From: Mary Martin

**Sent:** Tuesday, February 02, 2016 11:20 AM

**To:** Physician-Assisted Dying Committee Comité Aide médicale à mourir **Subject:** Submission to Special Joint Committee on Physician Assisted Dying

Attention: Cynara Cobin and Shaila Anwar, Joint Clerks of the Committee.

TO: Special Joint Committee on Physician Assisted Dying

February 1, 2016

I am making this submission to provide my personal views regarding physician assisted dying.

I welcomed the Court's February, 2015 decision and feel that enacting legislation in response to the ruling in Carter vs Canada would be a positive step forward for our society. Given the previous government's lack of action, the 4 month extension granted seems fair; nevertheless, there is critical work to be done quickly.

I understand that this issue is very sensitive but do believe that it is possible to enact legislation that allows for freedom of choice while still protecting vulnerable people. Although health care largely falls under provincial jurisdiction, there is benefit in a national approach rather than each province creating their own response. I fear that the result could end up being similar to the current reality for the right to abortion in Canada.

Watching my mother's slow and painful death made me very clear about the need for alternatives. I am now passionate about making sure our government's approach is compassionate and reasonable without creating unreasonable barriers.

Also, although I have an Advanced Health Directive myself, I fear that I could be kept alive through a drawn-out illness if we do not change our approach in Canada. For that reason I support the current initiative mounted by Dying with Dignity Canada encouraging consideration of the right to request an assisted death in advance so that a request made when fully competent would be honoured even if you are not competent at that future time.

As reported from last fall's CMA conference in Halifax, this issue is a difficult one for many physicians - understandably so. Education and training will be critical to support their professional practice in this new reality.

All Canadians should have the support and resources necessary to live their life to full capacity as well as access to palliative care if required. The fear that we would be encouraging people to hasten their own death or that physician assisted dying would become the easy way out has no basis in experience as far as I can tell. The eligibility criteria are clear and in fact, quite restrictive, plus I trust that there will be reasonable safeguards put in place as part of this process.

Dying is a part of living and everyone deserves the right to make choices with autonomy and dignity. As a member of the Canadian public I appreciate the opportunity to provide my personal input.

Thank you.

Mary Martin