

November 14, 2020.

Dear Justice Committee members,

We have just finished commemorating 102 years since the signing of the armistice of 1918, and 75 years since the liberation of the Netherlands, in which Canadian forces played a critical role. Canada and its Allies were fighting against a murderous utilitarian ideology that only cared for people groups if they were convenient, able-bodied and useful. In the late 1930's and early 1940's the Nazi regime in Germany legally changed the laws of their country to permit euthanasia for certain groups, and later required it for others, particularly those with disabilities. Traditionally, the medical profession has been a profession dedicated to healing. Physicians have followed the Hippocratic Oath for 2500 years, in which they dedicate themselves to life and the healing arts, and specifically foreswear assisted suicide or euthanasia (1). "However technicized or commercial the modern physician may have become, he or she is still supposed to be a healer - and one responsible to the tradition of healing, which all cultures revere and depend upon (2)."

As documented by Robert J. Lifton in "The Nazi Doctors," the early 20th century saw the emergence in medicine of the attitude that certain lives were not worth living, *lebensunwertes Leben*. In Germany, this led to forced sterilizations and eventually to direct medical killing and later genocide, all under the supervision of the state and physicians. The medical establishment in Germany was co-opted and influenced to provide the final solution to those who were not desired. "At its heart is the transformation of the physician - of the medical enterprise itself - from healer to killer." (3). Unfortunately, "the overarching Nazi principle [the Nazi doctors] epitomized - the principle of killing to heal - has continued to reverberate" (4) as "people can all too readily be socialized to killing (5)." Canada and her Allies were right to oppose and fight against this horrendous evil. The sacrifice was incredible but the alternative unthinkable.

Out of the ashes of WWII arose the UN, the World Medical Association, the Geneva Convention, and the Universal Declaration of Human Rights. One of their main purposes was to give overarching accountability and support to nations and medical organizations so as to prevent the tragedies of WWII.

Article 25 of the Universal Declaration of Human Rights states:

"(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (6)."

It is well documented that there are gaps in the social services in Canada. Not everyone has access to "medical care and necessary social services (6)." Effective palliative care is available to less than 70% of the population. COVID has tragically exposed the shortcomings such that

many do not have “the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack (6).” Some are even considering euthanasia only because they cannot afford to live during COVID times (7). Should our response not be to offer better income support and other assistance in living rather than making assisted dying easier?

Many Canadians lost their lives fighting against the Nazi regime that promoted euthanasia and assisted suicide. Seventy five years later, Canada is now primed to follow in Germany’s legal footsteps. Were the lives lost in WWII lost in vain?

Bill C-7 contradicts Article 25 of the Universal Declaration by focusing on decriminalizing euthanasia and assisted suicide. By removing safeguards such as “reasonably foreseeable death” and the 10-day waiting period, Bill C-7 puts those who are vulnerable and disabled at increased risk of despair and wrongful death. The only aid that becomes readily available is aid to die. Rather, the focus and funding should be on promoting “the right to a standard of living adequate for the health and wellbeing (6)” of all people regardless of age, gender, race, disability or ability.

The World Medical Association was also started after the horrors of WWII. Most recently the WMA released an updated declaration regarding euthanasia and physician assisted suicide:

The WMA reiterates its strong commitment to the principles of medical ethics and that utmost respect has to be maintained for human life. Therefore, the WMA is firmly opposed to euthanasia and physician-assisted suicide (8).

The current MAID law has made Canada an outlier in the world medical community. Indeed, the Canadian Medical Association withdrew from the WMA to avoid it’s oversight. Bill C-7 accentuates this outlier status, giving us the most permissive euthanasia regime in the world. Looking back over the past century, the WMA has good reason to oppose euthanasia and physician-assisted suicide. The Nuremberg Trials, and other studies of the Nazi doctors, clearly showed that involvement in euthanasia and physician-assisted suicide leads to a cheapening of life, “psychic numbing,” (9) and “[makes] doctors into monsters” (10). As quoted earlier, we expect our physicians to be healers only. When the state and physicians are no longer dedicated to life, but participate in directly ending the lives of patients, the real victim is our culture and country as we know it. Canada is no longer the true north, strong and free that so many gave their lives for sacrificially in feats of courage, valour and honour 75 years ago. With Bill C-7, Canada gives in to a judgmental self-absorbed mentality that accepts no imperfections or reductions in quality of life.

For the medical profession to avoid falling completely into role conflation and deliberate wounding (11), and society implicitly deciding which lives are unworthy of life, the safeguards currently in place for MAID must remain and be reinforced. Conscience protections should be added for those who want no involvement with deliberate ending of patient lives. Any changes should require that patients not simply be informed of other options, but actually legitimately try them - in so doing, many lives could be saved. Palliative care needs to be supported, but also recognized as distinct from MAID (12).

In short, Bill C-7 does a disservice to all those who came before us and fought for our freedoms. Bill C-7 should be re-written to truly support assisted living for all, and not just focus on assisted dying for a few.

Respectfully submitted,

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References:

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3. *Ibid*, p 5.
4. *Ibid*, p xi.
5. *Ibid*, p xiv.
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