(d) was unconstitutional. However, Bill C-7 expanded access to MAID beyond what was required by *Truchon*.

We are highly concerned that certain safeguards will be removed by Bill C-7. One of those safeguards, which is intended to avoid hasty decisions, is the 10-day delay between the request for MAID and the administration of death, for persons whose death is reasonably foreseeable. This test will be completely removed from the *Criminal Code* by Bill C-7. As a result, a person diagnosed with an advanced disease could receive the fatal dose within a few days of diagnosis, when they may be in a state of distress. It is unfortunate to note that instead of increasing protections against potential abuse, this bill seems to allow for the acceleration of MAID for patients who are at the end of life or whose death is reasonably foreseeable.

The other safeguard eliminated by Bill C-7 is the need to have two (2) independent witnesses co-sign the request for MAID. This will be reduced to one (1). Currently, the independent witnesses cannot be involved in the delivery of healthcare services or the direct provision of personal care to the requester (241.2(5)(c) and (d)). Through the changes to subsection 241.2(5.1) proposed in the bill, such individuals will now be able to serve as witnesses for the person requesting MAID, with the exception of the person who will administer MAID or the person providing the second medical opinion. This change is problematic,

---

[7] Population, Québec et Canada, 1851-2020.

[8] Los Angeles Times, June 23, 1997, Assisted Suicide Is Back on the Oregon Ballot.

[9] Government of Canada, WHAT WE HEARD REPORT, A Public Consultation on Medical Assistance in Dying (MAID), p. 18: "Some disability organizations said that a law that compares disability with the eligibility to die would be subject to a Charter challenge. They said this could violate section 15 of the *Canadian Charter of Rights and Freedoms*. This section has to do with equality rights. They noted that this had not been considered by the courts in any real way."
"There were concerns about expanding the MAID system outside of the end of life. Some were worried that Indigenous patients may choose MAID because they don't have access to adequate health care services. This includes palliative care programs. It also includes options to help people who have a lot of pain and who have mental health issues. Some also worried that Indigenous patients could choose MAID because of outside pressures like a lack of housing."

as it does not provide for outside monitoring of healthcare staff to verify or ensure that there is no tacit pressure. With respect to the issue of tacit pressure, we do not want to imply that this is a generalized behaviour on the part of healthcare staff. However, such behaviours do actually exist in the healthcare system. By way of example, we refer you to the story of Sheila Elson from Labrador, who was offered assisted suicide at the hospital for her severely disabled daughter Candice Lewis, who had become seriously ill. A doctor informed her that assisted suicide was now available in Canada, and when the shocked mother refused, he told her she was being selfish. Her daughter overheard this conversation, and was severely traumatized by it. The mother claimed that she also heard a nurse comment that her disabled daughter was a "frequent flyer,"[10] in other words, a heavy user of healthcare services. What would have happened to Candice Lewis if she had been a patient in a long-term facility and her mother had not been there to protect her?

You should be aware that respondents to the public consultation on MAID, in the section on safeguards to protect against misuse or abuse of MAID, were strongly in favour of adding safeguards to those currently found in laws on medical assistance in dying. Respondents considered it very important (37.2%), fairly important (8.9%), and important (17.3%) that a psychiatrist or psychologist be of the opinion that the person is able to consent to receiving MAID.[11] Furthermore, 55.9%[12] of respondents believed it was very important that those responsible for determining ability to consent receive special training and tools to help them determine if there is any reason to worry about a person with a mental health problem or to identify external pressures. In practice, however, it is the physician or nurse who determines the patient's capacity to consent,[13] and these additional safeguards do not appear to have been added to Bill C-7.

The removal of safeguards in Bill C-7 is surprising given the position of the Government of Canada when it argued the inherent risks of MAID before the Supreme Court in *Carter*:

> [116] At trial Canada went into some detail about the risks associated with the legalization of physician-assisted dying. In its view, there are many possible sources of error and many factors that can render a patient "decisionally vulnerable" and thereby give rise to the risk that persons without a rational and considered desire for death will in fact end up dead. It points to cognitive impairment, depression or other mental illness, coercion, undue influence, psychological or emotional manipulation, systemic prejudice (against the elderly or people with disabilities), and the possibility of ambivalence or misdiagnosis as factors that may escape detection or give rise to errors in capacity assessment.

Another problem with the MAID legislation is that it leaves it to the sole prerogative of physicians or nurse practitioners to determine whether a patient meets the criteria for MAID eligibility. The criterion of reasonably foreseeable death or end of life is not subject to overly broad interpretation. On the other hand, the criterion of advanced decline and/or psychological or physical suffering could be interpreted very broadly to include multiple medical conditions to which Parliament would not have consented.

---

[10] CBC, Mother says doctor brought up assisted suicide option as sick daughter was within earshot, July 24, 2017.
[11] Government of Canada, WHAT WE HEARD REPORT, A Public Consultation on Medical Assistance in Dying (MAID), p. 8.
[12] Ibid, p. 9.
[13] OIIQ, Soins de fin de vie, January–February 2016, Vol. 13, No. 1, *La loi concernant les soins de fin de vie, Rôle et responsabilités de l'infirmière*, p. 61.

Leaving it up to physicians to interpret the eligibility criteria for access to MAID puts them in a situation in which they replace the legislator in deciding who will be allowed to die.

Since *Truchon*, there has been obvious enthusiasm about expanding the MAID criteria in Quebec. A Radio-Canada article indicates that the Collège des médecins has already been asked whether patients diagnosed with Alzheimer's will be able to resort to assisted suicide. This article discussed the goal of one physician who performs MAID to include people diagnosed with Alzheimer's in the eligibility criteria for MAID, indicating that [TRANSLATION] "we realize that Alzheimer's is a neurodegenerative disease in the same way as multiple sclerosis and Parkinson's. In the case of Alzheimer's, [physicians] need to realize that advanced decline is the destruction of the brain, not the destruction of the body."[14] The article does not mention whether this doctor has received a response from the Collège des médecins, however, and we are not aware of that organization's position. This situation does demonstrate, though, the extent to which physicians can interpret the terms of the *Criminal Code* to try to fit them to any disease, illness or disability they consider appropriate. It is disturbing to think that this same physician may determine in the context of a request for MAID that the patient's advanced decline is the destruction of their brain and the persistent psychological suffering is what the person has to endure as a result of knowing what lies ahead. Furthermore, this physician, who interprets the terms of the *Criminal Code* in a broad and liberal manner, could refer the patient to another independent physician,[15] who is not in a relationship of authority with the first physician, but who has a similar ideological approach, or the patient themselves could find a physician who has such an interpretation. This could be considered "doctor shopping," and would allow someone to obtain both medical opinions quickly in order to proceed with assisted suicide.

This bill appears to offer protection to people who suffer from mental illness, since it excludes them from eligibility for MAID. In our opinion, this is just an illusion, given that within the bill itself, the government seems to be opening this door by providing for a committee study of the issue.

3. The bill does not provide a complaint process or protection from undue pressure from family members or caregivers

What recourse will be available for sick and/or disabled persons who are subtly guided toward euthanasia by healthcare staff, even though this was not their preferred option? What recourse will there be for family members who wish to oppose the assisted suicide of their loved one? Under provincial law, medically assisted suicide is subject to full confidentiality, so a family member could be denied information about the patient's wishes, or assistance if they wanted to alert the physician to pressure being exerted by an outside person, either due to exhaustion or for monetary purposes.

According to the Government of Canada's *First Annual Report on Medical Assistance in Dying* (2019), there are limitations to the federal monitoring system on MAID. It does not account for cases in which an assessment for MAID has led to rejection, as there is then no obligation to complete the written request

---

[14] Radio-Canada, March 10, 2020, L'Alzheimer admissible à l'aide médicale à mourir dès le 12 mars?

[15] According to the Quebec declaration form for the administration of medical aid in dying, p. 5: [TRANSLATION] "Under the Act respecting end-of-life care, the second physician consulted must be independent, both with respect to the person requesting medical aid in dying and the physician seeking the opinion. Section 63 of the Code of Ethics of Physicians provides that: "A physician must safeguard his professional independence at all times and avoid any situation in which he would be in conflict of interest, in particular when the interests in question are such that he might tend to favour certain of them over those of his patient or where his integrity and loyalty toward the latter might be affected."

for MAID. The written request for MAID is formalized on paper once the person is deemed eligible. Section 2.4 of this study states: "*The practical effect is that a significant number of cases where the individual made a verbal request, has been assessed and found to be ineligible, are not being captured*."[16] **We can also conclude that a verbal suggestion from the health professional, without a request from the patient, will not be counted either, since there is no obligation to fill out a form to this effect.** The monitoring system therefore does not have a mechanism to check for undue pressure from healthcare staff. The same is true for the *Commission sur les soins de fin de vie*, which monitors the application of MAID in Quebec, and which states in its latest report for the 2015–2018 period that it *is impossible to trace verbal requests that have not been the subject of a written request; the Commission has no data on them. In addition, requests addressed to a physician in a private professional practice when no institution was involved in the process cannot be tracked at this time*.[17]

Safeguards implemented to protect the most vulnerable do not meet the criterion set out by the Supreme Court at para 27 of *Carter*: "*the risks of physician-assisted death 'can be identified and very substantially minimized through a carefully-designed system' that imposes strict limits that are scrupulously monitored and enforced*."

4. The social debate on MAID must be re-evaluated in light of the reality of marginalized people in the healthcare system in the era of COVID-19

In this context, where we feel that the important discussions have not taken place, we find it worrisome that Bill C-7 has been hurriedly introduced in the midst of the COVID-19 pandemic, which will not allow for a democratic debate on the issue. This all the more so since Bill C-14 provided for a review of the MAID legislation five (5) years after its coming into force. We are concerned that the current MAID provisions have not been reviewed by this committee, and that instead, Bill C-7 will expand MAID without having met the legislative requirements of Bill C-14.

Some serious questions have been raised about MAID by individuals and groups representing people with disabilities:

> [TRANSLATION]
> *"COVID-19 has clearly revealed the endemic ableism in Canada's healthcare system as well as in Canadian society at large," said Dr. Heidi Janz, Chair of CCD's Ending-of-Life Ethics Committee. She explains that ableism may be defined as discrimination and social prejudice—based on the perceived superiority of typical abilities—towards persons with disabilities. Like racism and sexism, ableism categorizes entire groups of people as "inferior beings" and perpetuates dangerous stereotypes, misunderstandings and generalizations about people with disabilities.*[18]

---

[16] First Annual Report on Medical Assistance in Dying in Canada, 2019.

[17] MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX, Commission sur les soins de fin de vie, Rapport sur la situation des soins de fin de vie au Québec du 10 décembre 2015 au 31 mars 2018, Québec, MSSS, 2019, p. 55.

[18] Winnipeg - October 5, 2020, News Release, The Council of Canadians with Disabilities (CCD), denounces the federal government's reinstatement of Bill C-7, which expands access to medical assistance in dying for people who are suffering intolerably from an illness or disability but whose death is not reasonably foreseeable.

Long before the COVID-19 pandemic, intolerable living conditions already existed in Quebec's healthcare system. We only have to think of Archie Rolland, who decided to end his life in 2016, rather than continue to live in inhumane living conditions in a long-term care centre,[19] or Raymond Bourbonnais, who decided to end his life in 2019, due to the living conditions at his CHSLD long-term care centre.[20] In his annual activity report 2019–2020,[21] the Quebec Ombudsman noted that the alarm regarding living conditions in nursing homes had been sounded long before the current health crisis. For many years, the Quebec Ombudsman has also deplored the problems of access to adequate housing services for people with disabilities.[22]

Given the realities of marginalized groups and the crisis in the healthcare system associated with COVID-19 and the already existing inability to meet demand, we believe that the conclusions of the *Truchon* decision should be analyzed against the new realities of the healthcare system. The fear of COVID-19 and the general increase in depression, the lack of personnel in nursing homes and hospitals, the lack of resources in Indigenous communities, the impossibility for patients to receive visits in healthcare centres, the allocation of human and financial resources to COVID-19; all of these factors combined would constitute a lethal cocktail should Bill C-7 come into force and allow MAID for people who are not at the end of life. In the era of COVID-19, many people are experiencing intense fear and despair.

In this context, we believe that in adopting Bill C-7, the Government of Canada and the healthcare system would become complicit in the premature death of people who meet the new MAID criteria and who would want to end their lives to avoid finding themselves in the vortex of the pandemic.

5. The bill is the beginning of a subtle shift towards euthanasia

Many people have felt chills up their spines as they observe the results of legislation on assisted suicide in the European countries that pioneered the practice. While assisted suicide had originally been permitted for specific end-of-life cases for adults, **there has been a subtle shift over time towards euthanasia and targeting members of society who are no longer productive**; the elderly,[23] the depressed,[24] autistics[25] or people with disabilities.

While Bill C-7 does not currently apply to those for whom mental illness is the sole underlying condition, we are convinced that following research by Canadian expert panels, the practice will soon be permitted

---

[19] Montreal Gazette, October 1, 2016, Saying goodbye to Archie Rolland, who chose to die: 'It is unbearable,' "Montreal landscape architect Archie Rolland vowed to end his life rather than continue to suffer at a long-term care facility in Lachine he said was treating him inhumanely."

[20] La Tribune, November 29, 2019, Dénoncer avant de mourir, (Video).

[21] Quebec Ombudsman, Annual Report 2019–2020, p. 6, [TRANSLATION] "However, it must be admitted, by the Ministère de la Santé et des Services sociaux as well as other authorities, that **the alarm had been sounded on numerous occasions**. Unfortunately, the solutions required to provide seniors with a living and care environment that is safe, humane and meets their needs have been put off. **In short: after the analyses and observations, we have to agree at some point that everything has been said, that everything is known, that everything is in place to take action. Now.**"

[22] Ibid, p. 106.

[23] NL#Times, Submission of euthanasia at "completed life" law causing strife among coalition parties; D66 parliamentarian Pia Dijkstra submitted her legislative proposal to allow elderly people who feel they've come to the end of a complete life to ask for euthanasia, under strict conditions, to parliament on Friday.

[24] NRL New Today, Belgian lecturer blames the euthanasia law for the death of his depressed mother.

[25] The Guardian, Collateral damage from laws around euthanasia.

in the name of dignity and equality for those suffering psychologically. The experience of Belgium and the Netherlands demonstrates this. It is only a matter of time. We also observe with horror that in some countries in Europe, the euthanasia of minors has been decriminalized and/or permitted in certain cases. In the Netherlands, a "death clinic" has been opened where people who are not at the end of life can go and end their lives because of suffering. This clinic gained notoriety when it euthanized a man suffering from severe dementia.[26]

In Canada, we are concerned that there is likely to be a shift towards public acceptance of euthanasia as a result of the trivialization of this practice. In our view, this trivialization is mainly due to the effect of the media, both through reports in which journalists are greeted by suffering people on their way to "death with dignity" or interview those unable to receive it, and through the opinions expressed by journalists. We need only consider the television series, "*Mary Kills People*," on Global, in which a doctor is depicted as a heroine for offering the illegal service of ending the lives of suffering or sick people. This series has the effect of desensitizing the public to a notion that at first glance could be shocking, by presenting fictionalized scenarios in which this doctor becomes an "angel of dignity" as she subtly associates notions of human dignity with what is actually murder. In the first season, she kills only those who are suffering from an incurable and painful disease. By the second season, however, she begins to see euthanasia as a final solution for a woman living with emotional pain following the death of her spouse, and she believes that this woman should be able to choose to die alongside her husband. Thus, the whole notion of "the right to a dignified death" is subtly introduced into mainstream thought. Moreover, the Collège des médecins du Québec sounded the alarm in a press release entitled "Vers la mort à la carte?":

> [TRANSLATION]
> *Since the Act came into force, and particularly since the debate on the federal bill following the Supreme Court of Canada's decision in Carter, some people have been talking about "a new constitutional right": the right to obtain MAID on demand, and even to apply for it "preventively," shortly after being diagnosed with a serious or fatal disease and before suffering from the anticipated disability or limitations. For many, it is a matter of having control over their death and the right to choose when and how they die. While MAID was originally reserved for the suffering patient, there is an emerging discourse calling for a form of death à la carte. But is this really what our society wants?. . .Exclusion and paradoxes are difficult to live with, particularly for opinion leaders and media columnists, who denounce refusals to perform MAID and promote à la carte death "to respect everyone's choices."*[27]

Although this ideological shift is occurring in the media, the assisted suicide lobby's preferred vehicle for change is the courts, invoking the rights guaranteed by the Canadian Charter. We can only predict that following adoption of Bill C-7, the various lobbies pushing for assisted suicide in Canada will be going to court to accompany individuals suffering as a result of mental health issues, or a child suffering from an incurable disease, to open this *Pandora's box* ever wider in the name of dignity and equality, applying the same arguments as in *Truchon*.

---

[26] MedicalXPpess, February 7, 2020, Dutch euthanasia clinic sees jump in death requests.
[27] Collège des médecins du Québec, Vers la mort à la carte?

6. Danger that MAID is the cure for lack of resources and care

We are concerned that the expansion of MAID as proposed in the bill will replace the care that the government is required to provide to patients, particularly in a context of scarce resources and personnel. Rather than encouraging them to die, it is the government's duty to make all the necessary physical resources available to Canadians to treat, relieve, support and care for them, and also to provide the psychological, social (such as listening and comforting) and spiritual assistance they need: the type of care that has been dismissed by government authorities, but that remains an important and valued source of help for many Canadians, in addition to being a value recognized by our Constitution.

The Collège des médecins reminds us that [TRANSLATION] "[i]t will always be important to consider the entire therapeutic arsenal available to alleviate a patient's suffering, but also those elements, beyond care, that could improve the patient's quality of life."[28]

It is the duty of the government to protect the vulnerable from themselves, not to help them die.

"We are concerned that the Committee's permissive approach would put vulnerable people at risk. Their recommendations exceed guidance from the Supreme Court, as well as UN Conventions to which Canada is a signatory,"[29] said Tony Dolan, Chair of the Council of Canadians with Disabilities.

The stories of individuals who were pressured to apply for MAID presented earlier in this brief illustrate the types of abuses that the OIIQ was concerned about in its 2010 brief regarding the legalization of euthanasia and assisted suicide, namely that [TRANSLATION] "this legalization is being used as a loophole in the provision of an appropriate range of end-of-life care. In a context of scarce resources, euthanasia is systematically included as an end-of-life option in the face of imminent death and the fear of pain. As a result, the moral and societal obligation to maintain the exceptional nature of this option is being completely shirked, and nurses are asked to be the administrators of a death that has become instrumentalized, without a voice, placing them in situations of significant ethical dilemma. Moreover, what will become of the relationship of trust between the nurse and the patient?"[30]

Expanding medical assistance in dying beyond the end of life has created significant concerns among the Indigenous population as well. Many Indigenous patients have had to undergo procedures against their will, and access to the healthcare system is limited for most, and discriminatory. Some members of the public fear that Indigenous patients may choose MAID because they do not have access to health services that meet their needs or as a result of racial reprisals, as happened last October at the Joliette hospital in the case of Ms. Joyce Echaquan.[31] Another important fear is that Indigenous patients may choose MAID because of external pressures such as lack of housing.[32]

---

[28] Collège des médecins du Québec, L'aide médicale à mourir (AMM) : une réflexion collective en évolution, January 23, 2020.
[29] Council of Canadians with Disabilities, Recommendations Contained in Report of Joint Committee on Physician-Assisted Dying Pose Significant Risk to Vulnerable Canadians.
[30] OIIQ July 2010, Mourir dans la dignité-Développer d'abord les soins palliatifs, Brief presented to the Select Committee on Dying with Dignity, p. 16
[31] La Presse, Mort d'une femme autochtone à Joliette: Une infirmière qui a tenu des propos racistes congédiée.
[32] Government of Canada, WHAT WE HEARD REPORT, A Public Consultation on Medical Assistance in Dying (MAID), March 2020.

7. By removing the criterion of "foreseeable death," MAID represents a radical, broad and dangerous transformation and opens the door wide for vulnerable people

The Collège des médecins is of the opinion that extending access to MAID to people who are not at the end of life is a radical transformation of the original framework that could have significant consequences for clinical practices and social perceptions of the overall care provided to people who are seriously ill. [TRANSLATION] "*Indeed, the assessment of the overall clinical situation of the person applying for MAID must be carried out with even greater rigour and competence, and compliance with all the criteria of the law must be confirmed*."[33]

Some representatives of **disability rights organizations** believe that the purpose of the requirement that death be foreseeable is to protect against the social harm that would occur if disability became a reason to end life. These representatives are of the view "*that removing this condition would make disability or illness a reason to end someone's life, which is not the case for any other personal feature*."[34] Some disability organizations argue that a law that compares disability with the eligibility to die would be subject to a Charter challenge. This requirement could violate section 15 of the *Charter Canadian Charter of Rights and Freedoms*, which deals with equality rights. This violation has not been considered by the courts in any real way.[35]

Furthermore, the Coalition for the Prevention of Euthanasia maintains that Bill C-7 does not prevent euthanasia for people with mental illness or psychological disorders: *"Bill C-7 pretends to prevent euthanasia for 'mental illness'. Section (2.1) states: For the purposes of paragraph (2)(a), a mental illness is not considered an illness, disease or disability.*
This paragraph does not prevent euthanasia for mental illness or psychological reasons since the law specifically allows it. To prevent euthanasia for 'mental illness' they would have had to define 'mental illness' and they would have had to amend the requirements of the current law."[36]

8. The bill does not protect the sanctity of life

For the abovementioned reasons, we feel that Bill C-7 does not protect the sanctity of life, in that the safeguards it provides are inadequate.

Moreover, the preservation of life and protecting the vulnerable from being induced in moments of weakness to commit suicide were both reiterated throughout the *Carter* and *Rodriguez* decisions, and were taken into consideration in the reasons for judgment.[37]

Based on the principle that the preamble of a statute is an integral part of the statute and helps to clarify the intent of Parliament at the time of drafting, we believe that the preamble is intended to serve as an interpretive guide for all the legal rules. In our view, the sanctity of life and human dignity protected by

---

[33] Collège des médecins du Québec, L'aide médicale à mourir (AMM) : une réflexion collective en évolution, January 23, 2020.
[34] Government of Canada, WHAT WE HEARD REPORT, A Public Consultation on Medical Assistance in Dying (MAID), March 2020.
[35] Ibid.
[36] Euthanasia Prevention Coalition, Petition: Reject euthanasia Bill C-7.
[37] *Carter* paras 76–100

the *Canadian Charter of Rights and Freedoms* is to be interpreted in light of the Charter preamble, which affirms the supremacy of God and recognizes the rule of law. If we follow this reasoning, human dignity and the right to life should be interpreted in the light of the supremacy of God, **for whom every life is precious and sacred**. It is in this spirit of love that we oppose this bill, for anyone who departs too soon is one death too many.

It is for this reason that we cannot remain silent, for as the Bible commands us in Proverb 31:8–9, "*Open thy mouth for the dumb in the cause of all such as are appointed to destruction. Open thy mouth, judge righteously, and plead the cause of the poor and needy*."

IV. REQUESTS AND RECOMMENDATION

For the many reasons outlined above, **we are asking the government not to adopt this bill**.

In the alternative, should the government proceed with this bill, despite all the grounds and reasons pointing to the imminent danger of passing it, we implore you to maintain the existing safeguards, which are strongly desired by Canadians, as revealed by the poll, namely:

(i) The requirement for **two (2) independent witnesses to co-sign the request for MAID**, one of whom is **not providing medical care to the patient**, and excluding a future heir;

(ii) The maintenance of the 10-day delay between the request for MAID and the administration of death, for those whose death is reasonably foreseeable;

(iii) The establishment of a protection and complaint system to safeguard individuals from undue pressure from family members or caregivers, as well as a complaint process for caregivers or family members who wish to object to MAID or obtain information regarding the patient's request for MAID.

V. CONCLUSION

In conclusion, we thank you for your attention to our brief and hope that it will cause you to reconsider the sociological questions that are so important to our organization. We hope that these reflections will bring about the desired changes and that vulnerable people will be better protected by the amendments to the legislative text.

Respectfully submitted, on this November 15, 2020.

Noémie Tremblay
Paralegal and member of UVVC

NORMAND THOUIN
Researcher and member of UVVC

NATHALIE MICHAUD
Lawyer and Legal Director of UVVC

ERIC LANTHIER
Vice-president of the UVVC