

November 15, 2020

To the Honourable Members of the Justice Committee~

Thank you for inviting the input of Canadian constituents on Bill C-7.

As a Canadian nurse who has spent many years in impoverished areas of the world, fighting to save lives, I can hardly articulate how distressing it is for me to now have to be involved in a conversation on the home front about taking them.

When MAID was first introduced, there was a lot of emphasis on how many checks and balances were in place to ensure that this was a last resort for people with terminal illness and intractable pain. As it has actually been instituted, it has become one more health service which health care professionals are virtually obligated to perform. How casual we are becoming about taking human life!

Bill C-7 takes us one step further, so that the person's death does not need to be "reasonably foreseeable", there does not have to be contemporaneous consent to the procedure, the 90 day reflection period can be abrogated, allowing same day death, and the impediment or check of two witnesses is also removed. How easy it will be if this kind of legislation is passed for a person's "worst day" to become their last.

Dying With Dignity Canada supports these amendments, but indicates there is still work to be done so long as people with mental illness and "mature minors" are still excluded. We certainly don't need to guess what the nature of the next amendment put before the Justice Committee will include. It used to be that when a suicidal person was standing on the edge of a roof, someone was sent up to "talk them down" and enable them to find help and hope. Now it would seem health care professionals are on the verge of being expected to give them a push!

Convictions about the sanctity of human life, the resilience of the human spirit, and the importance of all of life's experience, including suffering, in forming who we become has empowered all of my life's service. I have learned so much as well from living with brave and beautiful villagers in the developing world who did not have so much as a Tylenol to deal with the pain of terminal cancer. I sat at the bedside of people who were dying, and yet coping beautifully because they had family members taking shifts so that someone was in bed beside them 24/7, praying with them, completely attuned to their needs, and helping them change position every few minutes. Although difficult, it was beautiful to see how the community and the person whose life was ending cooperated so it was a rich wrapping up and outpouring of love.

Not long ago, my daughter, who was a nursing student at the time, had to make a quick trip down to Emergency because she fainted on the unit. Examination revealed that she wasn't ill, just pregnant. The doctor who broke this news to her immediately followed it up with the statement, "You don't have to go through with it, you know. We can deal with it right now." The assumption was that she would not want to go through with the inconvenience of an unplanned pregnancy, and she was offered an immediate off-ramp. Thankfully, she is a strong person who immediately asserted that she wanted this baby. Her husband cried with joy that night, and our whole family enjoys our little grandson so much. It is not difficult to imagine that very soon, not only will health professionals be expected to go against their convictions and kill, but that people will routinely get an "off-ramp" along with their difficult diagnosis. "You have dementia/MS/cancer...but you don't have to go through all that entails. We can deal with it right now." It will slip from being a choice, to an expectation as well – to spare your family and society the burden of caring for you once you are no longer contributing. Who will ensure that there is not pressure, subtle or otherwise, contributing to the person's decision to end their life? Please rather affirm the value of the human life through to its natural conclusion. At the very least, please leave the existing checks and balances so that there is no hasty death, or obligatory suicide.

Please direct resources at expanding and supporting the excellent work of Canada's hospices so they are actually available to people who are nearing the end of life.

Our Oma, who is nearing her 102<sup>nd</sup> birthday, had carpal tunnel surgery, cataract surgery and a hip replacement in her late eighties. They put her off for a long time because of her age, but eventually conceded and the surgeries ended most of her chronic pain and improved the quality of her life. She still lives in the little house her husband built, and has sweetened and grown as a person so much even in the last five years. "Thank you" and "I love you" are the words any visitor hears fifty times. It is a joy to visit her now, whereas twenty years ago the words "bitter old person" described her better! A series of grandchildren have lived with her, and now a loving neighbour assists her with daily living in exchange for room and board. We mustn't deprive people of their chance to reach maturity, and facing mortality and suffering can act like the frost which sweetens the apple.

Thank you so much,