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i. Introduction

I am writing today as a caregiver to someone who has applied for and been denied a medically assisted death.

The proposed Bill C-7 would expand the existing medical assistance in dying legislation to accommodate individuals such as my common-law partner who is currently disqualified due to not having a reasonably foreseeable death.

As I have listened to the ongoing debate, my heart has broken for the voices of those who aren't being heard – that is, families of Canadians who have used medical assistance in dying; families of Canadians who have taken their own lives after being denied a medically assisted death; and to those who will one day be interested in applying for MAID.

ii. Terminology and Lack of Understanding

In hearing the debate around C-7, I have heard terms such as 'euthanasia' and 'assisted suicide' attributed to the existing legislation which is language that is inaccurate and misleading.

To use these terms is at best a misunderstanding of what medical assistance in dying is at a fundamental level.

This is about a personal health decision – one that is not made by your doctor, your caregiver, your family, or your government. The concept of assisted death is about Canadians being able to grant themselves an end to suffering that they themselves deem intolerable.

My recommendation is to allow Canadians to make this personal health decision independent of others.

iii. Perspectives – Disability, Physicians, and Opposition

We have heard multiple perspectives on individuals who theoretically could be impacted by the passing of Bill C-7 in its current form.

The disability lens has rightfully been shared and explored. When discussing vulnerable populations, they are often positioned as such.

There seems to be a sense of fear and warning from disability rights organizations that argue passing such a bill will actively encourage oppression of disabled Canadians and/or compel physicians to recommend it as an option.

Under the parameters of Bill C-7, this is not the case. There is no evidence to suggest there will be a compelling of disabled Canadians to opt-in on having a medically assisted death.

What it does provide is a way for a Canadian in intolerable and irremediable suffering to access a medically assisted death.

Just because I would not seek a medically assisted death does not give me the right to prevent every other Canadian from accessing MAID yet this seems to be the perspective disability rights leaders have taken.

Disabled Canadians went to the courts to fight for their right to access a medically assisted death. They've done it multiple times. Surely, if their Charter rights are not respected, they will again. These were brave Canadians. Their efforts advocated for the ability to make their own choice. With respect to my common-law partner who is disabled, I recommend the same – allow her to make her own choice.

There have been concerns shared by physicians who do not agree with MAID as a concept and/or who disagree that it should be presented in any way as an option, often due to religious, political, social, or private beliefs.

As one will find, we have the past four years of data to use as concrete evidence. There are no physicians who are forced to participate in a medically assisted death.

The legislation – neither Bill C-14 nor Bill C-7 – compels physician participation nor should it.

To insinuate there will be a compelling of physicians or Canadians to partake is not accurate to the parameters of Bill C-7.

No Canadian will be forced against their will to opt-in on a medically assisted death. Once again, the guidelines of Bill C-7 ensure this does not occur.

The fear that surrounds these points should be re-evaluated as they lack a basis in the context of what's included in the current legislation.

iv. Real Canadians

Let me be clear. I am not speaking in theoreticals.

I have seen what happens to Canadians who have been excluded from medical assistance in dying legislation.

With the prior Bill C-14 and the restrictions which were initially enacted as 'safeguards', Canadians Cecilia Chmura from Saskatchewan was denied a medically assisted death and took her own life due to chronic pain.¹

Adam Ross took his own life in Vancouver on a park bench after being denied a medically assisted death when his upper cervical injury which caused him extreme chronic pain was denied as having not met the criteria.²

Jacques Campeau from Quebec had multiple sclerosis, was denied a medically assisted death multiple times, and was found by his children having taken his own life.³

Adam Maier-Clayton from Ontario was diagnosed with a severe mental illness and was denied a medically assisted death. After months spent advocating for equal access, he took his own life and did so alone in a hotel room purposefully excluding his family from the process out of fear they could be charged.⁴

These are a few of the Canadians we know of. It's reasonable to think there are others whose names we don't know.

¹ <https://www.ctvnews.ca/health/saskatoon-man-calls-for-changes-to-assisted-dying-law-after-wife-s-death-1.3965690>

² https://www.dyingwithdignity.ca/adam_ross_story

³ <https://www.cbc.ca/news/canada/montreal/right-to-assisted-dying-death-1.5207534>

⁴ <https://www.ctvnews.ca/health/young-advocate-for-assisted-dying-access-for-mentally-ill-dies-1.3370414>

We also know of Canadians who haven't qualified who have voluntarily stopped eating and drinking (VSED) in order to arrive at a point where their death is reasonably foreseeable.⁵

If you do not make MAID a personal choice for all Canadians, more stories like these will follow. Then, there is my common-law partner. I am her caretaker. She lives 24 hours a day in extreme pain. She is currently on a morphine dosage of 120 mg per day, exceeding the current recommendations in the McMaster University Chronic Pain Guidelines.⁶

Justine has been tried on more than 25 medications, has undergone extensive counseling and therapy programs, has been evaluated by 7 independent pain management specialists, has undergone extensive testing, and has been tried on dozens of pain management therapies from sensory deprivation to psychotherapy programs, chiropractic work, transcutaneous electrical nerve stimulation, medical marijuana, electromagnetic pulse therapy, bupivacaine injections, lidocaine intravenous therapy, ketamine intravenous therapy, reiki, microcirculation stimulation, an epidural blood patch, and more.

Under Bill C-14, she will be forced to live endless years in severe, significant chronic pain.

Under Bill C-7, she would qualify under the proposed 90-day waiting period at which time she could have a medically assisted death.

This is her choice. A choice supported by the courts and the Charter. Unfortunately, from many who have spoken on Bill C-7 and who continue to share their perspectives, they would make this choice for her.

v. Conclusion

If you want to protect vulnerable Canadians, do so with Bill C-7.

My common-law is the most vulnerable Canadian I know and the tone of some of these perspectives denies the protection of her choice.

This is not a partisan issue. It should not be made out to be. It is a personal healthcare decision.

Bill C-7 shouldn't be a process of restriction. It is an opportunity to show compassion and empathy, and to better understand the Canadians who are waiting to access medical assistance in dying as well as those who may seek it out in the years to come.

For the sake of my partner, the Canadians who have been denied their choice, those we have lost, and the Canadians who may want access in the years to come, these are the people I urge you to consider when considering the parameters of what Bill C-7 should be.

This isn't a hypothetical. This isn't an academic perspective. This is a decision that belongs to every individual. To deny that is to deny the reality of medical assistance in dying. You have a responsibility to every Canadian to ensure they have a choice on this matter.

⁵ <https://policyoptions.irpp.org/magazines/march-2018/has-stopping-eating-and-drinking-become-a-path-to-assisted-dying/>

⁶ https://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CAJ_01may2017.pdf