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To The Standing Committee on Justice and Human Rights

Honoured Ladies and Gentlemen,

I am writing to you both professionally and personally. I have been a lead representative for our movement and for Oraynu Congregation for Humanistic Judaism on the issue of 'The Right to Choose a Dignified Death' since the early 1990s. In that capacity I have been responsible for surveying our membership repeatedly over the years, researching the issue from various angles, organizing speakers on all sides of the issue, drafting and passing numerous statements on these issues and getting our voices heard by those who currently have the power to enable us to win back our basic human right to individually choose how and when we die.

As a Rabbi I deal with death and dying, and people suffering from severe dementia and painful and debilitating physical and mental illnesses on a regular and consistent basis. I, somewhat like a medical practitioner, am looked upon for alleviation of people's suffering (in my case emotional suffering), but the current laws and proposed bill by the Liberal Government, prevent both willing physicians and myself from relieving, or enabling the relieving of such suffering in most cases. As Jewish Clergy and as a psychotherapist, I have no right to impose my personal views and philosophical/psychological positions on anyone, and I never would. Those, including medical practitioners, who for religious or other reasons do not believe in or are opposed to Physician or Medical Assistance in Dying, should absolutely not avail themselves of this assistance or be required to provide it. Neither should they have any right to impose their views on me or our governmental institutions to deny my right to choose this assistance. I speak from personal knowledge when I state that many Clergy from various religions who oppose P/MAD have not consulted with their constituencies to determine whether they want or oppose this right. They are sharing their interpretation of their religious ideas and attempting to influence our government to deny it not only for their constituents but for everyone. This is **unethical**, and catering to it is undemocratic.

I wish to affirm the sanctity of every human life and the duty of the Canadian Government to protect all who are vulnerable in our society. This is no way contradicts the individual's right to life, liberty and security of person as guaranteed in the Charter of Rights and Freedoms. In fact, enabling an individual to choose to die with dignity by hastening the end of an intolerable life, actually affirms the value of that life and the individual's autonomy and personhood, a cornerstone of a free society.

Although suffering minors and those with unbearable disabilities are entitled to a life/death with dignity, since that issue is far more complicated, I will not address that here, and I am sure others will. Let me state in the most passionate way I can that **every** (legally competent) **individual** should be allowed to make their own decisions regarding end-of-life issues including P/MAD. Such decisions may be made at the time the assistance is requested or by written advance directive. It is unethical and **undemocratic** for the government to determine which diseases qualify and which won't, and when precisely that

choice has to be made. If a disease is terminal or debilitating regardless of whether one can predict precisely when death would actually take place, the individual should choose and articulate when they are ready to die. The biggest complaint I am hearing regarding the current proposed bill is the denial of the right of an individual to choose P/MAD in a written advanced directive. It is important that people become informed about all the medical, legal and ethical issues of P/MAD and dying with dignity. I hope you will ensure that the government makes the information readily available and easily accessible by Canadians including information that will enable individuals to prepare their own advance directives and share them with family members, significant others and legal agents. An up-to-date list of medical practitioners willing to provide P/MAD should also be made readily available for urban and rural areas of Canada both by the Government and by all medical and legal practitioners.

Allow me to speak to that issue personally for a moment. I diagnosed my beloved ultra-Orthodox Jewish mother with Alzheimer's when she was 62. That diagnosis was confirmed by Baycrest Hospital when she was 72. I took care of my mother until she died at age 84. Generally religious Jewish law does not permit the hastening of death. Neither does it allow the prolonging of dying, so a compassionate middle ground is what Orthodox Jews believe in. My mother suffered terribly and even said, despite her religious beliefs, "This is no life—I just want to die." My children watched how I cared for my mother and how much she and we suffered at the indignity of her condition and her lack of choices. Years ago I had the discussion with my children and we all agreed that if Canada did not have appropriate laws about PAD, then when I was exhibited the pre-agreed upon conditions, they would travel with me to a country where PAD was legal. I put this into writing and my children have a copy of my advanced directive. We continue to have the conversation to this day so they know that I have not changed my mind. I am 65 and beginning to show signs of deteriorating memory and focus (as is my older brother). Now that could be just the regular ageing process, or it could in my case signal early Alzheimer's. But I am still very competent. If required, I am happy to re-sign a more recent advanced directive, but this should not be necessary—and this can be terribly onerous on some people.

I believe it is imperative that the new bill include the right for individuals to choose assisted dying and this right should include a written advanced directive. I believe that there are simple ways that vulnerable people can be protected from those who wish them dead for whatever unsavoury reason. In a democratic system, the rights of the few must be protected, of course, but not by denying the right to the majority who are not likely to be 'killed' rather than allowed to die with dignity.

In short, do not limit access to P/MAD to a chosen diseases but let individual autonomy and relieving intolerable pain and suffering and loss of dignity be the determining factors.

Thank you for reading and considering my submission. Respectfully, Rabbi Eva Goldfinger