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(HANSARD)

Tuesday, May 3, 2016

Speaker: The Honourable Geoff Regan

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HOUSE OF COMMONS

Tuesday, May 3, 2016

The House met at 10 a.m.

Prayer

ROUTINE PROCEEDINGS

•(1000)

[*Translation*]

AUDITOR GENERAL OF CANADA

The Speaker: I have the honour to lay upon the table the spring 2016 report of the Auditor General of Canada.

Pursuant to Standing Order 108(3)(g), this document is deemed to have been permanently referred to the Standing Committee on Public Accounts.

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[*English*]

GOVERNMENT RESPONSE TO PETITIONS

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, pursuant to Standing Order 36(8), I have the honour to table, in both official languages, the government's response to four petitions.

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COMMITTEES OF THE HOUSE

FISHERIES AND OCEANS

Mr. Scott Simms (Coast of Bays—Central—Notre Dame, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the second report of the Standing Committee on Fisheries and Oceans in relation to its study of the main estimates for the fiscal year 2016-17.

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[*Translation*]

CANADIAN BILL OF RIGHTS

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP) moved for leave to introduce Bill C-264, An Act to amend the Canadian Bill of Rights (right to housing).

She said: Mr. Speaker, I would like to thank the member for Desnethé—Mississippi—Churchill River for seconding this bill. The bill would amend the Canadian Bill of Rights to include the right to proper housing for all at a reasonable cost and free of unreasonable barriers.

Having a roof over one's head is a basic necessity. People who live on the streets do not know where they will sleep that night, whether they will eat, or where to find shelter from the bitter cold. It is much harder for them to find work, and their lives are very precarious. This affects their physical and mental health.

In Canada, at least 235,000 people experience this every year. Canada has recognized the right to housing internationally. It must do so in its own federal laws as well.

(Motions deemed adopted, bill read the first time and printed)

* * *

•(1005)

SECURE, ADEQUATE, ACCESSIBLE AND AFFORDABLE HOUSING ACT

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP) moved for leave to introduce Bill C-265, An Act to ensure secure, adequate, accessible, and affordable housing for Canadians.

She said: Mr. Speaker, this time I would like to thank my colleague from North Island—Powell River, who is seconding this important bill.

The bill calls on the government to develop a national housing strategy. Canada is the only G8 country that does not have one.

The current government talks about a strategy, but the process to implement such a strategy is crucial. It is not enough to simply consult the provinces, territories, municipalities, aboriginal communities, and housing groups. It is too easy to consult them, but then completely ignore the recommendations that are not to the government's liking.

Instead, the government must work in partnership with all stakeholders to reach a satisfactory agreement that is flexible enough to meet the varied needs of our distinct regions.

Routine Proceedings

(Motions deemed adopted, bill read the first time and printed)

* * *

[English]

GENETIC NON-DISCRIMINATION ACT

Mr. Robert Oliphant (Don Valley West, Lib.) moved that Bill S-201, An Act to prohibit and prevent genetic discrimination, be read the first time.

He said: Mr. Speaker, it is a great honour to give first reading to Bill S-201, an act to prohibit and prevent genetic discrimination. I want to thank my hon. colleague, the member for Madawaska—Restigouche, for seconding this.

The bill would create a new genetic non-discrimination act that would prohibit all service providers from demanding genetic testing or requiring that a person disclose the results of past genetic testing. It also provides for a complaint procedure for federal employees facing disciplinary actions because of genetic testing, and adds genetic characteristics as a prohibited ground of discrimination under the Canadian Human Rights Act. The protections in the bill would enable Canadians to access medical advances in genetic testing without the fear of negative consequences or repercussions on them and their families. It would empower Canadians to have better health.

(Motion agreed to and bill read the first time)

* * *

PETITIONS**HUMAN RIGHTS**

Mr. Kennedy Stewart (Burnaby South, NDP): Mr. Speaker, I rise today to present an electronic petition calling on the federal government to establish an independent judicial inquiry into Canada's treatment of Afghan detainees since 2001. It was initiated by Craig Scott, former MP for Toronto—Danforth and professor at Osgoode Hall Law School, and is signed by over 700 Canadians. The petitioners want an investigation into the facts, the conduct, and decisions of Canadian officials, as well as a public report assessing whether Canada complied with international human rights law. In tabling this petition today, the government will now be required to provide a written response within 45 days. I know many Canadians are expecting that the government will take these concerns seriously.

PHYSICIAN-ASSISTED DYING

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, I have the honour of presenting two separate petitions today, one from the people in my riding and the surrounding area, and another from British Columbia; Sherbrooke, Quebec; St. Catharines, and other areas in the Niagara Peninsula. All of these petitioners call on the government to draft legislation that will include adequate safeguards for vulnerable Canadians, especially those with mental health challenges, clear conscience protection for health care workers and institutions, and the protection of children under age 18 from physician-assisted suicide.

PUBLIC SAFETY

Hon. Tony Clement (Parry Sound—Muskoka, CPC): Mr. Speaker, it is fitting that during Iran Accountability Week on the

Hill, I rise in the House today to present a petition put forward by the Canadian Coalition Against Terror and signed by dozens of Canadians, who call for the Government of Canada to maintain a listing of the Islamic Republic of Iran as a state sponsor of terrorism, pursuant to section 6.1 of the State Immunity Act.

• (1010)

[Translation]

HOUSING

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Mr. Speaker, you will not be surprised to learn that I have a petition on housing calling on the Government of Canada, in collaboration with the provinces, territories, municipalities, community partners, and other players to maintain and expand the right to housing and the federal investment in social housing. This would include renewing the funding for long-term agreements. Some agreements have already expired, and people are in need. I have hundreds of signatures of people calling on the government to pay special attention to this.

[English]

PUBLIC SAFETY

Mr. David Sweet (Flamborough—Glanbrook, CPC): Mr. Speaker, I have two petitions. The first one is on the same note as my colleague from Parry Sound—Muskoka, where the petitioners call on the Government of Canada to maintain the listing of the Islamic Republic of Iran as a state supporter of terrorism, pursuant to section 6.1 of the State Immunity Act, for as long as the Iranian regime continues to sponsor terrorism.

JUSTICE

Mr. David Sweet (Flamborough—Glanbrook, CPC): Mr. Speaker, in the second petition, the petitioners call upon the House of Commons to pass legislation which would recognize preborn children as separate victims when they are injured or killed during the commission of an offence against their mothers, allowing two charges to be laid against the offender instead of just one.

IMPAIRED DRIVING

Mr. Mark Warawa (Langley—Aldergrove, CPC): Mr. Speaker, I am honoured to present a petition from constituents in Langley, British Columbia, who believe that the impaired driving laws in Canada are much too lenient and should be changed. They call on Parliament to change the charge of impaired driving causing death to vehicular manslaughter. They believe that a person who has been convicted should have a driving prohibition, and that there should be mandatory sentencing if the person causes death while driving impaired, with a minimum five-year sentence.

*Routine Proceedings***QUESTIONS ON THE ORDER PAPER**

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the following questions will be answered today: Nos. 75 and 77.

[Text]

Question No. 75—**Mr. Mark Strahl:**

With regard to “A Special Report on Wild Atlantic Salmon in Eastern Canada” prepared by the Minister of Fisheries and Oceans’ Advisory Committee on Atlantic Salmon: (a) what scientific analyses were completed by the Department of Fisheries and Oceans on each of the 61 recommendations contained in the report; (b) which of the recommendations identified in (a) have been implemented in whole or in part; (c) of the recommendations identified in (b), what was the cost of implementation both on a one-time and ongoing basis; and (d) when are the remaining recommendations of the Advisory Committee on Atlantic Salmon, in whole or in part, expected to be implemented?

Hon. Hunter Tootoo (Minister of Fisheries, Oceans and the Canadian Coast Guard, Lib.): Mr. Speaker, in response to (a), initial analysis of all recommendations has been undertaken by departmental scientists and other subject area experts to determine available scientific evidence, activities already under way, stakeholder views, as well as jurisdiction’ roles and responsibilities of various partners and provincial governments.

In response to (b), amore detailed analysis of the report is currently under way. Initial review indicates that, to a large extent, the recommendations reflect many of DFO’s current activities in support of salmon conservation. As such, many of them are either already being advanced or will be during 2016 and subsequently on an ongoing basis. Some notable highlights include the following: (a) review of the wild Atlantic salmon conservation policy in partnership with members of the Atlantic Salmon Advisory Committee. This review will address a number of key recommendations made within the report; (b) continuation of departmental efforts to press for reduced international harvesting through fora such as the North Atlantic Salmon Conservation Organization, NASCO, particularly for harvests off western Greenland; (c) continue to engage with France, St- Pierre-et-Miquelon, to reduce its catch and indicate Canada’s desire to see it accede to NASCO; (d) creation of collaborative venues to coordinate and work collaboratively with university researchers, non-governmental organizations, private researchers, in an effort to identify, prioritize and promote collaboration and information sharing on wild Atlantic salmon research; (e) engagement with provinces and first nations on recommendations related to their interests or jurisdictions; (f) explore the use of innovations in technologies and intelligence to improve and strengthen enforcement efforts; (g) use the precautionary approach framework and its various elements to determine harvest levels; (h) work with groups like the International Council for the Exploration of the Sea, ICES, on scientific research on the composition of mixed stock fisheries and genetic estimates; and (i) continue to evaluate the annual and multi-year approaches to the management of stocks on a case-by-case and province-by-province basis through annual workshops and consultation processes.

In response to (c), the report of the Ministerial Advisory Committee on Atlantic Salmon and its recommendations generally align with Fisheries and Oceans Canada’s current program of work for wild Atlantic salmon conservation. As such, it is expected that

many of the recommendations can be advanced incrementally, and over both the short and long terms, within existing departmental resources.

In response to (d), DFO will take actions to implement recommendations under its mandate, when such recommendations are supported by the best available science. In some cases, the department will develop and review options to determine the best path forward to implementing the recommendation. It is recognized that, in some cases, other departments, jurisdictions, and partners may have lead or supporting roles in implementations. For recommendations, such as those focusing on the food, social and ceremonial fishery, FSC, DFO will continue to work with aboriginal partners and indigenous groups, while ensuring that FSC access is not unduly compromised.

Question No. 77—**Hon. Gerry Ritz:**

With regard to the Minister of International Trade and her negotiations with the United States on softwood lumber: (a) when did formal negotiations on a new Softwood Lumber Agreement commence; (b) how many negotiating sessions have been held to date; and (c) who were the participants of those negotiations in Canada, the United States or elsewhere?

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, in response to (a), the softwood lumber agreement has been in focus since the Minister of International Trade assumed office on November 4, 2015.

Negotiations and discussions between officials from Global Affairs Canada and officials from the Office of the United States Trade Representative have taken place on a routine basis. The Minister of International Trade regularly raises this issue with her counterparts in the United States and, in conjunction with her parliamentary secretary, continues to consult widely with domestic stakeholders, including industry representatives and provincial governments, in order to ensure an outcome is achieved that will benefit all of Canada.

During the March 10, 2016, state visit to Washington, D.C., the Prime Minister and the U.S. President publicly expressed their interest in a long-term agreement. Both leaders tasked their ministers to intensively explore all options and report back in 100 days on the key features that would address the softwood lumber issue.

In response to (b), discussions include regular phone calls and in-person meetings. In addition to bilateral meetings held in Washington, D.C., the minister has also had bilateral meetings and discussed the issue with her U.S. counterparts while in Davos, Switzerland, and Nairobi, Kenya.

Routine Proceedings

In response to (c), various staff and officials in the Ministry of International Trade have been involved in the file, including: the Minister of International Trade; Christine Hogan, deputy minister of international trade; Kirsten Hillman, acting assistant deputy minister, trade agreements and negotiations branch; Martin Moen, director general, North America and investment bureau; Aaron Fowler, director, softwood lumber division; Gilles Gauthier, minister, economic affairs, Embassy of Canada to the United States of America; Colin Bird, minister-counsellor, trade and economic policy, Embassy of Canada to the United States of America; Michael Owen, senior counsel and deputy director, investment and services law division; Alexander Monchez, senior trade policy officer, softwood lumber division; and Zachary Archambault, senior trade policy officer, softwood lumber division.

In processing parliamentary returns, the government applies the Privacy Act and the principles set out in the Access to Information Act, and certain information concerning the names of foreign delegates has been withheld on the grounds that the information constitutes personal information or would be injurious to the conduct of international affairs.

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[English]

QUESTIONS PASSED AS ORDERS FOR RETURNS

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, furthermore, if Questions Nos. 74, 76, 78, 79, 82, and 83 could be made orders for return, these returns would be tabled immediately,

The Speaker: Is that agreed?

Some hon. members: Agreed.

[Text]

Question No. 74—Mr. Mark Strahl:

With regard to Fisheries and Oceans Canada's commitment in the 2016-17 Report on Plans and Priorities to increase the amount of marine and coastal protected areas to five per cent by 2017 and ten per cent by 2020, in part by advancing the Hecate/Queen Charlotte Sound Glass Sponge Reefs, the Anguniaqvia niqiyuam, St. Ann's Bank, the Laurentian Channel, and the American Bank towards designations as possible new Marine Protected Areas (MPA) under the Oceans Act: (a) how were these five areas identified; (b) what scientific analyses were completed in relation to the identification of these five areas; (c) what activities are the Department of Fisheries and Oceans proposing to prohibit from taking place in each of these designated areas; (d) what is the expected economic impact of giving these areas an MPA designation; and (e) has Fisheries and Oceans Canada held consultations with those who may be adversely affected economically by the MPA designation?

(Return tabled)

Question No. 76—Mr. Scott Reid:

With regard to E Division of the Royal Canadian Mounted Police (RCMP), in the province of British Columbia, from 2011 to 2015, inclusively: (a) how many of the following were equipped with Automated External Defibrillators (AEDs), broken down by year, (i) all vehicles, (ii) patrol vehicles, (iii) supervisor vehicles, (iv) marine vehicles, (v) other vehicles; (b) for each RCMP jurisdiction and detachment, broken down by year, (i) how many vehicles carried AEDs, (ii) how many occasions were RCMP vehicles dispatched in response to calls for which medical assistance was the primary purpose, (iii) how many occasions were RCMP officers the first emergency services personnel to arrive on scene when medical assistance was the primary requirement, (iv) what was the total number of instances where an AED from an RCMP vehicle was used, (v) with regard to instances where an AED from a police

vehicle was used, how many subjects survived, (vi) what was the total number of instances where a Conducted Energy Weapon (CEW) was discharged by an RCMP officer, (vii) what was the total number of instances where an AED from an RCMP vehicle was used after a CEW was discharged by an RCMP officer; (c) what are the annual costs associated with AEDs in police vehicles and what do these costs account for, broken down by year; (d) what was the financial cost of all the AEDs identified in (a); and (e) what are the legislative, policy and regulatory instruments which govern the use of AEDs by the RCMP in British Columbia?

(Return tabled)

Question No. 78—Mr. John Nater:

With regard to federal spending within the electoral district of Perth—Wellington for each fiscal year from 2011-2012 to 2015-16, what is the list of grants, loans, contributions and contracts awarded by the government, broken down by (i) department and agency, (ii) municipality, (iii) name of the recipient, (iv) amount received, (v) program under which the spending was made, and (vi) date?

(Return tabled)

Question No. 79—Mr. Blaine Calkins:

With regard to the government's decision to resettle 25 000 Syrian refugees, what is: (a) the total dollar value being disbursed to each refugee upon arriving in Canada; (b) the total dollar value the government is providing each refugee on a monthly basis; (c) the anticipated end date for the government's financial assistance to each refugee; (d) the monthly cost for all refugee temporary housing; and (e) the cost of any and all subsidies provided to Syrian refugees once placed in permanent housing?

(Return tabled)

Question No. 82—Mr. Guy Caron:

With regard to the Natural Sciences and Engineering Research Council of Canada's PromoScience Program, for 2015: (a) which organizations received funding; (b) how much did they receive, in total and broken down by organization; (c) where are these organizations located, broken down by city?

(Return tabled)

Question No. 83—Ms. Niki Ashton:

With regard to the government's use of temporary help services and contracts: (a) what companies are contracted by the government to provide temporary help services, broken down by department and agency; (b) what is the average length of employment for temporary workers, broken down by department and agency; (c) what mechanisms does the government use to track the work done by contractors across government departments and agencies; (d) how many temporary staff were hired by the government, broken down by (i) province and territory, (ii) year, from 1999-2000 to present; (e) how much is disbursed by the government on average for (i) temporary staff, in terms of annual full-time equivalency, broken down by classification, (ii) permanent staff, in terms of annual full-time equivalency, broken down by classification; (f) what is the percentage change in expenditures for temporary help services and salary costs for indeterminate, term, and casual employees from 2008-2009 to 2014-2015 (in unadjusted dollars, reference 1999-2000); (g) what were the reasons given for engaging temporary help services, broken down by year, beginning from 2007-2008; (h) what were the percentages of contracts allocated for temporary help services for each cost range of less than \$20,000, between \$20,000 and \$60,000, and more than \$60,000, broken down by (i) reasons for the hires, (ii) year, beginning from 2007-2008; (i) what is the average age of temporary staff hired, broken down by (i) region, (ii) department or agency, (iii) classification?

(Return tabled)

[English]

Mr. Kevin Lamoureux: Finally, Mr. Speaker, I would ask that all remaining questions be allowed to stand.

The Speaker: Is that agreed?

Some hon. members: Agreed.

*Government Orders***GOVERNMENT ORDERS***[English]***CRIMINAL CODE**

The House resumed from May 2 consideration of the motion that Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), be read the second time and referred to a committee.

Ms. Kim Rudd (Parliamentary Secretary to the Minister of Natural Resources, Lib.): Mr. Speaker, I am here today to talk about an issue that touches the lives of every Canadian—how we die. It is not an issue we usually like to discuss, but with the Supreme Court's decision in the Carter case, it is now at the forefront of our government's political and health agenda. On February 6, 2015, the Supreme Court of Canada unanimously declared that the criminal court prohibitions on physician-assisted dying were constitutionally invalid. Changes will come into effect on June 6 of this year. All governments are preparing to respond.

Consultations with the public have made it clear that there is extensive support for the provision of medical assistance in dying. An Angus Reid research poll that was published earlier this month found that 90% of Canadians surveyed think that some form of assisted dying should be allowed. The government takes the Supreme Court of Canada decision seriously.

It is a deeply felt and sensitive issue for all Canadians, and we understand it is essential that implementation of this new legislation be undertaken with careful consideration. That is why the government has developed a framework based on empathy, appropriate protections for vulnerable Canadians, and the need for choice. Careful consideration has been given to the eligibility criteria, substantive and procedural safeguards, and recommendations for monitoring and reporting.

I also want to make it clear, however, that medical assistance in dying is not to be the only choice for a peaceful, dignified death. No matter where people stand on the issues surrounding medical assistance in dying, they all agree that we must improve palliative care. Palliative care is a multidisciplinary approach to health care for individuals and families who are living with a life-threatening disease as well as other conditions. It focuses on improving quality of life through the prevention and relief of physical and psychological suffering, with treatment plans tailored to the needs of the patient and the family.

Reports about the status of palliative care in Canada suggest that the delivery of and access to palliative care and hospice care varies greatly across Canada. This is due to differences in regional demographics, societal needs, organization of health care services, and levels of funding.

When asked, most Canadians indicate that they would prefer to die at home in the presence of loved ones. There is clearly a need to bridge this disconnect and for all levels of government to support the needs and desires of Canadians at the end of their lives to receive the most appropriate, timely, and compassionate care. The gaps in palliative care have been raised repeatedly over the years by a number of organizations. It is very clear that Canadians are looking to their governments for leadership to close these gaps.

In the past, palliative care in Canada has been delivered primarily in hospitals by specialists, and largely to cancer patients in the last stages of their illness. While many people still associate palliative care with hospitals and cancer patients exclusively, it can be delivered to a variety of patients and in different settings, including long-term care facilities or even one's own home.

It is estimated that the health system is currently unable to provide palliative care to 70% of those who could benefit from it. This is why our government is taking immediate steps to address this gap and work with the provinces and territories so that more Canadians have access to the care options that are right for them when they need them.

The government is currently funding the Pallium Foundation of Canada to support training in palliative care to front-line health care workers, and this initiative is complementing a previous initiative called the way forward. This is aimed at integrating a palliative-care approach throughout the health care system and across a range of providers and settings.

The federal government has also supported a number of initiatives to improve public awareness: health care professional education and training, national best practices, and standards and research. Federal investments in research also expand the depth and breadth of understanding of end-of-life-care issues and how best to address them.

• (1015)

Recently, the federal government provided \$14 million over two years for the Canadian Foundation for Healthcare Improvement to support applied health services research, as well as the foundation's work to identify savings and efficiencies in the health care system, including a palliative care component. In budget 2016, the government also committed to making compassionate care benefits easier to access, more flexible, and inclusive for those who provide care for seriously ill family members, and more flexible parental leave benefits to better accommodate unique family and work situations.

As with other health care services, delivery of palliative care is mainly the responsibility of the provinces and territories. While each province and territory has some level of palliative care services, with some moving ahead with frameworks or strategies, there are wide variances both within and between jurisdictions. Many are focusing on integrating palliative care with other types of care across settings and services. However, Canadians' ability to access palliative care remains mixed, depending on where one lives.

The Government of Canada has committed to developing non-legislative measures that would support the improvement of a full range of options on end-of-life care. In the discussions with provincial and territorial governments toward developing a new health accord, our government has committed to provide \$3 billion over the next four years to improve home care, including palliative care.

Government Orders

I firmly believe my own experiences with end-of-life care are not unique from those of thousands upon thousands of Canadians. Losing my grandfather John, my mother, Gaye, and my Aunt Babs is something that has never left me. These people were titans in my life. My mom and Aunt Babs taught me everything I know about being passionate and determined, about giving of oneself to others, and about what it means to be a woman. They both had such a profound effect on every day of my life. I am here totally because of their legacy of excellence.

Both of these women, who were so strong and committed to family and community, were so harmed as human beings by diseases that ravaged them. I learned what it meant to sleep on the floor day after day because they were afraid to be alone. I learned how to administer morphine and Ativan and that, if they even whimpered, I was to give more, as that meant they were still being torn apart inside.

I learned how to raise or lower a home hospital bed. I learned how important palliative care is, to have access to it, but these are things I wish I had never had to learn. From all of them, I learned in those last days that there was no peace; there was only pain. There was no dignity, only terrible uncertainty. There was not nobility in their suffering. I learned pity.

I am proud to stand in the House today and express my support for this critical piece of legislation. Not only does it respond to the decision by the Supreme Court of Canada in terms of amending the Criminal Code, but it also provides an excellent framework to facilitate the necessary changes to our health care system, which responds to this decision.

Our government has listened to Canadians. Our government has listened to the experts. We have developed an approach that we believe reflects this input. It is now time to move forward with this legislation so that individuals, families, and health professionals have more options for end-of-life care, including medical assistance in dying.

• (1020)

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Madam Speaker, I want to thank my colleague for her gracious words in describing what she has gone through. As she said, many people have gone through those tough times.

I have a question. The minister, yesterday, stood in the House and stated that there were \$3 billion for palliative care, yet there was nothing in the budget. I am wondering if the member can explain where those dollars will come from and how they will be allocated.

Ms. Kim Rudd: Madam Speaker, the budget did indeed include \$3 billion for home care. As the member may know, the minister has spoken a number of times in the House about her negotiations with the provinces and territories regarding how this framework for health care in general across Canada will be determined.

As I said in my speech, it is the prime responsibility of the provinces and territories and our responsibility as a federal government to work with them to find the best way forward for individuals in the provinces and territories.

[*Translation*]

Ms. Anne Minh-Thu Quach (Salaberry—Suroît, NDP): Madam Speaker, I thank the hon. member for her very moving speech on this issue.

In paragraphs 13 and 14 of the Carter decision, the Supreme Court of Canada referred to the cruel choice faced by patients with degenerative disease. Under the government's current bill, those patients cannot provide advance directives. They have to choose between taking their lives prematurely or suffering for the rest of their lives because they cannot satisfy the conditions under which they could have access to medical assistance in dying.

Why did the government reject this recommendation? Does the hon. member think that this could be amended at committee stage?

• (1025)

[*English*]

Ms. Kim Rudd: Madam Speaker, when we look at the Carter decision and the government's response to that decision, it is about finding a balance. As I said in my speech, we listened to Canadians and to the experts. We recognize that June 6 is a very imminent date and that we have found the best solution for now.

As the member may know, there was a commitment to look at three or four further elements, including advance care decision-making. I believe there is a commitment to work on that, going forward. I welcome the work from the member opposite on that issue.

Mr. Lloyd Longfield (Guelph, Lib.): Madam Speaker, we have had many comments in the House that the government has not gone far enough with Bill C-14 in being prescriptive about how it would be applied to the different types of medical institutes that are provincially regulated. They are similar to comments about how we would apply climate change legislation provincially, when provincial governments have already started the work on this.

In light of what Quebec has done already in terms of applying this, could we have a comment on the role between the federal and provincial governments in applying this legislation?

Ms. Kim Rudd: Madam Speaker, there is a very strong role for the federal government to work with the provinces and territories. There are many questions yet to be answered during the discussions with the provinces and territories, and there are best practices around the world that have been examined and will continue to be examined with respect to implementation.

I do not believe that, as a federal government, our role is to be prescriptive. It is to provide the tools to help the provinces and territories build the framework for their own situations. In my speech I talked about the access being different depending on where one lives. Sometimes it is about geography. Therefore, we have to address the multitude of options that will be available.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Madam Speaker, I am thankful to be able to add my voice to the discussion on Bill C-14, medical assistance in dying.

Government Orders

The Supreme Court of Canada has put what I perceive as an inappropriate timeline on this House in regard to this legislation, because it has come to the conclusion that the Criminal Code of Canada is unconstitutional in making it illegal for anyone to cause the death of another person who consents to die or to assist a person to end their own life.

In speaking with a very concerned constituent last week who was in law school when the charter was enacted, the comment was made that the university law professors of the day assured a troubled graduating class that what is actually happening today would never happen.

We are now in a place where, in attempting to guarantee every person their charter rights and freedoms, we are endangering the rights and freedoms of others. A synergy of wisdom and selflessness is needed in balancing what is perceived as best for me in relation to what is best for others. Just because we can, does not mean we should.

As well, in determining if we should, it seems to me the wise approach would be to look at those who already did, and regret. This would require learning from recent history rather than pretending that what we are doing is somehow progressive, when it has already been proven to be a regressive decision elsewhere.

The Supreme Court has chosen to ignore its own previous decision on the issue, along with six different parliaments that have previously rejected assisted suicide. It appears that the plumb line is not what is best for society and humanity as a whole, but rather what is the latest progressive trend that is putting the strongest pressure on how we live and relate as a society.

I have been a pastor's wife, and a caregiver in hospitals and level 4 care homes. I have worked in a mental illness hospital. I have been an education aid for special needs children in kindergarten and high school students.

I am the daughter of a father with Alzheimer's, the grandmother of a high-achieving grandson with autism, and I have a loved one who is suffering with mental illness. I, too, am well aware of life's challenges. My personal belief is that life is sacred from conception to natural death, and the protection of the most vulnerable in our society must always be the determining factor in how we choose to govern and make laws in Canada.

This is the expression as well that has been sent to me over and over again from constituents in my riding and across Canada, and today we need to have a debate in this House that is very balanced and presenting all views from all people in Canada.

Life is challenging, and dying, far more often than not, is difficult for the one passing away and in some ways even more so for those experiencing end of life alongside the individual who is dying. I believe there is value in that as well.

The unfortunate reality of Bill C-14 is that it will cause far greater grief than it will appease. Making something legal does not make it morally right. People who request a physician-assisted death can be motivated by a range of factors unrelated to their medical condition. These factors can make some people vulnerable to request

assisted death when what they want and deserve is better treatment and palliative care.

It needs to be pointed out that the Belgian euthanasia law does not apply to non-competent patients and it does not allow the deliberate shortening of their lives. The Belgium euthanasia law system, which Bill C-14 mirrors, has been proven to be abused and insufficient to monitor the decision-making process.

For example, the *Journal of Medical Ethics* published a research article written by Raphael Cohen-Almagor, a human rights activist and chair of the politics department at the University of Hull. His article "First do no harm: intentionally shortening lives of patients without their explicit request in Belgium" focuses mainly on published data concerning the practice of causing death without patient request in Belgium.

The research indicates that the practice remains common, resulting in over 1,000 hastened deaths without request each year, or 32% of the cases of euthanasia. Moreover, in almost half of those cases the doctors refused to report the matter to the overseeing body, despite a legal requirement to do so.

This example clearly shows the legislation is lacking an oversight by an independent third party before the patient is put to death. Sadly, but realistically, the safeguards in Bill C-14 are likely to be insufficient and ineffective in real life conditions.

• (1030)

Furthermore, Bill C-14 applies to those with physical or psychological illnesses who are experiencing enduring and intolerable suffering as a result of their medical condition. Our focus must first be on raising the quality and availability of high-quality palliative care as the humane way to relieve pain, loneliness, and fear for the end-of-life patient and to provide encouragement, direction, and support for loved ones through the natural process of end of life. Bill C-14 does not require a palliative care route be entered upon first, neither does it require the patient to have tried other treatments before requesting medical assistance to die.

As well, I am still deeply concerned for our medical professionals who have contacted me in great numbers who could face severe consequences if they do not assist an individual to take their own life, for whatever reason. No one in our country should be forced to affirm or provide a service that goes against their conscience. The federal government's law leaves this crucial issue for the provinces to deal with, allowing even more interpretations of the general wording.

There should be a structured national system to address the cases when a publicly funded health care organization or separate doctors are unwilling for any reason to provide aid in dying when the patient has requested it.

Furthermore, the bill extends the amendments to the Criminal Code for medical practitioners, nurses, and registered practical nurses. Such an approach is broader than any other jurisdiction in the world and makes it impossible to create a transparent national system.

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It is necessary to take into consideration the psychological factors that Bill C-14 would actually influence and encourage. The secularism of our courts affirms a premise that everything is socially constructed, and as a result laws greatly shape the ethos of culture, affecting cultural attitudes toward certain behaviours and influencing moral norms. Medical assisted dying laws send a message that in certain conditions suicide is a reasonable and appropriate way out. The problem is that this message will be received not only by those who have painful, terminal illnesses, but also by those who are tempted to think they can no longer go on.

A study by David Jones and David Paton proved that legalizing assisted dying in other states has led to a rise in overall suicide rates, both assisted and unassisted. This greatly undermines the work of suicide prevention organizations and programs.

As the Conservative deputy critic for veterans affairs and a member of the veterans affairs committee, I believe legalizing assisted suicide would only increase the challenges of providing mental health care and suicide prevention initiatives for those suffering from post-traumatic stress injuries.

I agree with my Liberal colleague from Winnipeg Centre who spoke last evening that the government should at the very least postpone legalizing assisted death for at least five to 10 years, until it is absolutely clear what sort of impact it would have in all corners of Canada. His concern is well founded in regard to fighting the suicide spirit that needs to be healed on our reserves in Canada.

Another report in *Current Oncology* from 2011 summarized that euthanasia in the Netherlands has changed significantly in the 30 years since it was first adopted. It has shifted from medically assisted dying for people who are terminally ill to those who are chronically ill, from physical illness to those who suffer from mental illness, and then to those who suffer the psychological distress of mental suffering, and now to euthanasia of those over 70 who are simply tired of living.

The culture now is that euthanasia becomes expected while palliative care and functional hospice is gradually portrayed and felt to be “selfish”. That is a quote from the UK *Daily Mail* on September 24, 2013.

This implicates that the bill would not only affect those making a rational and deliberate choice to end their lives, but would also have a significantly wider impact on those who are required to provide such a service or their privilege and right to work in the medical field could be challenged, and also on wider social groups as a whole.

When facing a choice, which we are with the bill, where should the priority for us as legislators be? The imposition by the Supreme Court of Canada to invoke such controversial legislation, which is proven to be failing in other countries; the approach of the committee to manage witnesses and to make recommendations that go far beyond the Carter decision; and the need to first of all institute high-quality palliative care as an intrinsic value and an actual clear priority of the government are all valid reasons that I feel I cannot support Bill C-14.

• (1035)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):

Madam Speaker, I appreciate the views the member expressed in addressing this legislation.

The question I have is related to the Supreme Court of Canada. Every Supreme Court judge, and it was unanimous, indicated that Canada needed to change the law. There is a void that was created back in February. The Supreme Court gave us a legal mandate of one year. There was an extension granted. There is no doubt that if we believe in the rule of law and respect our Supreme Court that there is a requirement for us to bring forward legislation. The legislation has to pass by June 6 in order to fill that void. There is no option to not fill the void. It is our parliamentary responsibility.

Does the member believe, as many of us inside this chamber believe, that we do have a responsibility to respond to the Supreme Court of Canada, recognizing that while this might not be perfect legislation, there is that responsibility? To the best of my knowledge, I believe that this legislation meets that criteria. What does the member have to say in regard to that responsibility?

Mrs. Cathay Wagantall: Madam Speaker, I do appreciate the question, and I expected it.

I have the greatest respect for our Supreme Court. I have had the privilege of being part of an orientation, going there, and listening. It is not that I do not respect the Supreme Court and its role. However, as a parliamentarian my first responsibility is to Canadians.

I feel that the initial one-year decision by the Supreme Court was wrong. It is not enough time. Then, for the government to request six months and only be given another four months, I believe that is wrong.

We are in a situation here in Canada where we cannot get this wrong. Changing things as we go is very difficult, as my friend on this side of the House said last night. We need to do it right.

My first responsibility is to Canadians. Our first responsibility is to do what is right, regardless of the situation we are facing under pressure. I am not a lawyer. I understand the Charter of Rights and Freedoms has a notwithstanding clause that should never be abused, but perhaps in this situation that is what we should be looking at.

• (1040)

Mr. Kennedy Stewart (Burnaby South, NDP): Madam Speaker, I listen with great interest to the debate on this very important issue.

However, there seems to be some confusion as to what we have been asked to do by the Supreme Court. This is not an optional measure that we are taking. The government has no option to put this bill in. It has been ordered by the court, and that is how our constitution works.

I am hearing a rather extraordinary request from the member, which is for the government to invoke the notwithstanding clause. I am not sure that would actually work in this instance. I am wondering if the member would care to elaborate on that.

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Mrs. Cathay Wagantall: Madam Speaker, I am not a lawyer. We all know that. I am speaking from my heart, and I am speaking for Canadians across this country who are very concerned about the responsibilities that we have in coming to a decision on this. Ultimately, I feel our responsibility, first of all, is to Canadians. I understand that it is a difficult situation that I am putting forward.

I guess I am a politician, because I went through the process and I am standing here today. However, I have to say that at this point in my life it is not about a career, and it has nothing to do with being seen to do what certain people in the House feel we should do. It is to respond to what I believe is right in this circumstance in Canada.

We have seen where this is severely abused in other countries. We have already heard from our own committee and from people across the House that they want more. The Carter family is not happy. The situation is extremely complex, and I do not believe we should be rushed into a decision.

Mr. Vance Badawey (Niagara Centre, Lib.): Madam Speaker, I am pleased to speak in support of Bill C-14, which would address medical assistance in dying.

The government has listened very carefully to Canadians and reflected upon the invaluable contributions of the special joint committee of members of the House of Commons, senators, the external panel, the provincial-territorial expert advisory group, and many others throughout our nation.

The bill appropriately recognizes the autonomy of Canadians to choose medical assistance in dying, while also protecting vulnerable persons and respecting the Carter decision of the Supreme Court of Canada.

My remarks will focus upon the eligibility criteria and procedural safeguards, which together represent the heart of the bill.

As the Minister of Justice has stated, the bill is aimed at addressing the issues raised by the Carter decision. The government has committed to collecting and analyzing evidence regarding how medical assistance in dying is working in practice and considering the findings of independent studies into additional issues that were not addressed in the Carter decision, which will be launched after the bill is passed.

Given the fundamental societal and medical issues that medical assistance in dying raises for our country, a cautious approach is in fact warranted. The stakes are just too high.

The bill contains five key eligibility criteria.

First, the bill would also require that the person requesting medical assistance in dying be at least 18 years of age and be capable of making decisions with respect to their health.

Several witnesses before the special joint committee, including the Canadian Paediatric Society, noted that medical assistance in dying raised unique considerations when it came to young people. Assessing a minor's capacity to decide to seek medical assistance in dying is difficult when the stakes are so high and the decision is irreversible.

Importantly, the committee also heard that there was in fact no Canadian pediatric data regarding requests for medical assistance in

dying from young people or whether pediatricians would be willing to participate in this procedure. Prudence and common sense support further study of this very difficult issue.

With respect to capacity, this requirement means people must be able to confirm their choice at the time the medical assistance in dying is in fact provided. Therefore, the bill would not permit what are commonly called "advance requests".

Permitting medical assistance in dying to be administered to a patient who is unable to express his or her wishes increases the risks of error and abuse. People who cannot express their wishes may want to continue living, even though they made a request at an earlier point in time.

Simply put, an advance request takes away the right of people to change their minds when they lose capacity.

The proposed approach also recognizes that physicians and health professionals frequently struggle with interpreting and applying other evidence directives in general. Advance requests for medical assistance in dying would be even more complicated to administer. Clearly, there is a need for further study and evidence concerning advance requests.

The bill also contains eligibility criteria that people make a voluntary request for medical assistance in dying and that they do so with the benefit of fully informed consent.

These requirements are common sense.

Medical assistance in dying must not be an alternative in situations where patients might prefer a different treatment, but are not aware of it or they do not know their diagnosis or its likely trajectory. Nor must it be the product of external pressure or the person's belief that he or she is a burden or unwanted.

Next, the bill would require that the person be suffering from a grievous and irremediable medical condition. This is defined term that has several characteristics, including the condition is serious and incurable; the person is in an advanced state of irreversible decline in capability; the condition is causing the person enduring suffering; and the person's natural death has become reasonably foreseeable in all of his or her medical circumstances, without requiring a specific prognosis.

●(1045)

The bill intends to permit medical assistance in dying as a choice for Canadians whose lives are on a path toward their end. As the Supreme Court suggested in various places in Carter, medical assistance in dying is similar in nature to forms of end-of-life care, such as palliative sedation, or the withdrawal of life-saving treatment. This definition is intended to allow for flexibility for physicians and nurse practitioners to consider all of the person's medical circumstance.

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Bill C-14 is clear that no specific prognosis of time remaining is required. Moreover, a person could qualify based on the cumulative effect of multiple conditions or medical circumstances that individually may not be fatal, but when taken together make the person's death reasonably foreseeable. For example, people in medical circumstances similar to those experienced by Kay Carter, Gloria Taylor, Sue Rodriguez, as well the people who have obtained individual constitutional exemptions across Canada since the Supreme Court's ruling this past January, would all be eligible under this bill.

However, medical assistance in dying is not a solution to all forms of medical suffering. Such an approach would raise unacceptable risks, particularly for vulnerable people throughout our society. Take the example of someone who is exclusively suffering from a physical or mental disability, but who is otherwise in good health and whose natural death is still many years away. Making medical assistance in dying available to people in these circumstances risks reinforcing negative stereotypes of the lives lived by Canadians with disabilities, and could suggest that death is an acceptable alternative to any level of medical suffering or disability. This risks undermining our efforts to combat suicide, a pressing public health problem that affects not only those who die by suicide, but also their families, friends, and overall communities.

Next, to ensure that Canadians can have confidence that medical assistance in dying is administered appropriately, the bill also contains the procedural safeguards generally in line with those recommended by the special joint committee. These measures would ensure that requests for medical assistance in dying would be made in writing, witnessed by two independent persons, and that there would be a 15-day wait period to guard against people making a decision too quickly, which cannot be reversed. In respect of the waiting period, there would be flexibility for situations where a person's death or loss of capacity was imminent.

Most important, the eligibility of the person would have to be assessed and confirmed by two physicians or nurse practitioners who are independent of each other. The person would also have the right to change his or her mind about receiving medical assistance in dying, including just before the procedure would be administered. These safeguards will be effective at protecting Canadians but will not be so burdensome that they will impede access.

Finally, the bill would require that the person be eligible for health services funded by a government in Canada. This requirement exists to ensure that Canada does not become a destination for people from around the world who visit the country solely for this purpose by obtaining medical assistance in dying. However, recognizing that Canadians often move from one province to another or sometimes live abroad for significant periods, the bill includes an exception to this requirement to ensure these people would not be excluded solely because they are subject to a waiting period or residency requirement for public health care.

Medical assistance in dying is one of the most challenging and complex social and legal issues of our time, particularly given our society's aging population. However, the government has embraced this challenge and has listened carefully to the diverse perspectives of Canadians.

The bill before Parliament today was crafted with both compassion and clear thinking, and represents thoughtful and principled legislation. It promises the autonomy of Canadians to choose medical assistance in dying, protects vulnerable persons, and respects the Supreme Court's decision.

I call on members of the House to support this bill.

● (1050)

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Madam Speaker, on at least three occasions now we have heard from the other side the confusion created around the use of discontinuing medical treatment and physician-assisted suicide. These are not at all the same. We all agree, and have agreed for many years, that it is not incumbent on any patient to continue life-extending, life-prolonging treatment.

Earlier today a colleague of the member commented that there were \$3 billion in this budget for home care and palliative care. That comment was incorrect. Would my colleague correct that?

Finally, would my colleague agree to an amendment in the legislation that would require a palliative care consultation for patients who requested medical assistance in dying so these patients would be provided with the full range of options of treatments and supports available to them? Therefore, people requesting physician-assisted suicide would need to have a palliative care consultation prior to proceeding with their request.

Mr. Vance Badawey: Madam Speaker, first, in fact there is money allocated in our budget for home care. Within the home care line item, there would be consultations continuing with palliative care and those who administer palliative care throughout the country, as well as mental health care services. In fact, I came from a meeting this morning with the Minister of Health and the Minister of Justice which confirmed those discussions were continuing to happen throughout the nation.

With respect to the second question about palliative care, the simple answer is yes. Although we are reacting to the Supreme Court ruling and putting in place legislation that is based on giving choice to Canadians, we are not going to end there. We will continue to discuss this issue with Canadians across the country and with that, strengthen those programs before individuals make those decisions.

● (1055)

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, I listened with interest to the speech from my hon. colleague. He very clearly said that he believed this legislation would conform with the Supreme Court decision in Carter.

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I have read a very spirited and well-reasoned letter recently from Joe Arvay, the lawyer who argued the Carter decision. He very vociferously disagrees with that comment. Specifically, he focuses on the fact that the Supreme Court decision very clearly has said that physician-assisted death should be available to those who suffer purely from a grievous and irremediable condition. Yet, this legislation would go further than that and would add the additional requirement that the death be reasonably foreseeable. Mr. Arvay argued that was an unwarranted and illegitimate extension of the Supreme Court decision. In fact, he argued that the test of reasonably foreseeable death was specifically raised through the court process and rejected at all levels of the courts through this process.

Could my hon. colleague tell us how he thinks the legislation would conform with the Supreme Court decision when it so clearly contradicts the Supreme Court's statement of the criteria required for access to physician-assisted death?

Mr. Vance Badawey: Madam Speaker, I did not make a comment with respect to this conforming with the Supreme Court decision. My comment was specific to this legislation giving some substance to an issue in which the Supreme Court left a void.

We have listened to Canadians. We have heard loud and clear that Canadians want a choice to ensure they make a proper decision after discussing these issues with their physicians, their family, and their friends. With that, as I said in my statement, end of life would have to be foreseeable and would have to be imminent, and those decisions would be concluded then by those discussions between physicians and individuals. The legislation would then support those choices for every Canadian.

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, I want to begin my remarks by acknowledging the delicacy, sensitivity, and grace that the subject before us requires. The subject matter of this debate, assisted dying, raises issues of the most profound importance, indeed of life and death.

They engage our deepest sentiments not only as parliamentarians but as humans. They involve our conscience, our morality, our ethics, our values, our philosophies, our spirituality, our individuality, and our dignity. I believe we must approach these issues with the utmost care, compassion, and respect, because Canadians have diverse and deeply held views on this matter, all worthy of consideration and deference.

The context of the debate is clear: death is feared, suffering is feared, loss of control is feared. With the advances in modern medicine, people today can, and indeed must, contemplate living without an acceptable quality of life, of being alive but not living, of possessing basic bodily functions without agency, without dignity, without hope.

At the same time, we fear the diminution of the sanctity of life, of the possibility of abuse of the vulnerable among us, embarking on a slippery slope that challenges long-standing foundational tenets of respect for the preservation of human life. This debate is about a fundamental collision of values, one which is based on the instinct to live and to preserve life in all instances, and the other premised on the right to control our inevitable passing as an inherent aspect of our individualism and personal liberty.

I hope that we treat the issues involved in this debate with the compassion and respect that they deserve, because we must simultaneously balance the notions of death with dignity with life with dignity. There will be no right or wrong here. There is only the possibility of compromise, understanding, and moving forward with as much wisdom and sensitivity as possible.

In many ways, we have taken an unfortunate path to the present. We are here by virtue of the legal process. It was based on a rights-based analysis and decision engendered by the mandate of a court, quite legitimately, because of a charter-based argument that challenged criminal provisions as violating individual constitutional rights.

We are not here because of a discussion based on faith, or conscience, or ethics. This has left many Canadians feeling rushed and robbed of the kind of full debate that perhaps ought to have been conducted on a matter of such social depth. As such, we are here debating not if, but how assisted death might best be implemented.

However, I do take comfort in the fact that the Supreme Court of Canada arrived at its decision unanimously, something that does not commonly occur. This gives me confidence that the most learned jurists in our nation were certain that we, as parliamentarians, can and must construct a system that allows Canadians to seek and obtain the assistance of their medical providers in ending their lives in tightly defined circumstances.

I would like to address my comments and thoughts on two areas: palliative care, and key aspects of this legislation. I am the health critic for the New Democratic Party and, as such, I approach this issue not only from a values or ethical or moral perspective, but from a health care point of view. I believe one of the most central aspects of the debate before us must revolve around palliative care. If we are honest, we will acknowledge that we as a nation have failed to construct the range and quality of end-of-life care that is essential to provide Canadians with the confidence they need to live their lives to the fullest extent.

We as a society have been remiss, slow to develop a system of palliative care that is so essential when we contemplate end-of-life issues. If we are to do our best to create the conditions where Canadians avail themselves of assisted death only in the rarest of circumstances, we must focus on achieving a number of things.

We must create pain-management programs to ensure that we have the widest possible resources to make everyone comfortable, regardless of their medical condition or proximity to end of life. We must develop home care resources to ensure that folks, especially seniors, can live their remaining days in the comfort of their personal surroundings, communities, memories, friends, and families.

● (1100)

We must construct palliative units across our country that allow people who are approaching their end to have environments that are comfortable, enriching, graceful, and interesting, and where spouses, children, families, and friends can be together in respectful private settings. They should have the very best medical care a developed country like Canada can muster. If we were to invest in world-class palliative care, we would likely see relatively few Canadians seeking assisted death.

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Regardless of where one is placed on this debate, I think we all agree that we should be trying our best to encourage all Canadians to choose to live their lives to the fullest. This bill, the government, and its recent budget have thus far failed to identify and provide the resources needed to make a world-class palliative care system a reality in this country. Talk is not enough, and this must change. As New Democrats, we will work ceaselessly to press the government to allocate the resources necessary to build a world-class palliative care system across Canada. We will press the governments of every province and territory to work together to ensure that this system is available to all Canadians, regardless of where they live.

I have some key observations.

I personally believe that competent adults have the right to determine the conditions of their passing in the circumstances identified by the Supreme Court, namely where they face a grievous and irremediable medical condition that they find intolerable, and with a carefully designed and secure process that ensures their wishes can be ascertained with certainty. To the extent that this legislation deviates from that decision, it must be amended.

If it is truly the case that the prime successful litigant in the Supreme Court case, Ms. Kay Carter, would not be permitted a physician-assisted passing under this legislation, that is patently wrong. I believe we must tread extremely cautiously in this area and move very deliberately.

While I have listened carefully to those who favour a broad expansion of assisted death beyond the Supreme Court's careful parameters, I do not agree. In my view, care and caution are required in such delicate matters. Very difficult considerations accompany the issues of mature minors, psychological suffering, and advance consent. I believe it is the wisest course to engage fully with Canadians prior to legislating in these areas. We are moving from a society that has observed criminal sanctions for suicide and assisted death for centuries, to one which is constructing a system in response to the circumstances presented to the Supreme Court in the Carter case. In my view, this is sufficient for the moment, and we ought to focus our efforts on ensuring that the Carter principles are properly enshrined in law.

As the father of a child with special needs, I want to ensure that every vulnerable Canadian is fully protected with respect to all circumstances in this area. I am sympathetic to those who fear a slide down a slippery slope that puts vulnerable Canadians at risk, and I agree that we must ensure tight parameters are in place to prevent this. I believe that we can and must explicitly ensure that medical personnel and institutions have their rights of faith and conscience fully protected. Just as I believe that Canadians who wish to exercise their charter rights to access assisted dying must be respected, so too must those who choose not to be involved in such matters because of their faith or values not be compelled to do so. The constitutional rights of some Canadians must not be enforced at the cost and by the diminution of the constitutional rights of other Canadians.

I further believe that faith-based health institutions are direct extensions of the faith communities and groups that sponsor them and, as such, constitute expressions of values that are eminently worthy of protection. I believe we can ensure that all Canadians have access to their Carter rights while also protecting the equally

important rights of those who may have conscientious objections to participating in any way in them.

In the end, it is my fundamental conviction that we as parliamentarians can and must craft legislation that reflects the best of who we are as Canadians: people who cherish individual rights and liberties, people who care deeply about each other, people who are compassionate and concerned with justice, and people who are dedicated to making our society one that is ruled by law, by wisdom, and by respect for all.

I will do my very best to reflect these values as we craft this important legislation for Canadians.

• (1105)

[*Translation*]

Mr. René Arseneault (Madawaska—Restigouche, Lib.): Madam Speaker, I would like to first thank my colleague for his comments, which will make us carefully reflect on Bill C-14.

We should reflect on what is at the very heart of the debate on the Carter case and the Supreme Court decision. In one passage of the Supreme Court ruling in Carter, the justices state that the current Criminal Code provisions at the very core of the Carter case protect the vulnerable to such an extent that they constitute almost an absolute protection, which is prejudicial to some Canadians who are not vulnerable and would like to have access to medical assistance in dying.

I would like to hear what my colleague thinks of the Supreme Court's view as it relates to the current bill.

What are his thoughts on people who are not vulnerable as defined by the Supreme Court and how this is reflected in the bill?

[*English*]

Mr. Don Davies: Madam Speaker, in many ways, that question gets to the very heart of the matter before us, which is that the Supreme Court has clearly and carefully ruled that competent adults in Canada who are suffering from grievous and irremediable conditions ought to be allowed the ability to choose their end of life and get assistance from their medical professionals to do so.

Where this issue gets very difficult is when we consider the extensions of that decision, when we talk about whether mature minors ought to be able to access those same conditions, even if they are not vulnerable. It is about people suffering from a psychological or mental health condition, and whether those conditions are in and of themselves sufficient to warrant access to physician-assisted death, even if they are not vulnerable. Finally, there is the issue of advance consent, which I think many Canadians agree with in principle, but I believe raises very difficult issues of implementation.

Government Orders

I am one who agrees with the government in terms of moving very carefully in this legislation. I am mindful of the fact that many civil liberties groups feel that the legislation could have been more broad and extended physician-assisted death to groups beyond the Carter decision, but I believe we must move and tread carefully in this area. The issues are so important, and Canadians are so engaged in this, that it is better that we move correctly than that we move quickly.

• (1110)

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Madam Speaker, I want to thank my colleague for his speech, and I want to especially thank him for his commitment to protecting the conscience rights of health care workers and institutions. I am wondering if he would agree to an amendment that would actually guarantee those rights in the legislation. It is clear that the legislation wants to take a pan-Canadian approach for the availability of physician-assisted suicide. I think it is equally important that we have a pan-Canadian approach in terms of protecting the conscience rights of health care workers and institutions.

Second, I was pleased to hear his commitment to protecting the vulnerable. There are some safeguards listed in the bill as it relates to independent witnesses, independent doctors, and so on. I am wondering if my colleague would also agree to an amendment that would include within the regime a pre-judicial or some type of prior review that would ensure that the independent witnesses who claim to be independent, and the doctors, are actually facing up to that fact.

Mr. Don Davies: Madam Speaker, I would like to thank my hon. colleague for those thoughtful points. They also raise fundamental issues that will be discussed at committee. I could not be clearer than I was in my speech in saying that I believe the conscience rights of those who do not want to participate in assisted death, medical practitioners and institutions, ought to be explicitly protected. I am certain amendable to the form it takes, whether that is in the legislation or otherwise, but what is important is that the principle is respected.

With respect to the member's second question about additional safeguards to ensure that the vulnerable are protected, again, I agree with him fully that the principle of protecting the vulnerable has to be a core foundational aspect of this legislation. I would be willing to look at any other procedures that may work, whether it is by amendment to the bill or otherwise, to accomplish that.

Ms. Julie Dzerowicz (Davenport, Lib.): Madam Speaker, I rise today to speak to Bill C-14, the medical assistance in dying bill.

To me, it is legislation that reflects where society is today. It is the right one for where the majority of Canadians are, and provides a strong foundation on which to build. It recognizes the inherent and equal value of every life, and honours the dignity and autonomy of an eligible person to choose medical assistance in dying under well-defined rules and conditions.

The introduction of this bill is big and represents a fundamental change in how we as Canadians view the right to life, liberty, and security of the person in Canada.

I confess that this is not an easy issue for me to talk about, but it is an important one to the residents of Davenport, the riding I am honoured and proud to represent. We as a society do not talk very much about death. It makes us nervous, and so this bill, which

creates a framework to enable access to medical assistance in dying in Canada to those who are eligible, is a particularly sensitive topic.

I want to acknowledge that I have a large Catholic community in my riding, and many who believe that only God can decide when one dies, that death should be left in God's hands. On the other side, I have a number of groups within Davenport that think the proposed legislation does not go nearly far enough. Recognizing the blessed diversity of opinion, I invited community leaders to meet with me to discuss Bill C-14, to hear from them their specific concerns.

What I found was that I had to remind many of them that in February 2015 the Supreme Court of Canada unanimously, all nine members, voted to strike down the sections of the Criminal Code that made it illegal for anyone, including a doctor, to cause the death of another person who consents to die, or to assist a person to end his or her own life. I reminded them that the Supreme Court proclaimed that the prohibition on physician-assisted dying infringes on the right to life, liberty, and security of the person in a manner that is not in accordance with the principles of fundamental justice.

The Supreme Court gave the government a certain amount of time to introduce legislation. That date is currently June 6, which is why we are here today. Just as an aside, I was curious to see how many times the Supreme Court actually voted unanimously, and it has done so only 35 times since 1979.

There was no question that medical assistance in dying would become legal in Canada. What had to be determined is what kind of legislation we were going to introduce.

The Supreme Court's decision meant an important shift in our society's perception of personal autonomy. It signalled that a person's sense of dignity is intricately tied to how one perceives his or her quality of life. The decision to allow Canadians the choice of medical assistance in dying sheds light on the evolving role of our health care system and the role of patients in decision-making.

Canadians are looking to their doctors and nurses to provide health care, and to help them maintain their quality of life. However, when that quality is no longer attainable, Canadians want to know that their health care providers will also help them when their choice is a dignified end to their lives.

In addition to the consultation, I have received many letters from residents in Davenport. There are those who believe there should be no legislation at all, others who think that the proposed bill is not strong enough in protecting the conscience rights of doctors or in protecting the most vulnerable, and a further group who worry that the legislation does not go far enough, that we as a government have been too narrow in our interpretation of the Supreme Court decision. I will address all these concerns in the next few minutes.

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Let me first address those who do not believe there should be any legislation. What many may not understand is that if the Liberal government does not create a new law by June 6 of this year, it means medical assistance in dying is legal if it is conducted in a way that adheres to the considerations outlined by the Supreme Court in its Carter ruling. Canadians would then not have any national framework and no law, which in my opinion would lead to a wild west, where it would be up to any one person's interpretation of the Carter decision and a situation that I believe would be open to abuse.

In introducing Bill C-14, the Liberal government purposely created legislation which as narrowly as possible adhered to the Supreme Court decision. It is narrow because this bill is meant to be a first step. It is meant to ground the legislation properly.

The legislation would do three things. It would allow physicians, nurses, and those who help them provide assistance in dying to eligible patients without the risk of being charged. It would also provide safeguards to make sure that those who receive medical assistance in dying are eligible, can give informed consent, and voluntarily request it. Finally, it would lay the foundation for the Minister of Health to make regulations to establish a process for monitoring and reporting on the use of medical assistance in dying.

• (1115)

I will pause for a second to reiterate the first point, because as mentioned, many have written to me to express their concern that the legislation as drafted does not protect the conscience rights of doctors. I want to be clear that there is nothing in the legislation that compels any medical practitioner or authorized nurse practitioner to provide medical assistance in dying or to refer a patient to another medical practitioner. The legislation is meant to balance access to medical assistance in dying while respecting the personal convictions of health care providers.

The legislation is also clear on who is eligible. A person has to be mentally competent, 18 years of age or over, make a voluntary request, and give informed consent to receive medical assistance in dying. They have to have a serious and incurable illness, disease or disability, be in an advanced state of irreversible decline in capability, experiencing and enduring intolerable suffering as a result of their medical condition, and be on a course toward the end of life. Death would have to be reasonably foreseeable in all of the circumstances of the person's health.

Protective measures are also a key part of the legislation to ensure that patients eligible have given informed consent. Patients have to make a written request for medical assistance in dying and have it signed by two independent witnesses. Also, two independent medical opinions have to confirm that the patient meets all the criteria. These first two criteria are intended to ensure that requests for medical assistance in dying are truly voluntary, that they reflect the wishes of the patient and are not made as a result of external pressure or coercion.

Too many of my constituents have said to me, "My dad was in the hospital. We kind of felt forced that maybe we would want to sort of end things." I said that this legislation does not help with that. The patient has to make a written request. It has to be signed by two independent witnesses, and there has to be two independent medical opinions.

In addition, the second criterion also helps to reassure the medical practitioner who would provide medical assistance in dying that he or she is acting within the scope of the law and consistent with reasonable medical knowledge and skill.

The other criteria for patients to be eligible are that there is a mandatory 15-day waiting period; the patient has the right to withdraw a request at any time; and consent must be confirmed immediately before medical assistance in dying is provided. It is a very thoughtful protocol with very strong safeguards.

As part of this legislation, the foundation is also laid for the Minister of Health to establish a process for monitoring and reporting on the use of medical assistance in dying. We need to know, and Canadians need to be satisfied, that the system is operating as planned to respect the autonomy for eligible individuals while protecting vulnerable people.

Public trust and transparency in the implementation of medical assistance in dying are essential. This monitoring and reporting system will also be able to signal any issues or unexpected consequences.

Monitoring would also ensure that high-quality comparable Canadian data are generated so that any future discussions about changes to the medical assistance in dying system could be made based on the best possible evidence. Indeed, there will be a review of the legislation in five years, which could bring about changes that reflect the data gathered in this period.

For those who believe that this legislation has not gone far enough, there is a commitment to independent studies into three key issues that the Supreme Court of Canada in Carter declined to address. The first was the eligibility for persons under the age of 18. The second is the advance request. The third is requests for medical assistance in dying solely on the basis of mental illness.

It is also important to mention that palliative care, ensuring that all Canadians live as well as possible until their death, is equally important to this government. Just yesterday the Minister of Health stood in this House to reaffirm our commitment to \$3 billion over four years for home care.

The minister is working hard with her counterparts across Canada on the next version of our health care accord, and high-quality palliative care for all Canadians is a key part of their deliberations.

I also should mention that one of the great positive side effects of introducing this legislation is that we are having a wide discussion on a national level. We need to be discussing this issue fully and we need to be understanding it.

In closing, I want to quickly thank and commend the great work that was done by the Special Joint Committee on Medical Assistance in Dying under the great leadership of my colleague, the MP for Don Valley West. I also thank the Minister of Justice and the Minister of Health for their excellent work in introducing this legislation.

Government Orders

Bill C-14 is meant to be a legislative foundation on which we will build moving forward. It recognizes the inherent and equal value of every life, and it honours the dignity and the autonomy of an eligible person to choose medical assistance in dying under well-defined rules and conditions. It is the right legislation for Canadian society today, and I will be supporting this legislation.

• (1120)

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Madam Speaker, again we hear about the \$3 billion for palliative care. We have yet to find it in the budget. There is some language around home care, but there is no identification of palliative care. Could the member please clarify that?

Ms. Julie Dzerowicz: Madam Speaker, I can understand why there is some confusion. We have reaffirmed our commitment. We made a promise and we continue to be committed to \$3 billion over four years for home care. It has not been introduced in the 2016 budget, but we have reconfirmed our commitment to \$3 billion over four years.

Also, the minister has been very clear that high-quality palliative care for all Canadians is a key part of her current deliberations with her counterparts, the provincial ministers of health right across the country. I have great faith and hope that something will be brought forward in due time.

[*Translation*]

Ms. Anne Minh-Thu Quach (Salaberry—Suroît, NDP): Madam Speaker, the debate on medical assistance in dying is certainly very important.

Although the bill is being brought forward very quickly, some amendments are needed, especially for some of the definitions that are a little vague. From the beginning we have heard that a natural death must be reasonably foreseeable. Doctors cannot even agree on what this means. The government has not been able to define what is a reasonably foreseeable death.

Can the member shed some light on this? Will there be clarifications at the committee stage to fix this? The greater the uncertainty, the more difficult it will be for professionals to make clear decisions and ensure that there are no abuses.

• (1125)

[*English*]

Ms. Julie Dzerowicz: Madam Speaker, there is a very clear list. It is a very thoughtful list of criteria of who would be eligible for medical assistance in dying. We have put a safeguard in place where two independent medical practitioners would have to give the same opinion. We have done that to help reassure each of those medical practitioners who want to provide the medical assistance in dying that he or she is acting within the scope of the law and consistent with reasonable medical knowledge and skill. They act as a bit of a check and balance on each other in terms of interpreting the list of criteria of who would be eligible for medical assistance in dying.

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Madam Speaker, I want to begin by congratulating my colleague on her excellent presentation on a very difficult issue that is clearly troubling for all of us here in the House.

One of the things I continue to hear from many people in Humber River—Black Creek is about elderly people feeling that their families are not interested in seeing them just wither away, and how do they know they are protected. We know all of the answers are here, but the challenge is to communicate and give that level of confidence to Canadians.

I would be interested to hear how my colleague plans to ensure the people in her constituency understand what is required before any kind of action could be taken to end someone's life.

Ms. Julie Dzerowicz: Madam Speaker, this is something that very much weighs on me. I want to do a huge communication effort. I felt that there was not an understanding that there was a Supreme Court decision and a law had to be enacted.

My objective is to do a series of interviews with a number of local newspapers and radio stations to make sure people are as educated as possible on this issue.

Mr. David Sweet (Flamborough—Glanbrook, CPC): Madam Speaker, I must say at the outset that the prayer we began our session with this morning, that we would be mindful of making good laws and serving Canadians, has never meant so much to me, and I think many of my colleagues here today, anytime it has ever been said from the Speaker's chair.

I would like to thank my colleagues and members opposite for their thoughts and words on this deep, ethical, moral, legal, and religious question. While I may not agree with all the points that have been made thus far, I do not doubt for one second that the comments of all members are truly heartfelt, genuine, reflective, and respectful.

Unfortunately, I do not have time to address all the concerns of the bill, such as, but not limited to—as my colleague the member for Lethbridge has so eloquently articulated—the poisonous change in our cultural mindset the bill will likely encourage, reducing the value of life to a measure of ability or function rather than its inherent worth and dignity, and causing Canadians who would never have considered taking their own life before to do so.

As the member for Scarborough—Guildwood mentioned, the bill would be under expansionary pressure from the day it comes into effect, and where we could end up is troubling.

The peril that I do not think has been fully addressed is that in which those in vulnerable communities could find themselves.

As I said, because time is limited, I am going to focus upon two issues, but again, my serious concerns are not limited to these alone. First is the regrettable absence of more discussion and action on palliative and hospice care as a precursor to this legislation. Second is the need and the duty of all members here to respect and protect those physicians and health care professionals who object on conscience.

Before I get into these two points, I want to offer my reflections on where we have come from on this issue.

Government Orders

It was only six years ago that we debated the same issue and voted down the private member's bill, Bill C-384, of a former member of this House. It should be noted that this was the second attempt at the same private member's bill by the former member, who had previously introduced Bill C-407.

I will say that I voted against and spoke out against the bills, not only because of my own personal convictions, but also because of my steadfast belief that those bills did not uphold the moral obligation we have as parliamentarians to protect the vulnerable and the inherent dignity of all life.

Bill C-384 and Bill C-407 were seriously flawed because they sent us down a path of unintended consequences. They were that slippery slope that has so often been spoken of here in this chamber, regarding the debate of ethical dilemmas that our families, doctors, and health care workers would face.

My reservation then is sustained today. Why is there not more emphasis on palliative care?

Is it not better to support quality palliative and end-of-life care for Canadians, so they will never need to think that euthanasia or assisted suicide is the only option, or better option, for their suffering?

Is it not our duty to uphold the value and dignity of life in this manner?

In my own home community of Hamilton, we have outstanding organizations like Emmanuel House and the Dr. Bob Kemp Hospice, which work on a daily basis to make end of life better for people. I know hospices are doing outstanding work in all the communities across this country.

I recognize that, in the view of the Supreme Court's Carter decision, we are faced with a new reality, one where we need to respect its decision *vis-à-vis* the charter rights of those in dire circumstances while still ensuring the dignity of life is upheld. However, I am very concerned that there was no further investigation, no rigorous effort to enhance palliative care and invest in hospice construction, in advance of this legislation or in conjunction with it.

While the federal government's response to the Supreme Court's Carter decision makes reference to the need to support improvements of a full range of end-of-life care options, it does little about it, other than acknowledging it as a non-legislative response.

I do not think that is good enough, and I believe all Canadians do not think that is good enough either.

Instead of a vague reference to a multi-year health accord that would include home care and palliative care as one option, where was the commitment in the throne speech? Where was the commitment in the budget?

If the commitment is serious, why is it not backed up with funding?

This is the missing piece. If we are going to go down the legislative path of physician-assisted dying because of charter rights,

then we in this place have a duty, and the Government of Canada has a duty, to have first acted upon palliative and hospice care.

•(1130)

That was the viewpoint of two Senate studies, which I cited back in 2010 when I spoke out against Bill C-384. First, in 1995, there was the Special Senate Committee on Euthanasia and Assisted Suicide that in its report, "Of Life and Death", made a number of recommendations to improve access to palliative care services, standards of care, and training of health care professionals.

In 2000, the Standing Senate Committee on Social Affairs, Science and Technology tabled another report, titled "Quality End-of-Life Care: The Right of Every Canadian", which again recommended a strategy and vast improvements to palliative and end-of-life care, as well as support for family caregivers, home care, research, and surveillance.

It breaks my heart, and I know the hearts of all members in the House, that people are suffering. Just this past summer, in the middle of the election campaign, I watched my own younger brother succumb to the ravages of lymphatic cancer, and I was grateful for the care, understanding, and compassion of everyone at Emmanuel House, the hospice where he stayed in his final days.

I know that this bill attempts to address those individuals who have given up hope; yet I believe there are, most often, better ways to address their suffering. It is our obligation to do everything possible with palliative and hospice care, to give a modicum of hope, comfort, and peace to those suffering at the end of their lives and to their families who are also suffering. Once again, I believe this discussion should have preceded this bill.

The final point I want to touch on today is one that I know other members have already raised, but please allow me to amplify their concerns. That is the protection of physicians' conscience rights and, quite frankly, those of the other health care professionals and caregivers on a doctor's team who might be placed in the circumstances that this bill would allow.

First, I do not think there is a shred of doubt that we must offer clear and indisputable protections to those who object on ethical, moral, or religious grounds. In these matters of life and death, that is more than the right thing to do; it is the only thing to do.

Second, I believe that, to send this important signal to the medical community, families, individuals who are suffering, and all Canadians, these conscience protections for physicians must be included in the bill itself, and not just in the preamble. The bill needs to include a punitive measure for those who would seek to pressure, force, or coerce anyone to assist someone in taking his or her life.

I am thankful for the opportunity to offer these reflections. I know every member of the House will be doing a lot of thinking, soul searching, and prayerful consideration as we grapple with this legislation. I sincerely hope and pray that we continue to do so with extreme caution and care. God bless Canada.

Government Orders

●(1135)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I would like to highlight a couple of points.

One is, of course, that this legislation is before us because of a unanimous decision by the Supreme Court of Canada, which means that it is the responsibility of all parliamentarians in the chamber to ultimately do what I and most believe is the responsible thing to do, which is to pass legislation. We have a deadline of June 6. There is a great expectation that the bill will be going to committee stage at some point, and my question is related to that.

The member referenced the importance of there possibly being amendments to the bill. The Government of Canada is, in fact, open to ideas, suggestions, and presentations at the committee stage, and I am wondering if the member wants to comment on how important it is that the bill goes to committee in a timely fashion so that the committee is able to do some of the things that might be of benefit if the legislation is improved. I am sure the member will find that the government is willing to improve the legislation. No one on this side is going to oppose healthier and stronger legislation.

I also recognize the importance of the bill going from the House to the Senate, keeping in mind June 6. I am wondering if the member would provide comment on what he believes would be important for getting the bill out of second reading stage in a timely fashion, so that we can do some work on it at committee stage, and if he has some thoughts on the committee stage and the process of getting it all done by June 6.

Mr. David Sweet: Madam Speaker, I think that is exactly the reason this debate is not only an emotional one but a profoundly intense one. The fact is that we have this June 6 date looming over us while we are dealing with such a huge question; that of life itself. It is a question that the Province of Quebec took six years to deal with. It is a question that the country of Belgium took 10 years to deal with. However, we have to deal with it now in such a short time frame, and I understand the expeditious manner in which we have to proceed.

That said, I think it was incumbent upon the Liberals, prior to tabling this legislation, that their own principles that they mentioned in their own platform should have been part of this legislation or should have even preceded this legislation in the sense of making sure that every Canadian had the better option, the option to be able to go to a place where they are loved, and for those people who do not have any family, places where they could get relief from their pain and be with people who care for them right to their last days. That was not included in this legislation.

I hope the Liberals would be open to making sure that part of their infrastructure dollars would be set aside for hospice construction, and that they would also be negotiating specifically with provinces right now to delineate funds specifically for palliative care so that the service is enhanced rather than it going into the general fund of provinces and not seeing the light of day to serve people who need it.

●(1140)

[*Translation*]

Ms. Karine Trudel (Jonquière, NDP): Madam Speaker, the Conservatives who serve on the special committee did not agree with each other. Four of them disagreed with the committee and expressed a dissenting opinion. They eloquently expressed their concerns, which included the need to give Canadians better palliative care. They said it was important to expand access to palliative care, as part of the medical assistance in dying initiative.

Could my colleague elaborate on this and tell us what concrete measures this government can take to give more Canadians access to good palliative care at the end of life?

[*English*]

Mr. David Sweet: Madam Speaker, I articulated some of it, but I will say that I am a person who is dedicated to the separation of jurisdictions. In case there are some members who might think that I was suggesting that the federal government would impose some kind of regime in regard to the operation or execution of health care, which is a provincial jurisdiction, I was not saying that.

What I was saying is that, certainly, the current Liberals have been willy nilly with the till already, committing billions to other things. I think that, on this very important question, they could take some of those infrastructure dollars that they have already committed and set aside those dollars for hospice construction. They should then make sure, in their deliberations that they are having right now with the provinces in regard to a health accord, that they make it very clear that any future expansion of funds would be based on a good accountability in regard to the increase of palliative care across the country.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I listened closely to all of my colleagues.

Yesterday, I participated in the committee's hearings. This is my first opportunity to speak in the House.

I have just 10 minutes, but I would like to start by saying that everyone here is caring. Everyone is concerned about the well-being of people who are at the end of their lives, and everyone wants the best for them. However, just because we want to care, that does not necessarily mean that we do what is best for people. We are not necessarily doing what is best for someone if we infringe on a person's autonomy and self-determination.

In the moral sense of the term, human dignity is connected to respect for self-determination. That should be the basis of our debate. Yesterday, in committee, I heard people say that we should consider a person's dignity in relation to their illness. They were talking about whether the person is wearing diapers, which is just frightening. Only that individual can make judgments about their own quality of life, and we cannot compare one life to another.

Government Orders

By way of introduction, since Bill C-14 is quite similar to part of the Quebec law, I would like to provide some context regarding the basis of that law. At the request of medical specialists and other civil society groups in Quebec, in the fall of 2009, the Quebec National Assembly created a deliberative space in order to give people the opportunity to express their views on an issue that could not be more personal: their own end of life.

From that moment on, the status quo was no longer an option for Quebec parliamentarians. Five years later, on June 5, 2014, the National Assembly passed Bill 52, The Act Respecting End-of-Life Care. One aspect of that act is medical assistance in dying.

This work was guided by two premises. First, my death, like my life, is my own. Second, the autonomy bestowed on a person by law through the principle of self-determination and its corollary rule of free and informed consent, which applies in biomedical contexts, is never questioned throughout that person's life, even in times of weakness or extreme emergency. Why then would things be any different at the end of a person's life?

Why would a person's right to self-determination be taken away because he or she is terminally ill? On what grounds would that be done? Is there any more personal and unique time in a person's life than the moment of death? What more could we wish than for a person to be able to calmly and peacefully pass on into death without any fear of suffering or any actual suffering? Is that not what we all hope for and what we would wish for any human being?

The consensus that was reached in Quebec was to make these premises part of a continuum of care, so that palliative care and euthanasia, two realities in the history of this issue, would no longer be set in opposition to each other. Why pit palliative care and euthanasia against each other? This question has been implicit in many of my Conservative colleague's speeches, because unlike in Quebec, we did not hold a debate on the right to die, which used to be associated with passive euthanasia.

• (1145)

People had to fight for the right to die. At the time, paternalistic doctors tended to focus on the curative aspect, and people were dying from the chemotherapy, not the cancer. Over the years, there has been a shift from passive euthanasia to palliative care. Human beings have thus acquired the right to die.

Palliative care is about taking a holistic approach to end-of-life care. This concept was developed by Cicely Saunders, in England, and dates back to 1967. Why should a request for assisted dying arising out of a positive experience of care near the end of one's life be considered a failure? The dying process has started and is irreversible.

A person might wake up one morning and decide that he or she is ready to give up. A person might also decide that that is not the case and that he or she wants to go on living, and die a slow death. The Quebec legislation in no way precludes one or the other, because it places end-of-life care in a continuum of care.

For more than 30 years, palliative care was considered the only way to die with dignity at the end of one's life. It became apparent that such care did not meet every need. Most requests for medical assistance in dying are made as part of the process of palliative care.

Very rarely does a person who receives a terminal diagnosis from a doctor immediately request an injection. If so, it all depends on the stage of the cancer. The patient might be put on anti-depressants and told to get his or her affairs in order. There are things that a person needs to do before dying.

One of the difficulties with Bill C-14 is that it groups together two realities under medical assistance in dying. One is covered by Quebec, namely euthanasia and end-of-life care, which includes palliative care; the other is assisted suicide. This choice is causing the conceptual confusion that leads to the impasse in our debates.

Assisted suicide is not euthanasia. The difference is that a person can be at the terminal phase of a degenerative disease without being near death. A person can suffer tremendously without being in a situation of reasonably foreseeable natural death.

The Supreme Court has asked legislators to provide a framework for assisted suicide. This is what the Supreme Court told us in section 7:

Insofar as they prohibit physician-assisted dying for competent adults who seek such assistance as a result of a grievous and irremediable medical condition that causes enduring and intolerable suffering, ss. 241 (b) and 14 of the Criminal Code deprive these adults of their right to life, liberty and security of the person under s. 7 of the Charter. The right to life is engaged where the law or state action imposes death or an increased risk of death on a person, either directly or indirectly. Here, the prohibition deprives some individuals of life, as it has the effect of forcing some individuals to take their own lives prematurely, for fear that they would be incapable of doing so when they reached the point where suffering was intolerable.

• (1150)

That is what we have been asked to do, and that is what we need to figure out.

[English]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, we have heard a great deal of discussion about the legislation itself. However, one of the important components of the whole debate is the concern that we heard this morning related to palliative care. I argued yesterday, and I am carrying it forward today, that it is important that we as a federation recognize that in dealing with palliative care this is what Canadians are concerned about no matter what region of the country they are in. Whether it be British Columbia, Nova Scotia, Quebec, or Manitoba, people are genuinely concerned about palliative care.

In dealing with the issue of palliative care, would the member not agree that there is a federal responsibility to work with our provincial counterparts to deliver the best type of palliative care to all of the different regions of our country because that is what people across the country want?

[Translation]

Mr. Luc Thériault: Madam Speaker, people see palliative care as the answer to dying with dignity, but that care can be difficult or impossible to access, unfortunately.

Government Orders

I am talking about palliative care as it should be. That does not mean putting sick people in beds in hallways and leaving them to die. It means holistic care delivered by specially trained staff along with adequate pain management, which was not allowed sometimes. Patients were not receiving the dosage they needed because it was thought that a high dosage could cause death.

Quebec has dealt with that. The province has a framework for palliative care as end-of-life care. Health care is under provincial jurisdiction, and Quebec is a leader on this. I think this bill needs an equivalency clause so that the federal law will not result in duplication, thereby changing the way Quebec's law works.

• (1155)

[*English*]

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I believe that at the beginning of his comments my hon. friend talked about what dignity is and said that dignity is up to the individual to decide. If you decide you have dignity, then you do, and perhaps if you decide you do not have dignity, then you do not. I find this definition rather troubling. First, there is no regime of assisted suicide proposed here or anywhere else that defines dignity in this wholly subjective way. It still tries to say that a person who has these physical or psychological symptoms can have dignity and someone without those symptoms cannot. It would seem that the typical understanding of dignity in this legislation and elsewhere does look for these external markers.

I liked what my colleague from Portneuf—Jacques-Cartier had to say yesterday about dignity being intrinsic to all human beings, because if we interpret dignity in the subjective way that the member has, I wonder where that leaves any efforts at suicide prevention. If a person said, regardless of his or her external circumstances, that he or she does not have dignity, then where does that leave efforts to tell that person that he or she does have intrinsic dignity and that he or she should not take his or her life? I wonder what the member thinks about the implications of his account of dignity for anyone in a difficult situation, anyone who might want to take his or her life.

[*Translation*]

Mr. Luc Thériault: Madam Speaker, I think it is a shame that my Conservative colleague is confusing suicide with assisted suicide.

Things can change for individuals who are contemplating suicide, but those seeking assisted suicide are suffering from serious and incurable illnesses and intense suffering that will never go away. That is a big difference.

What I said was that people might want the right thing, might want to do the right thing, but that does not necessarily mean they are doing the right thing. Taking away a person's independence and self-determination is not doing the right thing. Taking away a person's independence is taking away their dignity. A person's dignity is rooted in self-determination, even when that person is vulnerable.

[*English*]

Mr. David Anderson (Cypress Hills—Grasslands, CPC): Madam Speaker, it is good to be here today to speak to Bill C-14. One of the principles we have in the House is that legislation is best built on a very solid foundation, and this bill does not have that.

What the Supreme Court ruled years ago on the Rodriguez case was very clear. However, just over a year ago, as with so many other decisions and so many other directions, the Supreme Court reversed itself. If it had really good underlying reasons for doing that, it would have been fine, but the justification for it was very interesting. It was a mistake in perception as set forward by the Supreme Court. The justices called it a changing matrix of social and legal facts which brought them to their conclusion. I and others are concerned that this makes our laws, including the interpretation of charter rights, dependent upon the opinions of a very small group of people. I will talk a bit more about the matrix of social and legal facts in a few minutes.

From my perspective, this is not an improvement. Many of my colleagues on both sides of the House have shared their concerns about Bill C-14, with some supporting it and others opposing it. However, a number of things are missing in the bill, and we need to have further discussion about. I heard a few comments earlier about the timeline, how pressured it was, how we needed to get this done and that this basically was prohibiting us from taking the time needed to discuss these things a bit further and with a bit more depth.

There is no clear definition of what irremediable means. The bill talks about that being the requirement for someone to qualify for physician-assisted dying.

I am concerned about the expansion of this process to nurse practitioners, so it would not just include physicians. People have asked why medical personnel are even involved with this. They have asked whether there is not some other place this can be done so people do not have to be concerned that when they go into the hospital for medical care, rather than receiving a positive side of medical care, they receive a very negative side of it.

There is a criminal exemption for those who perform euthanasia, but there is no protection for those who do not want to participate. A number of people are very concerned about what is called conscience rights and the lack of protection for that in the legislation.

There is a lack of clarity around psychological conditions and how that may come into play with this issue. One of the things that really concerns a lot of people is the lack of a vulnerability assessment, taking the time to find out if people are being pressured or whether there is some vulnerability that is bringing them to the point where they have made a decision that may be wrong for them.

Some people have called for a prior judicial review. There is no mention of that in the legislation.

Also, there is a lack of clarity on data collection. This has been an issue in a number of areas. Will we see good data collection? Will someone keep a good set of records on what goes on with this process?

Government Orders

We often have heard the concern that there is no clear commitment to palliative care. We just heard a member from the government talk about this. The Liberals made this commitment during the election campaign. They felt it was within their jurisdiction to promise \$3 billion toward palliative care, but now, in the House, we hear them talk about how other jurisdictions are responsible for this. It sounds as if the Liberals are trying to avoid their responsibilities for this.

I would like to go back to the Supreme Court decision. It turned back the former position. It reversed it and it left us with an open field when it came to the issue of assisted suicide or assisted dying. The only thing the Supreme Court said in its ruling on Carter was that the person needed to consent and that the person needed to have a grievous and irremediable medical condition causing enduring and intolerable suffering. If we look at that, we see it leaves that whole area very open.

As I said earlier, good legislation should have a good foundation. I do not believe this does because of the Supreme Court decision. The foundation is the Carter decision and it hardly qualifies as a stable base on which to create good legislation.

I do not suppose we will get this done today, but we will come back at another stage on this bill. However, I would like to take a few minutes to talk a bit about the Supreme Court's recent decision in *Carter v. Canada*. It obviously is a very controversial decision and touches on a sensitive issue for many Canadians because there are very deeply held beliefs on both sides of this issue.

• (1200)

The Supreme Court acknowledged that the prohibition on assisted suicide was in general a valid exercise of federal criminal law. It also decided that the law went too far and it did not apply in cases where a competent adult with a grievous medical condition could consent to the termination of his or her life. I believe this decision is disturbing for a number of reasons.

The first is that the court ignored parliamentary consensus. In its decision, it claimed that the reversal from its earlier position in *Rodriguez v. B.C.* was necessary because of a different matrix of legislative and social facts. Yet, the purported differing matrix ignores the clear and unchanged parliamentary consensus opposing assisted suicide.

Between 1991 and 2012, nine private members' bills were introduced in the House of Commons, all seeking to amend the Criminal Code to decriminalize assisted suicide or euthanasia. Six were voted on and all of them failed to pass. When considering the matrix of legislative facts, the court gave weight to legislative developments in Belgium, Switzerland, Oregon, Washington, and the Netherlands, but it completely ignored the legislative record of Canada's Parliament.

Second, the court found no societal consensus in Canada on this issue. In her decision at the trial level of *Carter v. Canada* in the Supreme Court of B.C., Justice Smith wrote, "As to physician-assisted death, weighing all of the evidence, I do not find that there is a clear societal consensus either way". Clearly whatever the change in that matrix of legal and social facts entails, it did not include a clear consensus from the people of Canada".

This lack of consensus remains unchanged in the 22 years since the *Rodriguez* case in which the court stated, "No consensus can be found in favour of the decriminalization of assisted suicide. To the extent that there is a consensus, it is that human life must be respected".

Clearly, the court found no consensus among western countries. While insisting again this matrix of legislative and social facts had changed since the last Supreme Court ruling on the issue, it acknowledged that physician-assisted dying remained a criminal offence in most western countries. Regardless, it chose to align itself with the minority of jurisdictions that allowed it.

I believe the court misinterpreted Parliament's objective in prohibiting assisted suicide. In its ruling, it put significant weight on the parliamentary objective of two sections, section 241(b) and 14 of the Criminal Code, which prohibit assisted suicide. The court asserted that these sections were put in place only to fulfill the state interest in protecting the vulnerable. However, in the earlier court case with *Rodriguez*, the court had said the objective of this section was not simply "protecting the vulnerable", but also "preserving life".

It had written, "In this case, it is not disputed that in general s.241 (b) is valid and desirable legislation which fulfils the government's objectives of preserving life and protecting the vulnerable". This position was reaffirmed several times.

By insisting that in *Carter* the purpose of section 241 was only to protect the vulnerable, the Supreme Court was able to conclude that this prohibition put people outside this class and that there were people who did not need to be protected by it. The court's conclusion was that the current law was over broad and grossly disproportionate to its objectives. That allowed it to say that Parliament needed to establish safeguards to ensure that those who truly wanted to be euthanized would be able to do that.

That interpretation tramples on the intention of Parliament to preserve life. Had it considered the full purpose of these sections of the Criminal Code rather than just that one objective of protecting the vulnerable, I think the outcome would have been very different.

I would make one final point before my time runs out. The court really leaves the definition of irremediable open to patient interpretation. The court decided that irremediable did not require the patient to undertake treatments that were not acceptable to them. In other words, although treatment may be available, the condition still qualifies as irremediable if the treatment is not acceptable to the patient.

I wanted to express my concerns. However, I think we will come back to some of the things the Supreme Court touched on as well in terms of the right to die being conflated with the right to life and some of the other issues.

Government Orders

•(1205)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I want to highlight the fact that the Supreme Court of Canada unanimously decided that Canadians suffering intolerably had the right to request assistance to end their suffering. We respect that decision of the Supreme Court of Canada, as we think all members of the House would.

The issue before us is not if Canada should have medical assistance in dying, but rather how we make it available. It is important to recognize, given the sensitivity of the very issue we are debating today, that we have until June 6 to deal with the issue. If we do not deal with the issue, it will be most inappropriate as parliamentarians, representing Canadians from coast to coast to coast. There is an obligation for us to meet that void that has been put in place by the Supreme Court of Canada.

Would the member at least acknowledge the fact that we have to pass some legislation? Are there any possible amendments the member would like to see to make it easier for him to support the legislation?

Mr. David Anderson: Mr. Speaker, my point was exactly that. It is the court that has brought us to this point, and the timeline is the court's timeline.

As one of my colleagues pointed out a little earlier, that deadline prohibits us from dealing with these issues as fully as we probably should. We have not had any discussion about the implications of the Supreme Court decision. We have never sat down and had those discussions.

The government has come forward, under pressure, with legislation that many people feel is inadequate. One of the areas I find very troubling is the lack of conscience protection, and I mentioned that a little earlier.

Many people in the disabled community are very concerned about the fact that there is no vulnerability protection. They do not want to see a development of peer pressure in society where people feel somehow obligated to participate in this activity.

There is a number of issues around this. The timeline we are on is not helping us to discuss and resolve those issues among Canadians.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, following up on the question of my hon. colleague on the government side, I share his concern that we seem to be moved toward filling a legislative gap because of the Supreme Court decision, which is very true.

On the other hand, it strikes me as the realistic situation that if we do not have legislation in place by the June 6 date given by the Supreme Court, then we would be in the untenable position of having a legislative vacuum. There would be absolutely no provisions concerning assisted death at all. The Supreme Court has found that the provisions of the Criminal Code that govern this matter are unconstitutional and only suspended the application of that judgment until June.

Does my hon. colleague have any thoughts about how we could bring in appropriate legislation and also avoid the untenable situation of having a legislative lacuna in Canada?

•(1210)

Mr. David Anderson: Mr. Speaker, one of the things is that we are here. We are having the debate and discussion, and we are having it within the established timeline. We are trying to do a good job of setting up the guidelines and the safeguards on this issue.

The reality is that the acceptance of assisted suicide and euthanasia is not universal across the country. It was not something that was decided by the elected members of the House, those who are here to represent the people. It was decided by the Supreme Court of Canada. It made the decision that we had a charter right to this in Canada, so we needed to move forward with this legislation.

However, the Parliament of Canada needs to take some time to do this carefully to ensure we do it correctly for people.

There is a number of other things I had to say. One of them would have been about the slippery slope that countries find themselves on when they move into this area. We need to have a discussion about that as well. I do not hear members talking about this.

Mr. Dan Vandal (Saint Boniface—Saint Vital, Lib.): Mr. Speaker, I am privileged to rise in this chamber in support of Bill C-14, medical assistance in dying.

I am in favour of the bill, not only because it was mandated by the Supreme Court of Canada, but for very personal reasons. I believe it is a bill, a policy, that respects the rights of individual Canadians who are suffering unbearable pain. It respects their right to die a peaceful death.

[*Translation*]

I rise today to speak in favour of this bill on medical assistance in dying, not because of the Supreme Court's decision to strike down the criminal law banning medical assistance in dying, but rather for very personal reasons.

[*English*]

To begin with, the bill refers to medically assisted dying. It is not referred to as medically assisted suicide. My common definition of suicide, and I believe it is society's definition, is intentionally taking one's own life when death is not imminent. In the case of Bill C-14, there are clear conditions that would qualify an individual for medical help in dying. This would include, of course, the reality that death is imminent for that individual.

Henceforth, I believe we should stop calling it suicide because it is clearly not suicide in the common form of our understanding. I also believe that there is no parallel with the very sad and tragic suicide epidemic that is occurring in indigenous communities across our great country. In my mind, one is an apple and one is an avocado. They should not be compared.

The whole debate around medically assisted death is deeply personal and has led to some very emotional discussions. For me, it has led to much personal reflection. Like many Canadians, like many people in these chambers, I have seen too many family members and friends suffer excruciating pain needlessly when death was imminent.

Government Orders

Very personal for me was an experience last August 2, the same day that the federal election was called, when my mother passed away. She was 96 years old and she had been living alone for the last 20 years. She had been living bedridden and in pain in a care home for the last five years.

My mother was a religious person and had a special relationship with her god. She prayed every day. She scolded me for not attending church as often as I should. Over the last 20 years her body deteriorated, but her mind and hearing stayed sharp. Over the last 10 years, my mother shared with me her desire to have her life end. Medical advances had helped her to live longer, but her quality of life had severely deteriorated. She had become completely bedridden in the last five years and, in the last four years, malignant masses and tumours had developed throughout her lower body. Constant pain set in, and pain protocol was established. My mother, tough as nails, continued to breathe, pray, and hope that God would come and take her away. The praying and hoping continued for years and years.

My mother was of sound mind. She was a religious person who was at peace with her god. Families, nuns, and a priest would visit her faithfully. They gave her comfort, but she continued to express to me that she wanted to die peacefully and comfortably. She wished that there was a way to end the unbearable physical pain that could no longer be managed regardless of the care she received. I wish she could have had that choice, and she should have had that choice.

My personal feeling is that the legislation does not go far enough. I would have preferred that those who are experiencing enduring and intolerable suffering, with no chance of ever improving during their lifetime, be allowed the opportunity to access medically assisted dying, under the strict conditions that we have imposed in the bill.

However, I also understand that the legislation shifts the paradigm in such a profound way that in the future we will be making reviews. The law will be improved, and evidence will be collected. I hope that myths will be dispelled, and individual human dignity, self-determination, and choice will be nurtured further.

●(1215)

[*Translation*]

This choice is the basis of our discussions today. We hope to offer this choice to individuals who, in their last moments on earth, are experiencing intolerable physical suffering as a result of a grievous and irremediable medical condition. The debate is not about suicide. It is about trying to ensure the dignity of the dying person. We make choices about the care we receive throughout our life, and it is unfortunate that this choice is taken away from us at the end of our life.

[*English*]

It is true that the Supreme Court's decision in *Carter v. Canada* made physician-assisted death legislation necessary. I believe many of us have spoken to the fact that the timelines are anything but ideal. Would I have preferred to have another six months of debate, consultation, and discussion in order to make this reality? Of course, I would have preferred that. I believe every member in these chambers would have preferred that.

However, it is also true that there are people who feel that this legislation does not go far enough. There are also people who are

opposed to physician-assisted death entirely. I have had many discussions with constituents on this issue.

[*Translation*]

I represent Saint-Boniface—Saint Vital, a riding with many Catholic constituents, and they have all made their views very clear.

[*English*]

Everyone, regardless of their position in this debate, wants to ensure the protection and dignity of individuals. The notion of dignity, which has come up several times in these chambers, is highly individual. Personal history, personal beliefs, and personal health situations all define what dignity means to the individual, and I might also add the right to self-determine.

[*Translation*]

Dying with dignity is a personal choice that needs to be respected. This bill is necessary. As a society, we must make sure that the best care possible is available to all our fellow Canadians.

[*English*]

This is an important moment in our history, where consultation has not only played an important role in the past but will play an important role into the future. I applaud the government for undertaking vast consultations across Canada and abroad to ensure that this legislation defends people's choices and freedoms in a way that protects the most vulnerable. It also supports personal convictions of health care providers.

I further congratulate the government on taking the time to continue the very important consultations and discussion surrounding mature minors, people who suffer from mental illness, and people who would like to arrange advance directives.

●(1220)

[*Translation*]

I would like to add that I fully support the government's commitment to a full range of options for quality end-of-life care, including palliative care, an area in which the St. Boniface Hospital, in my riding, is a leader. This bill establishes responsible measures to promote a standard approach to medical assistance in dying across Canada. It recognizes the inherent value and the equality of every human life.

[*English*]

The proposed legislation sets the framework for medically assisted dying across the country. It also provides a review in five years. It is balanced, responsible, and a very compassionate response to a very difficult, very personal issue.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I thank the member for his speech, and particularly for having the courage to share some of his personal story and interactions with dying. These personal stories help us to add context.

Government Orders

Unfortunately, because of the lack of palliative care that we have in this country, there are many cases where a person may think or be told that their pain is not manageable when in fact their pain is manageable. This is why I think we need a greater emphasis on palliative care and pain management.

I want to ask specifically about dealing with palliative care in the context of the legislation before us. We have heard that there is a commitment, not in this budget but at some point in the future, to make investments in palliative care. Most of us think that is a good thing. The problem is that individuals do not have access to quality palliative care, and yet there is no allowance in the legislation requiring that they be offered palliative care before pursuing the option of assisted suicide or euthanasia.

I wonder if the member would support an amendment, as was recommended this morning in committee by an association representing palliative care doctors, to ensure that people would be offered palliative care, and that people would not opt for euthanasia simply because they do not have access to palliative care.

Mr. Dan Vandal: Mr. Speaker, I met extensively with the St. Boniface Hospital in my ward, and with the Archbishop of Saint Boniface. There is certainly no argument from me that palliative care is extremely important in this whole topic.

We committed, post-election, \$3 billion over the course of four years for improved home care, which is tightly connected to palliative care. We also have to take the health minister at her word when she says that palliative care is an absolute priority in her term as health minister. A lot of it is about partnerships with the governments across Canada.

I agree that palliative care needs to be improved. We need to improve the budgets on palliative care, and I support that notion.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, I would like to congratulate my hon. colleague on a thoughtful and sensitive speech. I also share his distinction between suicide and assisted death. That is an important distinction that all parliamentarians would do well to keep in mind.

I have two quick questions for him. First, he mentioned palliative care. I am the health critic for the New Democrats. I have pored over the budget of the government, and we know that the \$3 billion promised during the election campaign by the Liberal government for home care is simply non-existent in the budget. I would like his comments on that and how he feels we can build a world-class palliative care system without a government that is prepared to put money behind it.

Second, in terms of the Supreme Court decision, it clearly said that assisted death should be available to anybody who suffers from a grievous and irremediable condition. This legislation includes additional criteria beyond the Supreme Court's instructions, including requiring that death be easily foreseeable. That has led to the perverse situation where Ms. Carter, the litigant in that case, likely would not be able to avail herself of assisted death, even though she successfully won the case. I wonder if he has any comment on the legislation in that regard.

● (1225)

Mr. Dan Vandal: Mr. Speaker, I think the hon. member would agree that the bill being introduced, and that will be adopted, is profoundly shifting the paradigm on this issue. There are people who think it goes too far. There are people who think it does not go far enough. However, the reality is that it profoundly shifts the paradigm on the issue of medically assisted dying. It will be reviewed in five years, and I think there will be ample opportunity to improve it. I am confident that will happen.

On the palliative care commitment, it is quite clear that there is \$3 billion over four years. I was sitting in this seat when the health minister made a commitment to improve palliative care service over the next four years.

[*Translation*]

Mr. Joël Lightbound (Louis-Hébert, Lib.): Mr. Speaker, rarely in this parliamentary life are we called upon to debate such an important subject, an issue that requires such seriousness, rigour, sensitivity, and compassion.

With that in mind, I want to begin by commending the professionalism of all my colleagues in the House, who, from the beginning of our study of Bill C-14, have set partisanship aside and have made this debate more of a discussion, rather than a debate *per se*.

The subject that we are being asked to deal with today is one that invariably raises sincere emotions and touches a nerve with all of us, not only here in Ottawa, but all across the country. Developing a framework for medical assistance in dying means striking a balance between implementing a right with such irrevocable consequences on the one hand, and protecting vulnerable people with regard to that right on the other hand.

What right are we talking about? It is the right of a competent adult, who freely consents and suffers from a grievous and irremediable illness causing intolerable suffering, to die at the time of their choosing and with the necessary assistance and medical support. This is a right guaranteed by section 7 of the Canadian Charter of Rights and Freedoms, which states that everyone has the right to life, liberty, and security of the person. This right was unanimously recognized by the Supreme Court of Canada on February 6, 2015, in the Carter case. This right protects life, because the absolute prohibition in section 14 and paragraph 241(b) of the Criminal Code on aiding or counselling another person to commit suicide made individuals suffering from grievous and irremediable illness feel that they were forced to take their own lives prematurely out of fear that the progression of their illness would make it impossible for them to do so and that their suffering would become intolerable.

The absolute nature of the blanket prohibition on medical assistance in dying deprived people of a portion of their life that they could otherwise have enjoyed. This right also protects the liberty and security of the person.

Government Orders

As the Supreme Court explained in paragraph 66 of its decision in Carter, by denying people the right to request a physician's assistance in dying, the Criminal Code is interfering with "their ability to make decisions concerning their bodily integrity and medical care". The Criminal Code thus trenches on liberty. Since that option was not available to Canadians, they had to endure intolerable suffering, which also impinged on their right to security of the person.

Although the Supreme Court recognized that medical assistance in dying is one of the rights guaranteed under section 7 of the charter, those rights are not absolute. Limitations and restrictions can be placed on those rights, according to the principle set out in Oakes, which is based on section 1 of the charter. The principles in question are those of minimal impairment and an important government objective.

Bill C-14 must be examined through that lens. Although people with grievous and irremediable medical conditions should be given the right and means to die with dignity, that is not an absolute right. We also need to protect vulnerable people, people who are unable to provide informed consent, and people who could be subject to undue pressure.

My position could evolve, as I continue to listen to my colleagues and constituents and as I continue to reflect on this topic.

However, I think that it is a good idea to exclude minors and people with mental illness from this bill. Like many members in the House, and like the Quebec National Assembly when their work was complete, I think that including minors would have created some virtually insurmountable problems with respect to consent, as my Conservative colleague from Louis-Saint-Laurent pointed out.

With respect to people with mental illness, I think that in the absence of full and informed consent, the sanctity of life must prevail. Since such consent is nearly impossible to obtain under the circumstances, it is prudent to exclude people with mental illness from the bill.

Conversely, I think that some aspects of the bill raise some questions. One aspect is the notion of a death that is reasonably foreseeable, which the government wants to introduce, even though this notion was not in the Carter decision.

The court recognized that not having access to medical assistance in dying could cause intolerable suffering and, therefore, impinges on the individual's right to security of the person.

I also think that individuals who are suffering from a grievous and irremediable medical condition but who are not at the end of their life, which unfortunately is the case for many people in Canada, are therefore being deprived of the right to security and integrity of the person.

I am afraid that with this addition, one of the appellants in Carter would not have had access to medical assistance in dying. I am not certain either that such a restriction minimally impairs a charter right, as seen in Oakes.

●(1230)

Second, although I am aware that there is a need for robust protections and that the bill includes many, which is a good thing most certainly, I have doubts about the protection provided by the provision in paragraph 241.2(3)(h), which stipulates that immediately before medical assistance in dying is provided, a patient must reiterate his or her free, informed, and full consent.

Doctors would have to stop administering medication, such as morphine, which eases the patient's pain, in order to obtain this full consent. I fear that this provision will create excessive suffering for individuals at a moment when they want to gently leave behind their overwhelming suffering.

Third, I was not convinced that advance consent was a good idea, but I was enlightened by my colleagues. Although I am still not convinced, I welcome the government's willingness to study the issue further.

Lastly, like many of my constituents, I think medical assistance in dying must be brought into the broader context of end-of-life care. To that end, I also welcome the promise to invest \$3 billion over four years in home care.

I believe that, like the bill, this is a step in the right direction, but it is not the final destination. I will vote in favour of this bill at second reading, and I encourage my colleagues to do the same.

[*English*]

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I have two specific follow-up questions. The member alluded to the government's commitment on home care, but we need to be clear that there is a big difference between palliative care and home care. Home care is the care that someone receives in their home to support their ongoing independence—it could be at varying stages—and palliative care is specifically the care for those who are dying.

I wonder if the member could clarify what kinds of investments we will see in palliative care, especially since neither of these things were in the budget.

Second, I want to ask him about contemporaneous consent, because the concern I have is that if we were to move down the road of having advance directives in this legislation, we would have a very different consent there than for sexual consent. In the context of sexual consent, of course, we require contemporaneous consent.

Why would we have a lower bar for consent when someone is choosing to die than for someone who is choosing to engage in sexual activity?

[*Translation*]

Mr. Joël Lightbound: Mr. Speaker, I would like to begin by answering my colleague's question about money for home care and palliative care. I heard the minister say several times that palliative care is a priority for the government, a crucial priority that the government plans to invest in.

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The government's pledge to invest \$3 billion in home care over four years comes at a time when most of the people receiving home care are at the end of their lives. I completely agree with the member: palliative care should be and is a priority for this government.

• (1235)

[*English*]

With regard to his question concerning consent, my mind is not made up on advance directives, but I think there is a difference between consent in terms of sexual relations and consent when people know they have a debilitating illness that will prevent them from consenting further down the road. I think the distinction is clear.

However, my mind is not made up on that subject. I wish to hear more about advance directives and I am glad that the government has decided to study that question further.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, I appreciated my colleague's remarks.

Yesterday, the Barreau du Québec stated that the reasonably foreseeable natural death provision in the bill is not consistent with the Carter decision or the right to life in section 7. Ms. Carter would not have had access to medical assistance in dying unless reasonably foreseeable natural death were interpreted as having to do with age, which is an absolutely unnecessary distinction here.

I would like to hear my colleague's thoughts on that.

Mr. Joël Lightbound: Mr. Speaker, I thank my colleague for his excellent question.

As I mentioned in my speech, I agree with the Barreau du Québec on that. I think the notion of reasonably foreseeable adds a criterion that did not exist in the Carter decision. Unfortunately, it places people who are suffering from a serious and incurable illness and experiencing suffering that is intolerable in situations where, if they are not terminally ill, they cannot receive medical assistance in dying.

That is one aspect of the bill that I personally have a problem with. Still, I think it is a step in the right direction, which is why I urge all members of the House to support this bill at second reading so it can go to committee.

Mr. David de Burgh Graham (Laurentides—Labelle, Lib.): Mr. Speaker, I thank my colleague from Louis-Hébert for his very clear speech on an issue that is so personal for many of us.

Almost everyone here in the House who is participating in this debate has similar stories from their own lives.

In my case, my grandmother was no longer able to teach downhill skiing at the end of her life. After teaching it for nearly 70 years, she started falling, until her injuries were too serious for her to survive them.

I do not think this came under the canopy of medical assistance in dying or assisted suicide. I find that circumstance unacceptable. We need to fix this lack of dignity.

Is my colleague worried about the legal vacuum that would exist if this bill is not passed within the prescribed time frame?

Mr. Joël Lightbound: Mr. Speaker, I would like to thank my colleague for his question. In fact, we must avoid this legislative vacuum for Canadians.

That is why I believe voting for this prudent bill is the right thing to do. It is a step in the right direction, and it could go further.

This issue was debated in Quebec for years. Canada is just beginning to debate it, and I believe that the debate will have to continue for the next few years. The bill provides for a review of the act in the first five years.

We must have this debate, and we absolutely must present Canadians with a law before June 6, 2016.

[*English*]

Hon. Alice Wong (Richmond Centre, CPC): Mr. Speaker, today I rise to discuss Bill C-14.

As we well know, Bill C-14 is the government's response to the Supreme Court ruling in the Carter decision last February. The court gave the government a total of 16 months to form legislation, so here we are in the House today, debating the bill.

I was pleased to see that the bill included many recommendations provided by my Conservative colleagues in their dissenting report from the special joint committee report on this issue. However, I do not believe the bill in its current form is good enough.

I have benefited from listening to my colleagues' speeches, and appreciate the passion each has shown as they discuss Bill C-14 in the House. Indeed, I have made my own consultations with various interested parties in my riding of Richmond Centre, and look forward to sharing them with you.

We have received many suggestions and comments on the legislation, both from parties that believe the bill is too restrictive and those who believe it is not restrictive enough. Indeed, I am rather impressed that there was significant public interest on this bill, and I would like to continue to encourage people in Richmond Centre who have not given their thoughts on this matter to write to myself or my office.

My voting position on second reading will be carefully considered from a balance of available information, including from the consultations I have held with interested stakeholders in my riding.

To begin, I would like to share some of my personal experiences. During my time as the Minister of State for Seniors, I had the opportunity to work with many groups who are devoted to protecting our most vulnerable and ensuring quality palliative care. The unfortunate reality is that there are many seniors who are not provided with effective end-of-life care. Instead, they are subject to elder abuse and are often pressured into making decisions to avoid becoming a burden to their families. This is tragic. It is absolutely imperative that we ensure that there are safeguards to protect seniors against such elder abuse.

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A potential safeguard to protect financial abuse of elders, which is a very common and unfortunate form of elder abuse, is to simply prohibit any independent witnesses from financially profiting at all from the will or the estate of those who requested physician-assisted suicide. This was actually a recommendation from a group of constituents I met with recently. They pointed out that in the bill, the independent witnesses that have to sign the documentation to enable the physician-assisted suicide only have to know or believe they are not a beneficiary under the will of the person making such a request. Again, this is simply not enough.

Back in my riding of Richmond Centre, I have been an active member of the Richmond Rotary Club. This club was instrumental in building the first hospice in Richmond. It was there that I and my fellow Rotarians witnessed first-hand the benefits quality palliative care can bring people. Life is valuable at every stage. One of my primary concerns with physician-assisted suicide is that it will only complicate end-of-life decisions. Individuals who are sick or need additional care will see themselves as a burden, and choose death to avoid placing further expectations on family members.

● (1240)

Instead, we need to be supporting family caregivers and demonstrating that every life is valuable.

As others have noted, there was no allocation in the budget for palliative care services. This is totally and absolutely unacceptable. This issue is quickly becoming more about access to death than access to life. It is absolutely essential that the government make a commitment to strengthen palliative care and encourage citizens to seek such care first. Palliative care provides death with true dignity and not a forced death, which is what physician-assisted suicide is.

Last year, I had the opportunity to meet with organizations such as the Council for Canadians with Disabilities, the CCD. I met with its representatives to discuss their concerns and the importance of protecting individuals with disabilities. More recently, they were able to appear as witnesses at the special joint committee to discuss their views on possible legislation. The CCD was very concerned with the recommendations provided by the committee and commented, "The permissive approach would put vulnerable people at risk".

We cannot ignore the needs of our most vulnerable. It is crucial that the legislation reflect the concerns of groups such as the Council for Canadians with Disabilities to ensure all Canadians are protected.

I would like to share a few of the comments I have heard from my constituents over the past several months. I will emphasize that my repeating these comments in the House today does not mean that I endorse all of them, but rather, this is a reflection of the variety of comments received. I know as an elected figure this may be hazardous as I may be quoted out of context; however, it is my duty to ensure that these voices are heard.

A primary theme as a result of my consultations is that Bill C-14 would only decriminalize the act of physician-assisted suicide as performed by medical practitioners.

I will add that there would be no effects or changes to the Canada Health Act, nor would it instruct our provinces to provide this procedure as something to be covered under provincial medical

insurance plans. In my home province of British Columbia, this is the medical services plan, the MSP.

In general, there seemed to be a considerable amount of confusion about whether the provincial governments would actually provide this procedure and whether they would indeed pay for it.

One stakeholder group mentioned it wished to invoke the notwithstanding clause to maintain the previous provisions of the Criminal Code. This group found the terminology of what constituted a terminal illness to be a slippery slope and that unendurable pain could be mitigated with quality palliative care. As it realized that this was generally not a realistic approach with the existing government, it also mentioned that it was hoping for a robust protection for health care providers and facilities to act according to their conscience.

There were many other comments, but I have only 10 minutes for this speech, so I will state again that I have been pleased with the amount of interest we have received from engaged citizens and stakeholder groups on Bill C-14. I will be making my voting decision after giving the people of Richmond Centre the maximum period of time to send their feedback.

I would like to end my speech with a short story. Many members of my family are health professionals. Even among those who are young, many desire to grow up to be doctors or nurses. When I ask my young nieces and nephews why they want to be a doctor, I always receive the same simple answer, "I want to save lives."

● (1245)

Mr. David de Burgh Graham (Laurentides—Labelle, Lib.):

Mr. Speaker, the member is concerned about access to death versus access to life. On the timeline we are working with, imposed by the Carter ruling, is precisely access to death that we are addressing here. I do not believe there is anyone here who is opposed to looking at palliative care.

For me, freedom to life is very much like, and as important as, freedom of religion. Freedom of religion includes the freedom to be religious in any manner we choose, just as it includes the freedom from religion. Freedom of life includes the freedom to live, but it includes the fundamental right not to live. The latter is not a right that should be exercised lightly, and it is extremely important to have processes in place, as this bill proposes to do in line with the Carter decision.

I believe we should make every effort as a society and as a Parliament to make every person's life as good as possible. Indeed, that is a principal obligation of government. I believe that the decision of when to end one's life is a decision that belongs to the person whose life is ending, and only that person.

Does my colleague agree that the best defence of life we can provide is by getting this law through on deadline, avoiding a legal vacuum, even if it means revisiting the issue later?

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• (1250)

Hon. Alice Wong: Mr. Speaker, I know I am not alone in stating that the time frame set out by the Supreme Court was not sufficient. Sixteen months is not nearly enough time to adequately examine evidence, consult with Canadians, and prepare well-drafted, careful, and sound legislation. I do not think it is appropriate to approve legislation simply because it is good enough or we are on a time crunch. It is never our responsibility to rush legislation. We represent our constituents to ensure a better and safer Canada.

[*Translation*]

Ms. Anne Minh-Thu Quach (Salaberry—Suroît, NDP): Mr. Speaker, I have mixed feelings about the Conservative member's speech.

On the one hand, the Conservatives are complaining about not having enough time to debate the issue. As everyone knows, it was the Conservatives who opposed the opposition motion to create a multi-party committee to study the Carter decision. This would have started the ball rolling on a study of medical assistance in dying. Therefore, they are part of the reason why debate and studies on the issue were delayed.

On the other hand, I agree with the member that we need more palliative care and that financial resources must be allocated to palliative care. Many people want to stop their suffering, but they do not necessarily want to die right away or to access medical assistance in dying. Above all, they want the pain to stop.

Today, the Liberals say that they are prepared to allocate \$3 billion over four years. However, there are no timelines.

I would like to hear what the member has to say about that.

[*English*]

Hon. Alice Wong: Mr. Speaker, I heard the Liberals say that they wanted to commit themselves to \$3 billion over four years. However, it is not in the budget. If it is not in the budget, where is the money? The most important thing is to not make empty promises, but to really keep their promises and take real action.

I appreciate the fact that my colleague from the NDP also stressed the importance of palliative care. It is exactly the same message that this is an option for end-of-life choices. Ending one's life by force is not the only choice.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, my colleague referenced the government's supposed commitment on palliative care, but it is actually worse than that, because the Liberals have said palliative or home care. One of the members pointed out quite rightly that palliative care can happen in the home, but these are not the same thing. There are many kinds of home care that are very much essential which are not the same as palliative care.

I would say it is important that we deal with palliative care, not just separately maybe sometime in the future, but specifically in this legislation. The federal expert panel, which the previous government set up, was clear that people cannot be construed to have consented to euthanasia or assisted suicide unless they had an option of palliative care available to them.

I would like the member's comments on that.

Hon. Alice Wong: Mr. Speaker, there is indeed a very clear distinction between home care and palliative care.

Palliative care is about helping the relatives, the friends and families of the one who is terminally ill and who is expecting to die. It helps them go through the end-of-life period of time together in a positive way so that it is a good end-of-life option. That is unlike home care, which is only for helping seniors get up, do their washing, do their dishes, and other things. There is definitely a clear distinction between home care and palliative care, especially hospice homes.

Ms. Kate Young (Parliamentary Secretary to the Minister of Transport, Lib.): Mr. Speaker, I am pleased to speak to Bill C-14, which would enact a federal legislative framework to permit medical assistance in dying across Canada.

Medical assistance in dying is a deeply personal issue for all Canadians, as we have witnessed. As parliamentarians, we must consider a diverse range of views on this complex issue. I know that we all take this responsibility very seriously.

The starting point is, of course, the February 6, 2015 decision of the Supreme Court of Canada in *Carter v. Canada*. The court unanimously held that the criminal laws prohibiting physician-assisted dying interfere with liberty and security of the person by denying grievously and irremediably ill individuals the ability to make decisions concerning their bodily integrity and medical care, and leaving them to endure intolerable suffering.

The court also held that the laws deprive some people of life by forcing them to end their lives prematurely for fear that they would be incapable of doing so when they reached a point where their suffering was intolerable. The court accepted that the criminal prohibition on assistance in dying furthers a pressing and substantial legislative objective, that of preventing vulnerable individuals from being induced to die by suicide against their will in a moment of weakness.

However, the court concluded that a permissive regime with properly designed and administered safeguards was capable of protecting vulnerable people from abuse and error, and that the absolute prohibition went farther than necessary to achieve its objective. The court appropriately left the task of designing this new regime to Parliament.

The proposed legislation responds to the Carter ruling by enacting a new legal framework for access to medical assistance in dying, including the safeguards that the court called for in order to minimize the potential for errors and abuse.

The court did not define the term "grievously and irremediably ill", but the proposed legislation does define it in a manner that is consistent with these circumstances. Specifically, the person must be in an advanced state of irreversible decline in capability. The person must have a serious and incurable medical condition. The person must be suffering intolerably. The person's death must have become reasonably foreseeable, taking into account all of the person's unique medical circumstances.

Canadians would have the comfort of knowing that they would be able to get the assistance they need if they are suffering intolerably when their capacity declines as they approach the end of their lives.

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Like so many honourable members who have stood in this house to debate this difficult legislation, I have my own personal story that makes this issue all the more relevant. My mother, Eleanor Anderson, spent over 10 years in a wheelchair after suffering a massive stroke at the age of 69. She had to learn to walk, talk, eat, everything right from scratch. Then it happened again, another stroke five years later. She fought back again, but with each stroke a little more of her was taken away.

She never wanted to feel helpless. During those years in a wheelchair, my mother would try her best to do everything on her own, whether it was dressing, loading the dishwasher, or simply wiping down the kitchen counter. During those years, she never wanted our sympathy.

Despite her tenacity, she knew the day would come when she could not fight any longer. She made it very clear to my father, to me, and my brother that if the time came and she was not able to do much more than lie in a bed, she wanted to drift away peacefully. As expected, what we all feared eventually happened.

She continued to have small strokes, losing mobility and function with each one, to the point that she could no longer sit up in her wheelchair, talk, or even eat. We were not even sure if she knew any of us anymore. She pulled out the feeding tube that kept her alive, to the point where the doctors said they wanted to insert a tube in her stomach. That was not the life my mother wanted, and so we said no. We had to let her go. Doctors agreed it was best, and said she would only last a few days.

We asked that she be moved to palliative care at another hospital. Ironically, they said they could not move her because she would not make it, that she would die en route, and so she lay in that hospital bed, and we watched her slowly starve to death.

• (1255)

She would last 12 days, and her death was anything but peaceful. It was the most excruciating experience I have ever been through, and nothing prepared me or my family for her death. I know my mother would have agreed that this legislation is a step in the right direction. She would have wanted to be able to communicate her desire to die with dignity. However, she would have also wanted her family to follow through on her wishes.

Twelve years later, my dad said to me, after catching an infection, "I just want to close my eyes and not wake up". That is exactly what happened. He was gone two days later. He got his wish. However, I know that many people are not as fortunate, and it is for those people that we must be prepared to lend our voice.

Health Minister Jane Philpott said this in her speech to the House:

...every person, every story, is unique. However, much is shared in common: the hope to die in peace; the desire to be respected; and to have personal autonomy and dignity honoured by family and health care providers alike.

Minister Philpott went on to say that her experience as a family physician reinforced her sense that we must—

• (1300)

The Deputy Speaker: Order, please. I try to make a point not to interrupt the member when that happens. However, we have a Standing Order that suggests we not use other members' names in the

House. That includes when ministers are being quoted. I realize that the hon. member did not put it that way in this case, but even if a member's name appears in a citation, for example, we avoid that. If the member would substitute the minister's title or her riding name, then she is good to go.

Ms. Kate Young: Mr. Speaker, the minister went on to say that her experiences as a family physician reinforced her sense that we must "uphold the principles of palliative care, as well as respecting the rights of patients to make their own decisions about their care as they approach the end of life".

Earlier this year, the minister met with provincial and territorial health ministers in Vancouver to launch discussions on a new multi-year health accord. Through the health accord process, our government will be making significant investments totalling \$3 billion dollars to help deliver more and better quality home care services for Canadians. We expect that support for palliative care in a variety of settings, where patients can receive the ongoing care they need and deserve at the end of life, will be one of the priorities going forward. I agree that there is no doubt that care at the end of life should be there when people need it. We want all Canadians to have access to the best care possible.

The issues in this area are complex. However, I strongly believe that Bill C-14 has struck the right balance between competing rights and policy objectives.

I call on members of this House to support it.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I would like to ask the member about the concept of advance review by a competent legal authority. One of the concerns I have with this legislation is that we have various criteria, some of which I think need to be more specific, but there is no mechanism for ensuring that complex legal criteria are met. What some have proposed, and there has been some agreement from at least one member on the other side, is that if we had a system in place where there was someone with not just medical but legal expertise reviewing it to say, yes or no, the criteria are or are not met in this case, that would be a good way of ensuring that vulnerable people, the people who do not consent or do not meet the criteria, are not being pushed into it or receiving euthanasia or assisted suicide without the law being followed.

Would the member agree with me that an amendment to ensure some kind of advance review by competent legal authority would be an effective way of improving this bill?

Ms. Kate Young: Mr. Speaker, under the proposed legislation, two independent health care professionals would need to evaluate the circumstances of a patient's health. If I understand correctly, the member is saying that we should go one step further and have someone from the legal community also be a part of that. I think that is up for discussion, something that certainly should be discussed at the committee level. That is why I hope this will be moved forward.

[*Translation*]

Ms. Karine Trudel (Jonquière, NDP): Mr. Speaker, I thank my colleague for her speech.

This topic goes to the core of our values and our ways of life.

The Quebec bar recently confirmed that if the bill were passed as drafted, it would be unconstitutional. What does my colleague think about that?

• (1305)

[English]

Ms. Kate Young: Mr. Speaker, this is obviously a decision that all of us have to make individually and take in all of the information that we are hearing, not only from what we have so far from the committee but also what is happening across the country, and certainly what has happened in Quebec. I think that is something to which we all need to listen and be open.

Ms. Julie Dabrusin (Toronto—Danforth, Lib.): Mr. Speaker, I would like to thank the Parliamentary Secretary to the Minister of Transport for sharing personal stories, because that does help to understand the background we are coming from when we are trying to deal with this issue.

We have heard a lot today and yesterday about the balance between safeguards and providing this right. Perhaps the member could provide us with some better insights into which safeguards give her the most comfort with this legislation.

Ms. Kate Young: Mr. Speaker, safeguards are necessary, because there are the vulnerable in our society whom we must protect. Therefore, it is important for us to have different steps of safeguards.

Each person who is going through this journey of death is different. I think we do need to have safeguards in place, and certainly the safeguards would be different in different situations.

[Translation]

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Mr. Speaker, what does my colleague say to people who claim that under the existing bill Ms. Carter would not have had access to medical assistance in dying?

[English]

Ms. Kate Young: Mr. Speaker, this is one area where I think there is a point of discussion. Some people would say that she would have met the criteria of the four areas. It is something on which I think it is necessary to have a debate.

Of course, in Ms. Carter's position, where she was at her end of life will be different from someone else. However, I truly believe, in looking at the legislation, that she would have been able to have assisted dying under this legislation.

[Translation]

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Mr. Speaker, I think it is very important to rise to speak to Bill C-14, today and on other days of debate.

As my colleagues probably know, I am a health care professional. I still work at the hospital a few times a month, mainly in emergency and intensive care. This is important to me. End-of-life care is very important, which is why I supported a motion that my colleague from Timmins—James Bay moved during the previous Parliament. That motion dealt with a national palliative care strategy.

To begin, I would like to highlight two or three points from the Supreme Court decision that I think are particularly important to this discussion. The decision states:

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...the prohibition [of medical assistance in dying] deprives some individuals of life, as it has the effect of forcing some individuals to take their own lives prematurely, for fear that they would be incapable of doing so when they reached the point where suffering was intolerable.

And by leaving them to endure intolerable suffering, it impinges on their security of the person.

It is important to mention that the Supreme Court decision underscores the government's responsibility to address the suffering that people experience. It is also important to understand the difference between suffering and pain. Pain is a physiological reaction to stress, such as an injury. Suffering has to do with an emotional experience.

Take, for example, a very painful event such as childbirth. That pain is associated with a positive emotional experience, the birth of a child. That event does not necessarily cause suffering, but it does cause significant pain.

A person might also have a minor injury that can cause extreme suffering because of the emotional experience associated with it. I think it is important to make that distinction.

These days, we have excellent therapeutic ways to alleviate pain. Opiates were long used, but now we also have patient-controlled analgesic pumps. We can even offer continuous palliative sedation, similar to what intensive care patients receive when they are intubated to ensure that they do not feel any pain. There are a number of extremely effective ways of alleviating pain, in addition to non-pharmacological methods. We have a good range of treatments to offer patients who are in pain.

It is possible to alleviate the suffering that comes with an emotional experience such as the end of life or an end-of-life diagnosis without resorting to medical assistance in dying. In that case, palliative care is an option. The bill applies to adults with a serious and incurable illness, disease, or disability who are in an advanced state of irreversible decline in capability and whose natural death has become reasonably foreseeable.

Obviously, we are talking here about people who are at the end of their lives, people who need palliative care. The purpose of palliative care is to ease the suffering of both the patient and the family. Palliative care helps ensure that people are cared for properly, and that they have the help they need to get through the grieving process and the hardship associated with illness.

• (1310)

We want to take away all the pain, but we also want to provide support for the family.

Optimal palliative care helps not only the patient but also the whole family, so that the patient's death can be as peaceful as possible for everyone involved. We are going about things the wrong way by providing medical assistance in dying when the palliative care offered in Canada is not yet optimal.

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When palliative care facilities are underfunded and need to try to drum up donations every year, they are unable to offer optimal palliative care. Most of these facilities can only take patients who are expected to die in less than three months. However, people can often live much longer than that with a terminal illness and they need a lot more support.

Moreover, in many rural areas, palliative care beds are reserved through surgical units. That means that nurses who are taking care of palliative care patients also have to take care of seven or eight other patients. Nurses are therefore unable to respond quickly or spend as much time as they should with the families, and the patient's death does not go the way he or she would like.

For people who do not have the means or who do not want to die at home, unfortunately the hospital is often the only other option when palliative care beds are not available. This is not an easy experience, and it can create suffering because patients do not always have all the support they deserve.

There has been a lot of effort in recent years to remove some natural processes from hospitals. One example would be the birthing centres that have been set up. The thinking is that it would be better for mothers to go through pregnancy and childbirth a little more naturally in a setting other than a hospital, as long as there are no medical complications.

The same thing is being done with death, which is a natural process. It is being taken out of hospitals to make the experience much more positive, in a place other than the medical setting of a hospital.

Hospices try to remove all traces of hospitals. They have hospital beds, but they try to use the patients' own bedding, have large windows, and help patients forget that they are not at home.

Unfortunately, no matter how hard the palliative care facilities work, they are often underfunded. For example, the Maison du bouleau blanc, in my riding, has four beds, only two of which are subsidized. It therefore relies on donations to maintain its other two beds. It has a large room with big windows and a shower, but this is the only room that the facility has been able to convert to an ideal palliative care room.

These people cannot afford nurses. The people who work there are extremely dedicated practical nurses. However, they have some legal limits. For that reason, all the protocols regarding doctors working with palliative care facilities had to be updated, in order to ensure proper care for the patients.

We could address a number of shortcomings and avoid making the patients suffer. If someone who receives a terminal diagnosis knows that they will receive good palliative care as their condition worsens, they may not choose to take their own life prematurely. This would therefore help protect the right to life.

However, as long as do nothing on palliative care, we are working backwards. We cannot reverse the life-based medical model to allow for medical assistance in dying if our palliative care services are not as good as possible or accessible to all Canadians, regardless of where they live, even if they live in a remote region.

● (1315)

Since I am out of time, I would be happy to take questions from my colleagues.

Ms. Julie Dabrusin (Toronto—Danforth, Lib.): Mr. Speaker, I thank the member for Abitibi—Témiscamingue for her extensive remarks on palliative care.

As she may know, I was a member of the Special Joint Committee on Physician-Assisted Dying, and we talked a lot about palliative care. We also talked about how, for some people, that is not enough. Even though they have access to palliative care, they want the right to medical assistance in dying.

Can the member help me think of some ideas for people who want medical assistance in dying? They do not want palliative care; they want medical assistance in dying.

What safeguards does she think we should put in place for them so we can give them that right?

Ms. Christine Moore: Mr. Speaker, as I said in my speech, the government chose to leave people who are not at the end of their lives out of Bill C-14.

In some cases, individuals might want medical assistance in dying. One example that comes to mind is people on hemodialysis, an onerous and time-consuming treatment. After 10, 15, or 20 years of such demanding treatments, people might be worn out and might want to stop. All patients have the right to refuse treatment. A patient who refuses this treatment will die in the short term, but continuing to receive the treatment will not cause death. That means that the patient's end of life is not reasonably foreseeable, and he or she may therefore not be covered under this bill. People may want medical assistance in dying, but some of them are not covered under this bill as written. That must be fixed.

I think we should concentrate on palliative care first and foremost. Allowing medical assistance in dying makes no sense unless we have optimal palliative care in place.

● (1320)

[*English*]

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I thank the member for her eloquent remarks, specifically around the importance of palliative care. We have heard from the NDP some agreement with what we have been saying, which is on the importance of palliative care as well as conscience protection. We have actually heard the Liberals in some instances, and in different ways, saying that these things are important as well.

My view would be that we need to make sure that these things are included in this legislation, that we have protection for a right for someone to access palliative care, and a right of conscience. We hear reassurances from the government that it cares about these things as well, so let us get this into legislation so that Canadians and those of us who are voting on the bill can have certainty that those rights will be protected.

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Would the member agree that we need amendments specifically in this legislation, not just separate funding commitments, but amendments in this legislation, to ensure that people will be offered palliative care and that there will be protection of conscience?

[*Translation*]

Ms. Christine Moore: Mr. Speaker, I agree that it makes no sense to guarantee the right to medical assistance in dying without guaranteeing the right to receive optimal, high quality palliative care. Both options have to be on the table.

For example, someone who is diagnosed with advanced cancer could be offered medical assistance in dying. They know that option is on the table. However, palliative care might not be available in their region. They would have to relocate and spend their dying moments far from their family. They are not being offered a full choice. If we really want to be consistent in terms of what we are putting on the table, then both rights have to be guaranteed to end-of-life patients.

[*English*]

Mr. Bob Zimmer (Prince George—Peace River—Northern Rockies, CPC): Mr. Speaker, indeed this is a heavy subject for most Canadians. Physician-assisted suicide is definitely weighty. There were laws that we thought were sufficient, but it is as a result of the Supreme Court deciding the law is not sufficient that we are in this predicament today of having to find some alternatives.

I will be speaking to some different issues. I would not say they are of the highest importance to me. I will speak about those issues a little later. However, I want to talk about a few of the issues that are not talked about as much. One of them is on page 11 of the bill, called “Deeming”. I will read from the act itself. It states:

For the purposes of this Act, if a member of the forces receives medical assistance in dying, that member is deemed to have died as a result of the illness, disease or disability for which they were determined to be entitled to receive that assistance

I will go to the next page, where it again says “Deeming”. This time it states:

For the purposes of this Act, if a member or a veteran receives medical assistance in dying, that member or veteran is deemed to have died as a result of the illness, disease or disability for which they were determined to be entitled to receive that assistance

I mention that today as a former member of the veterans affairs committee, which dealt with PTSD, with veterans who have experienced trauma as a result of war, as well as relatives who have suffered trauma and PTSD as a result of war. I am concerned about this clause in a dramatic way, due to the potential for it to be used as a way out for families. It could be a means of financial assurance, if the member decides it is a way out, that could provide sustenance for his or her family.

I feel it would open a door that was previously closed to members. We certainly respect the ones who have passed as a result of suicide, but I am concerned that this opens the door wider, to making it a somewhat legitimate exercise and to potentially doing it for families to receive benefit. We should be looking at more ways to help members of the forces and veterans with PTSD rather than giving them a doorway out.

The second issue I would say is a more significant argument for me, and that is the issue of compelling. Compelling has different

forms. Compelling, as we heard from physicians who are friends of mine, and nurses, could be a doctor compelling a nurse to deliver a life-ending drug. Can a patient compel a doctor to end that patient's life? Does a senior feel compelled to end his or her life to lessen the financial burden to the family? Does a senior feel compelled to end his or her life to make room for others in hospital rooms and beds in our country?

I feel that there are a lot of arguments. I will first talk about the argument of a physician compelling a nurse. Certainly there is discussion within the bill to allow physicians to have the freedom to do what they wish to do based on their religious beliefs, or the basic belief that life is sacred and not wanting to take part in assisted dying. Most of us fully understand the way that the Supreme Court can be used as a tool. A citizen could use the Supreme Court as a tool if a doctor refused service.

If a doctor refused to assist a person to end his or her life, it would likely end up in a court, which I am sure will happen if this bill passes the way that it is. Doctors could be held to account, if a law is enacted that they have a responsibility to perform that duty for Canadian citizens. Likewise, if doctors feel compelled to perform that service, which is what we heard in testimony from doctors directly, doctors do not actually give the injection or do the duty of ending the life. It is passed on to another member of the medical staff, usually a nurse, and that person will be compelled by a doctor's order to deliver the life-ending treatment or drug. Those are huge issues, and any one of those breaks in the chain could potentially end up in a court. A particular member of medical staff would be ordered to enforce that care.

● (1325)

I will move on to the more general compelling of seniors and people who are ill in our society. I have two senior parents. My dad is 82 and my mom is 72. The last thing I would want would be for them to feel like they are a burden on our system. They have contributed all their lives. To this day, my dad still works as a carpenter out in the shop. He pays his taxes. A senior should not feel like he or she needs to end his or her life based on a health care system that needs more space or is just too expensive.

I love my parents, but that is not always the case across Canada. Different families do not agree as much as I do with my parents and there are frictions within families. Would some of these frictions within families be used to compel seniors to possibly end their lives because they have been made to feel they are a burden on our system? Certainly these are the what-if cases, but with 30 million people, these cases will arise, if they have not arisen already. It is deeply concerning to me that this is even an option.

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Much has been said of late about the suicides in Attawapiskat and suicide in general and what the feelings are about suicide. I do not think we can sugar-coat it. We call it end of life and some other groups have called it different names, but it is suicide. It is the ending of someone's life.

What concerns me is an example of what could potentially happen. A group of individuals who feel they do not want to be on Earth anymore go into a physician's office and based on a psychiatrist's exam and review, they are warranted to end their lives. I am concerned this opens the door wide to an acceptance of suicide as a somewhat acceptable form of living in this world or ending one's life in this world. It is a huge concern for me.

Lastly, I will speak about why I do not think we need to be in this situation. It goes back to the notwithstanding clause. I had a conversation with a judge on a plane ride home to Vancouver. My comment to the judge was that as members of Parliament we were checked every four years during an election. Often we would see many different faces in this place. The people of Canada have checked us. Some have made it back and some have not. We see some new faces. They made it here because the people spoke.

What check is on the judiciary of our country? The response from this Supreme Court justice was that there was a check, the notwithstanding clause.

I know it is yeoman's work to even try to get this kind of law into some kind of acceptable form because of so many diversities, but we already have a law. It is the job of 338 members of the House of Commons to enact laws. It is the job of the Supreme Court to uphold those laws. My concern is that there seems to be a usurping of our particular body by the Supreme Court. I would challenge the government to look into that. It should look into whether we already have a law. A lot of us still accept the law for what it is. Rather than having a discussion about reforming and rewriting what is already there, we need to go back and really think seriously about it.

I certainly agree with most people here that palliative care needs to be better in Canada. We have all had passionate arguments about the sanctity of life. I believe all were created equal in this place.

However, we need to seriously think about either rewriting the law as it was, as Canadians have sent us here to do, or upholding the laws that are already in place by previous bodies of elected people to the House. We need to honour this place. This is the place where we make laws. It is not just we 338 individuals. We have been sent here to represent over 30 million people, and their voices need to be heard loud and clear.

It is a tough argument to have in this place. There are many issues on both sides that we all feel very passionate about, in whatever form that is, but we need to consider seriously upholding the laws currently in place.

• (1330)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, we need to emphasize the fact that the Supreme Court decision was made unanimously by all the sitting Supreme Court judges, which says a lot. Therefore, when the member makes reference to using the notwithstanding clause, I would caution him.

So that people understand this, because the member seemed to give this a lot of attention, access to medical assistance in dying would only be available to those who would meet certain conditions: they must be mentally competent adults who are in an advance state of irreversible decline and capability; have a serious and incurable illness, disease, or disability, and experience enduring and intolerable suffering caused by their medical condition; and whose deaths have become reasonably foreseeable, taking into account all of their medical circumstances.

This law is better than the alternative, which is no law. The member has specifically expressed his concerns with the legislation. I would strongly suggest he share those concerns with the standing committee to see if there are ways in which we can deal with some of those.

Mr. Bob Zimmer: Mr. Speaker, the fact the member has spoken to me, means he is exercising that right of the citizens who sent him here. He likely represents about 100,000 people, based on riding size. I represent 107,000 people. If seven or nine individuals supersede an elected body that represents 30 million, then we disagree on numbers.

The member talked about certain definitions. Correct me if I am wrong, but we are all in certain phases of decline. We all are going to meet our end someday. My concern is that such an open definition would apply to any individual on this planet. Again, once we open it up that wide, we open it wide up for abuse.

• (1335)

Mr. Kennedy Stewart (Burnaby South, NDP): Mr. Speaker, I am very confused by the Conservatives who keep raising the use of the notwithstanding clause. Could the member perhaps flesh out how he would see this going forward?

If we are going to at least discuss this, I would like to hear some idea about how the member thinks we could start this process of using a notwithstanding clause to override the Supreme Court decision.

Mr. Bob Zimmer: Mr. Speaker, on the notwithstanding clause, I do not know if it has been used. Somebody can correct me if I am wrong on whether it has been used or not. However, it should be used very carefully.

My point is that we need to ensure that the governing body that represents the citizens of Canada in creating laws for this place and for the country is supreme in its ability. That is what we are sent here to do. Because a body of judges has said otherwise, I do not think changes our responsibility to our country and to our citizens. This is why I support it.

I was not aware of anybody else suggesting the notwithstanding clause. This is a personal opinion. However, we need to ensure this place remains sacred and we represent what Canadians say to us.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, my colleague has talked about the notwithstanding clause and, realistically, that would be anathema to the current government. The Liberals' attitude seems to be that one cannot even disagree or hold a different point of view than that of the Supreme Court.

Government Orders

However, at the same time, the government needs to accept responsibility for, in fact, in some ways, going much further than the court decision. We have things like the reasonable but mistaken clause, which would allow someone to escape prosecution for taking someone's life who maybe did not consent if that person had a reasonable but mistaken belief that the criteria were met. The court referred to that there is nothing in its decision that should infringe on conscience, but yet we see the legislation has no protection on conscience.

Could the member comment on the fact that the government is not just implementing what the Supreme Court directed, but is actually going much further, and it needs to take responsibility for that?

Mr. Bob Zimmer: Mr. Speaker, I think the member is referring to the Carter decision. What we have seen are problematic issues with the current bill. It has gone far past what the Carter decision said it would wish to see.

Again, I implore the government to consider rethinking this bill, maybe splitting it into different issues, so it addresses conscience rights and compelling somebody to do something they do not want to do.

Canadians care deeply about this issue. I hope the government takes our discussions back to committee, and approves some amendments at the very least.

Hon. Ginette Petitpas Taylor (Moncton—Riverview—Dieppe, Lib.): Mr. Speaker, I move:

That this question be now put.

● (1340)

Mr. Phil McColeman (Brantford—Brant, CPC): Mr. Speaker, I would ask for clarification as to exactly what the intent of the question being put is. I am unclear on the intention. Does this mean closure on debate on the issue? Perhaps you, Mr. Speaker, could answer that.

The Deputy Speaker: I realize this might be a new procedure for some. Certainly, it has been a while since we have had something like this before the House.

I invite members, if they have questions on the procedural side of this, to speak with the Table. Essentially the motion that this question be put does not in any way prohibit the continuation of debate. We are still in debate, now on the motion.

The member for Moncton—Riverview—Dieppe used her 10-minute time to put the motion before the House. She still has five minutes for questions and comments, after which we will proceed with regular debate and whoever is next in order.

That was the hon. member for Brantford—Brant's question. We will now go to the hon. member for Moncton—Riverview—Dieppe for her response.

Hon. Ginette Petitpas Taylor: Mr. Speaker, we have been debating this bill for quite some time. The simple response is that we want this healthy debate to continue for the next period of time, however, we also want to see this move on to the work the committee needs to get done.

[*Translation*]

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Mr. Speaker, if I understand correctly, the motion is that the question be now put. I want to know if there are specific concerns because we had agreed to continue the debate this evening and tomorrow evening. What changed?

Hon. Ginette Petitpas Taylor: Mr. Speaker, I thank my colleague for the question.

This does not mean that the debate cannot continue. We are even prepared to sit this evening into the wee hours of the morning to ensure that every member of the House has the time to debate this subject that is so very important to everyone.

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, that does not seem very clear to me as a way to operate.

First, none of the leaders was notified. I do not see why the government is suddenly moving the previous question when according to the motion moved by the parliamentary assistant, we expected to debate the bill tonight until midnight and tomorrow.

If this changes nothing, why is this motion being moved like this, without warning? I would like to say that there are already many members who cannot speak in the House, including those in my party. So far, I have had only 10 minutes of speaking time in total on behalf of my party. I do not see why the government is moving the previous question this afternoon, without telling anyone.

Hon. Ginette Petitpas Taylor: Mr. Speaker, I thank the hon. member for his question and his comments.

Once again, all of us in the House recognize that the time and the issue being debated are very sensitive. We have until June 6 to act. That is why we want to give every hon. member in the House the opportunity to debate this bill. We also want to make sure that the bill is studied in committee. That is very important to moving the bill along.

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I am wondering if the member could confirm the realization that the Supreme Court of Canada decision, which was unanimous, said that we have to have the legislation in place by June 6. Members are going to be able to continue to debate this. There are still discussions and negotiations taking place to facilitate more debate, and we are anxious to see that. However, it is important to recognize that the bill has to get through the committee stage and ultimately to the Senate.

I would hope the member would agree that a responsible government would ensure there is timely passage of this bill, because we are talking about a unanimous decision that was made by the Supreme Court of Canada, and it has to be dealt with by June 6.

● (1345)

[*Translation*]

Hon. Ginette Petitpas Taylor: Mr. Speaker, I thank the hon. member for his question and his comments.

Government Orders

That is basically it. Once again, we want to make sure that every hon. member in the House will have an opportunity to debate this bill. However, we are all aware that we need to move to the committee stage because we want the bill to be passed.

[*English*]

Hon. Peter Kent (Thornhill, CPC): Mr. Speaker, I must say despite the justification offered by the House leader and the hon. member, this is an extraordinary disruption, even though members were assured that debate would continue. As the member should know, the justice committee is now in extended sittings, from early morning to late night, and is still hearing witnesses. Expediting this bill now, changing the schedule now, is not going to change the course or the receptiveness of the committee to consider what eventually we send to committee.

I think this is extraordinary and bizarre in that it is normally the business of the House leaders to confer in the normal business of Parliament while debate continues, as the government assured us it would. We are still wondering why the member has taken this side track in the midst of debate.

[*Translation*]

Hon. Ginette Petitpas Taylor: Mr. Speaker, once again, we want to encourage a healthy debate in the House and ensure that all members have the right and the opportunity to speak to this bill. We want to ensure that the bill goes to committee since we have a deadline to meet.

[*English*]

Hon. Tony Clement (Parry Sound—Muskoka, CPC): Mr. Speaker, I did not mean to start off my remarks by commenting on this situation of closing debate and calling the question, but this is an absolute shambles, and is making a mockery of what is supposed to be an important debate among members. Most of us have the right to have a free vote on this issue. The Liberals are making a mockery of this place, and I for one am not impressed at all.

To get back to the topic at hand, it is important that we have meaningful debate on this issue. I want to participate on behalf of me and my constituents, and I am sure there are many other members of Parliament who want to do the same thing.

This is very important legislation for our country, and of course members of our Conservative caucus have been very active in the run-up to this debate. We have had some serious reservations leading up to how this bill was to be written. Those reservations were expressed in a dissenting report from the special joint committee that studied the subject. Now, many of us are relieved that the legislation echoed some of the recommendations included in the dissenting report, such as certain limits on minors, and of course, many of us do believe there has to be, according to the Supreme Court ruling, some provision in our law for dying with dignity. However, we do have some concerns, and I am going to express my own, regarding aspects of this bill.

[*Translation*]

Unfortunately, this bill opens the door to assisted suicide for people with mental health problems, and that worries us.

[*English*]

This bill includes a provision for psychological suffering. This would open a large door. I am worried about how this would apply to the mentally ill. How would this be applied in reality? Are we going down some slippery slope by including this provision for psychological suffering? I am sure there will be an approach to amend this particular section, but right now the amendment to the Criminal Code would add that illness, disease or disability, or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable. This is the concerning provision, and I echo my other colleagues who have raised this issue as well.

● (1350)

[*Translation*]

Quebec has come up with its own legislation on assistance in dying. In Quebec's law, only people aged 18 and over with a serious and incurable illness who are in an advanced state of irreversible decline in capability can request medical aid in dying.

[*English*]

The attending physician must ensure that his or her patient has clearly consented to physician-assisted dying, ensuring among other things that it is not the result of external pressure, providing the patient with a full prognosis on the condition and possible treatment options along with likely consequences. The physician, under Quebec law, must also ensure the continuation of consent with interviews with the patient held at different times, spaced by a reasonable time having regard to the patient's condition. I would say that these are appropriate safeguards in the Quebec law. I would like to see similar safeguards in the Canadian law.

Another concern to us is in relation to the rights of conscience of physicians and health institutions.

[*Translation*]

We are very concerned about the conscience rights of medical personnel.

[*English*]

As mentioned in the dissenting report, section 2 of the Canadian Charter of Rights and Freedoms guarantees all Canadians freedom of conscience and religion. The dissenting report clearly states that there was near unanimous agreement among the witnesses that physicians who objected to taking part in physician-assisted dying for reasons of conscience should not be forced to do so. Although not obliged directly by this legislation to provide PAD, physician-assisted dying, the obligation to refer patients through an effective referral infringes on the spirit, and I would say the letter, of section 2 of the charter. I therefore believe that such a regime is unnecessary and note that Canada would be the first jurisdiction in the world to require an effective referral regime.

Government Orders

I believe there are better models that would protect the charter rights of physicians and provide access to physician-assisted dying, but under this legislation, physicians who conscientiously object to physician-assisted dying are required to provide information to their patients on how to access PAD and to advise the government of his or her patient's request. I believe this is unfair to the physician and this legislation does not sufficiently protect physicians' rights. I also believe that health care institutions that object to offering physician-assisted dying and related services should be exempted in accordance with the Supreme Court's determination that individual collective aspects of freedom of religion and conscience guaranteed under the charter are indissolubly intertwined.

In my home province of Ontario, the current policy of the College of Physicians and Surgeons is that it is a requirement not only to refer, but also to provide services that are within the standard of care of an emergency situation. Therefore, passing this legislation without conscience protection would mean that PAD would enter the standard of care and would fit within the existing policy framework of the College of Physicians and Surgeons in Ontario. It means that in my jurisdiction, there would be an effective right to force the physician to be part of this process even when she or he does not want to be part of the process. This is a major and grave concern to me and to physicians in my constituency as well.

The other issue that should concern us is whether this legislation respects the Carter decision and would it survive a charter challenge. I would say there is sufficient and grave cause to understand that this may not be the case. I would put it to my hon. colleagues, if we cannot pass legislation that could survive a charter challenge, why are we going through this process in the first place? Again, it makes a mockery of the situation.

I am hopeful that the government, as the bill moves forward, would accept amendments to ensure that everyone's charter rights are respected whether they be physicians or medical personnel, and that the charter rights of vulnerable persons be respected as well. We owe it to Canadians to get this right the first time, to protect the conscience rights of physicians and health professionals while respecting the parameters of the Carter decision.

• (1355)

[*Translation*]

Canadians expect us to work hard and do this right.

[*English*]

I want to acknowledge that the other point raised by my colleagues is a good one. Where is the palliative care money, the \$3 billion in funding for palliative care? There is no mention of it in the budget. As they say sometimes in politics as in life, the devil is in the details. Where is the funding going to come from? How is it going to be allocated? It is absolutely imperative the government take decisive action on palliative care.

That ends my comments on the bill, but I want to reiterate that the shenanigans that went on before I rose are absolutely unacceptable to free and democratic debate on an issue of conscience for many members of this House, for all members of this House. I object to the motion being put forward in the way that it was. I object to the process that is being put forward by the government as it tries to shut

down debate of members who want to advance their positions and those of their constituents.

Mr. Vance Badawey (Niagara Centre, Lib.): Mr. Speaker, innovative models across Canada are integrating palliative care approaches across the nation in a variety of settings, including the home, incorporating advance care planning, preparing more health care, including more providers to deliver palliative care, recognizing the importance of family and friend caregivers and their needs, along with other good practices throughout our great country.

Other than palliative care which the member mentioned at the end of his comments, what other services besides those that are being practised today throughout our nation would he recommend be put in place for this program?

Hon. Tony Clement: Mr. Speaker, I thank the hon. member for his thoughtful question. Indeed, as a former provincial minister of health and federal minister of health, I think it is important that we find ways to integrate and coordinate our care for the individual. That is absolutely correct.

I would also, though, mention to the hon. member that in my consultations with those in the palliative care infrastructure in my riding, they were not exactly thrilled with the prospect that they would be associated with physician-assisted dying. They see themselves as a final resting place before death, as a place of hope, as a comfort place, rather than a place where this debate over physician-assisted dying would be the focus.

I think we have to be careful. I think we need more palliative care; however, we also need a process by which we get to the right conclusion and the right part of the health care system.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, I appreciate the comments from the hon. member for Parry Sound—Muskoka.

Perhaps the motion which was just moved is not to limit the debate and the comments coming from this side. Over the course of the debate and the discussion we have had over the last day and a bit, we have also heard some dissenting remarks from the government side, as well. Perhaps the motion is not just to stifle the debate on this side but also to stifle it within the government's own party.

I wonder if my hon. colleague feels the same.

Hon. Tony Clement: Mr. Speaker, that same thought had crossed my mind. I was originally supposed to be speaking at 3:20 p.m. It is nowhere near that time now. The only conclusion I could come to is that hon. members on the Liberal side of the House were declining their speaking spots. Maybe there is some great dissension going on in the Liberal caucus right now over the bill, that all of a sudden the bill is not as popular as the manipulators on that side of the House thought it was going to be and now they want to shut down debate not only for those of us on this side of the House, but on their own side of the House as well. I find the whole thing outrageous.

*Statements by Members***STATEMENTS BY MEMBERS***[English]***WOMEN'S FLOORBALL CHAMPIONSHIPS**

Mr. Neil Ellis (Bay of Quinte, Lib.): Mr. Speaker, today I rise to recognize a world-class sporting event that will be taking place in the riding of Bay of Quinte.

From May 4 to 8, the city of Belleville is proud to be hosting the under 19 women's floorball championships. Over 400 athletes from 15 different countries will be participating in the first tournament ever played on North American soil.

This event will not only contribute an estimated \$3.8 million to the local economy, it will showcase the power of women in sports and the growing international popularity of floorball. The hope is that this sport will make its Olympic debut in the 2024 games.

The community support for this event has been inspiring. As MP for the riding of Bay of Quinte, I want to welcome all of our international visitors and wish Team Canada the best of luck.

* * *

● (1400)

*[Translation]***PORTNEUF—JACQUES-CARTIER**

Mr. Joël Godin (Portneuf—Jacques-Cartier, CPC): Mr. Speaker, when I was at the opening of the 13th edition of Portneuf's environmental film festival, I said that I would make a member's statement to get the word out about this unique event that is held in my riding.

Due to unforeseen circumstances, I have to split this time. Last Sunday, a fire marred the face of downtown Saint-Raymond de Portneuf. First, I would like to tell the victims of that fire that they have my full support. I want them to know that my thoughts are with them at this difficult time.

I would also like to commend the city's firefighters and those from neighbouring municipalities for their efforts, which made it possible to contain the damage. I would like to tip my hat to Mayor Daniel Dion, who showed great leadership in this situation. The good news is that nobody was seriously hurt.

I know how strong the people of Saint-Raymond are. They have always shown that they are able to roll up their sleeves and deal with this sort of situation. We are a strong community and we will get through this together.

* * *

*[English]***ENGINEERS WITHOUT BORDERS CANADA**

Mr. Geng Tan (Don Valley North, Lib.): Mr. Speaker, for sixteen years Engineers without Borders Canada has been helping people in developing countries to use technology to improve their lives.

Engineers without Borders Canada was founded in 2000 when two Waterloo engineering graduates wrote a mission statement on the back of a paper napkin in a coffee shop. It had no money, no

people, and no resources. Today it is one of Canada's most respected development organizations.

On May 17, I will welcome a delegation of youth leaders from Engineers without Borders Canada to my Hill office. We will discuss how people in my riding of Don Valley North can support social innovation in Canada and help end global poverty in Africa.

Engineers without Borders Canada is an organization that deserves our support.

* * *

*[Translation]***WORLD PRESS FREEDOM DAY**

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Mr. Speaker, I am very proud to rise today in the House of Commons to mark World Press Freedom Day. We are lucky here in Canada to enjoy a free press. Unfortunately, that is not the case for everyone around the world.

Many people still have to fight for freedom of speech and, by extension, freedom of the press. I would be remiss if I did not mention the courage and determination of Ensaf Haidar, a resident of Sherbrooke and the wife of blogger Raif Badawi, who, I would remind everyone, is still in a Saudi Arabian prison, simply for expressing his opinion. He has been there for too long. Ms. Haidar is in Ottawa today to mark this occasion.

On this special day, I would like to remind my parliamentary colleagues and all Canadians that we have a duty and a responsibility not only to protect fundamental rights on our soil, but also to act as leaders on the international scene in order to promote and guarantee those same rights all around the globe.

Happy World Press Freedom Day.

* * *

*[English]***BONE MARROW DONATION**

Ms. Ruby Sahota (Brampton North, Lib.): Mr. Speaker, Noor Deol was born in Brampton and grew up like most boys, full of energy and optimism for the future. But in 2010, Noor was diagnosed with cancer, more specifically, acute lymphoblastic leukemia.

Noor's cancer has been very aggressive. Chemotherapy has not been an effective treatment. Noor needs a bone marrow transplant now.

For more than five years, Noor's family has desperately been appealing to people across Canada and abroad, hoping to find a match. The problem is that while there are 350,000 registered bone marrow donors in Canada, 71% are Caucasian, while only 4.8% are South Asian. Noor's best chance of finding a match is among South Asian males aged 17 to 35.

Statements by Members

Like so many, I pray for Noor and urge my fellow Canadians and all people around the world to register with OneMatch or a similar organization abroad. Signing up requires only a simple and painless cheek swab, and could save Noor Deol's life and restore his health for the future.

* * *

• (1405)

VISION HEALTH

Mr. Colin Carrie (Oshawa, CPC): Mr. Speaker, May is National Vision Health Month. Given that 75% of visual impairment is preventable if detected and treated early enough, I would like to share a few facts on what this is costing Canadians and why immediate government action is required.

One in four school-aged children in Canada has a vision problem. Vision loss costs Canada \$19.1 billion or \$550 per resident, costing Canada more than diabetes and cancer combined. It extends right across the economy. Higher absenteeism, lower employment rates, loss of earnings, premature retirement, and premature death are more common among people with vision loss.

Despite the alarming costs of vision impairment, the Liberals have no plan and no money to deal with vision health. While countries like Australia and the U.K. are formulating strategies to promote eye health and prevent avoidable blindness, Canada remains on the sidelines.

I urge all members of this House to join me in calling upon the Liberal government to take a leadership role in promoting vision health.

* * *

[Translation]

BOMBARDIER

Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.): Mr. Speaker, I would like to take the opportunity today to address the people in my riding of Thérèse-De Blainville, who are asking me whether they can count on the government to help Bombardier. I want to reassure them and all Canadians, especially Quebecers, that our government recognizes the importance of the aerospace industry and, therefore, Bombardier, to our country.

Our government is in negotiations with Bombardier in order to get the best results for both Bombardier and Canadians.

I would like to acknowledge the efforts of all my Quebec colleagues and MPs from the rest of Canada on this file. We are working hard and with determination to support the government so that it can back the aerospace industry and its businesses and workers.

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[English]

ONTARIO EAST ECONOMIC DEVELOPMENT COMMISSION

Ms. Kim Rudd (Northumberland—Peterborough South, Lib.): Mr. Speaker, I rise today to acknowledge the outstanding work of the Ontario East Economic Development Commission. It is

a membership-based organization with more than 125 members, representing all the communities of eastern Ontario, including my riding of Northumberland—Peterborough South. It is governed by a volunteer board and a small management team, who are in the gallery today.

This is the economic delivery model best suited to today's business environment: lean, nimble, and highly adaptive, one that can thrive in the face of rapid change. Ontario East is about partnership, collaboration, and collective action. It is a grassroots organization, highly networked and dedicated to the common goal of economic renewal for the region. It works to retain business, attract business, and most importantly, create jobs.

I thank the organization and hope that it keeps up its good work.

* * *

OVARIAN CANCER AWARENESS

Ms. Rachael Harder (Lethbridge, CPC): Mr. Speaker, ovarian cancer is the most fatal women's cancer in Canada. It is estimated that this year 2,800 women will be diagnosed and 1,750 will die from the disease, that is five mothers, daughters, and sisters who we will lose each and every day this coming year.

There is no screening test, the symptoms are easily confused with less serious conditions, and the result is that ovarian cancer is usually detected at a very late stage. These facts are troubling because most Canadians are unaware of the risks that this cancer poses.

Ovarian Cancer Canada has launched a campaign to make Canadians more aware of ovarian cancer. There is also an immediate need for research dollars. This is why I am calling upon the federal government to invest in research to ensure women fighting this disease have the tools they need to beat it.

Please join me in increasing awareness by joining the fight on May 8 for World Ovarian Cancer Day.

* * *

[Translation]

WORLD PRESS FREEDOM DAY

Mr. Joël Lightbound (Louis-Hébert, Lib.): Mr. Speaker, on this World Press Freedom Day we must honour the vital role that the independent press plays in fostering democracy around the world.

Journalistic freedom ensures accountability and encourages the transparency of governments. It is at the heart of every healthy, dynamic democracy.

*Statements by Members**[English]*

We cannot take this freedom for granted, and we must respect and maintain journalistic freedom both at home and abroad. Censorship, harassment, intimidation, and even violence are too often experienced by journalists as they fulfill their critical role on behalf of citizens in their countries.

In Canada, we are fortunate that our freedoms of opinion and expression, including freedom of the press, are enshrined in the Charter of Rights and Freedoms.

• (1410)

[Translation]

These values must be shared, and Canada must do everything it can to promote freedom of the press around the world.

[English]

Journalists must be able to report the truth freely without fear of repercussions, and we must do all we can to support them in that pursuit.

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OVARIAN CANCER AWARENESS

Mr. John Oliver (Oakville, Lib.): Mr. Speaker, I am pleased to welcome representatives from Ovarian Cancer Canada, including friends and neighbours, who are in Ottawa today to promote increased research to fight ovarian cancer.

There are 2,800 Canadian women diagnosed with ovarian cancer each year and 55% will die from the disease within five years. Without a screening test and with symptoms that are easily confused with other less serious conditions, ovarian cancer is usually detected at too late a stage.

The five-year survival rate for ovarian cancer is just 45%. If the cancer is found and treated before the cancer has spread, the five-year survival rate climbs dramatically to 92%. Research for early detection and treatment is critical.

On behalf of the many affected Canadian women, their families and friends, please join me in helping Ovarian Cancer Canada increase awareness for its cause by joining the fight this May 8 on World Ovarian Cancer Day.

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ANTI-SEMITISM

Hon. Peter Kent (Thornhill, CPC): Mr. Speaker, B'nai Brith Canada has just released its annual audit of anti-Semitism in our country, and the results are alarming.

Although the level of anti-Semitism has remained relatively constant over the past five years, the nature of incidents has changed. While spray-paint vandalism, crudely drawn swastikas, holy site desecrations, and violent events are down, there has been striking growth in social media anti-Semitism.

The audit points out that social media has a much broader reach than the old form of hate and that it is much more difficult to remove once such anti-Semitic content is posted. The B'nai Brith findings are

similar to the Toronto Police Service report that Jews continue to be the single most-targeted victim group in the city of Toronto.

Anti-Semitism has no place in Canada. I call on all members of the House to join me in condemning this pernicious form of hatred.

* * *

ANTI-SEMITISM

Mr. Marco Mendicino (Eglinton—Lawrence, Lib.): Mr. Speaker, for more than three decades, B'nai Brith has published an annual audit on anti-Semitism to educate and advocate ways to reduce this form of hatred and intolerance against the Jewish community.

[Translation]

Anti-Semitism was widespread and overt in 2015. There were a number of violent, indiscriminate attacks around the world, in various locations such as synagogues, public markets, and the streets.

[English]

Here in Canada, there were 1,277 incidents of anti-Semitism recorded, with offenders moving increasingly online as the forum of choice for spreading their hateful message to a wider audience.

Prejudice against one community is prejudice against all communities.

I commend B'nai Brith in playing a vital role in combatting hate through education. I encourage all members to read the 2015 annual audit. It is essential that we see anti-Semitism as a challenge to be overcome together through our shared values of diversity and inclusivity.

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*[Translation]***DAIRY INDUSTRY**

Ms. Ruth Ellen Brosseau (Berthier—Maskinongé, NDP): Mr. Speaker, since early this morning, because of the Liberal government's inaction, a few hundred dairy farmers have decided to set up a blockade in front of a dairy processing plant in Montreal. The producers' spontaneous demonstration shows that they really are at the end of their rope. This government's inaction is simply causing a crisis that is escalating. This could have been avoided. The only party responsible in this matter is the federal government, because it is still not enforcing the compositional standards for cheese.

The government has been telling us for months and weeks that it is in the process of consulting and speaking with the industry. However, we know what the solution is. It is simple, it costs nothing, and it can be applied right away. We know that the government will unfortunately vote against the NDP motion, but I sincerely urge the government to act today and enforce the Canadian standards. Let us stop diafiltered milk.

*Oral Questions***ORAL QUESTIONS**

•(1415)

*[English]***IRAN**

Mr. David Sweet (Flamborough—Glanbrook, CPC): Mr. Speaker, I am proud of the steps that our Conservative government took in trying to coax Iran into halting its nuclear ambitions by way of an aggressive sanctions program. The Iranian regime truly felt the impact of global sanctions on Iran; so much so that Iranian President Hassan Rouhani called the day sanctions were lifted “a golden page” in the country’s history.

Iran has a long history as a vicious actor in the Middle East: exporting terror globally, supplying military assistance to Assad in Syria and to Hezbollah and Hamas, as well as routinely threatening the destruction of our friend and ally, Israel. A commander of the IRGC said as recently as March, “Even if they build a wall around Iran, our missile program will not stop”.

Any Liberal plan to abandon sanctions against Iran would overturn our principled stand by the previous Conservative government. The evidence is clear: the Tehran regime commits horrible human rights violations against its own people and supports terror throughout the Middle East and incitement against Israel.

The Conservatives still see Iran for what it is and would rather judge Iran by its actions than by its words.

* * *

MENTAL HEALTH WEEK

Ms. Filomena Tassi (Hamilton West—Ancaster—Dundas, Lib.): Mr. Speaker, I am honoured to #GetLoud during Mental Health Week in support of mental health and well-being for all Canadians.

Mental health is often considered secondary to physical health. This is wrong. Mental health is essential to our overall health.

Our government has stated the importance of access to mental health care. As a high school chaplain, I have witnessed how people’s lives were devastated when mental health services were inadequate. As well, the need for mental health supports is acute among our seniors and indigenous peoples.

Caring for mental health contributes to strong communities. Hamilton’s CHML radio has inspired dozens of organizations to shine the light on mental health by lighting up their workplaces in green this week. I applaud the ongoing and often heroic efforts of all mental health advocates in my hometown of Hamilton, Ontario.

I urge my colleagues from all parties to work together to provide access to the mental health resources and supports required for all Canadians to reach their full potential.

*[English]***FINANCE**

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, while the Prime Minister was once again doing push-ups for the cameras yesterday, his Minister of Finance was doing some of his own verbal gymnastics back here.

He was trying to explain how a healthy Conservative surplus turned into a Liberal deficit. It turns out that we are just “stuck in this whole balanced budget thing”. He is right, and we are proud of it.

My question to the Prime Minister is simple. Is he actually ever planning to balance the budget?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I thank the member opposite for giving me an opportunity to talk about the Invictus Games and the extraordinary work this government is doing to support veterans and to ensure that there is an opportunity for all Canadians to cheer on the extraordinary valour, courage, and strength of Canadian veterans.

Obviously, on the issue of economic growth, we made it very clear during the election campaign that we are going to be investing in communities, we are going to be putting more money in the pockets of the middle class and those working hard to join it, because fiscal responsibility and, indeed, balanced budgets are important.

Hon. Rona Ambrose (Leader of the Opposition, CPC): Mr. Speaker, we have all heard of March madness.

Here is what the Liberals did in March, by their own budget numbers. They took the \$7.5 billion surplus we left them, spent every dime of it, and then spent another \$5 billion on top of that, in one month. It is reckless, it is irresponsible, and every Canadian is going to have to pay it back.

Does the Prime Minister understand that it is actually not his money to spend? It belongs to hard-working Canadians.

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, is it reckless and irresponsible to be lowering taxes for the middle class while raising them on the wealthiest 1%?

Is it reckless and irresponsible to be giving a Canada child benefit that is more generous to nine out of 10 Canadian families, by doing more for the families who need it and less for the families who do not?

What, frankly, would have been reckless and irresponsible would be for Canadians to decide to keep the Conservatives in government for one more minute after October 19.

Hon. Rona Ambrose (Leader of the Opposition, CPC): Let us just skip to the push-ups.

Mr. Speaker, it is actually the job of the Prime Minister to try, at least try, to keep spending under control.

The facts are clear. The parliamentary budget officer and the finance department agree that Conservatives left the government a healthy surplus, and the Liberals have blown it.

Oral Questions

Does the Prime Minister understand that this billions in spending actually has to be paid back?

• (1420)

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I am pleased that the member opposite has now discovered what she apparently thinks the job of the Prime Minister is.

The previous Prime Minister added \$160 billion to Canada's debt with very little to show for it. Indeed, for 10 years we had lower economic growth than Canadians needed to have. We had under-investment in our infrastructure in our communities and in public transit.

That is why this government is committed to making the investments in our communities that Canadians so desperately need, that businesses so desperately need, and putting more money into the pockets of the middle class and those working hard to join it.

That is the job of the Prime Minister.

[Translation]

Hon. Denis Lebel (Lac-Saint-Jean, CPC): Mr. Speaker, in recent years, the former prime minister had to deal with the worst economic crisis since World War II. It is a good thing that the current Prime Minister did not have to deal with that crisis. We went through very difficult times and we left the house in order, with a surplus of \$7.5 billion at the end of February.

Yesterday, in a flight of rhetoric, the Minister of Finance said: "Clearly, the members from other side are still stuck in this whole balanced budget thing." Right now, families are filling out their tax forms and must balance their personal finances. Is the Prime Minister able to understand that balancing a budget—

The Speaker: The right hon. Prime Minister.

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, what families all across the country understand is that there is a need for investment in public transit, which had been neglected for 10 years. That is why we announced a \$775-million investment in public transit in Montreal. That is why we applaud the potential investment in the new light rail in Montreal that will help people get around, as well as investments in Edmonton, Toronto, and all over the country. The previous government refused to invest in our communities. It was time to put options and growth for Canadians back on the agenda.

Hon. Denis Lebel (Lac-Saint-Jean, CPC): Mr. Speaker, the Prime Minister's statements need to be corrected. We are the ones who did the work on the projects in Edmonton that he mentioned. In the Montreal region, we always worked while respecting provincial and municipal jurisdictions, including with regard to public transit. We delivered the largest infrastructure plan in Canada's history while still balancing the budget.

Why does the Prime Minister need to run deficits to do what we managed to do while balancing the budget?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the Conservatives threw the budget out the window.

The fact is, we have made the necessary investments. For 10 years, there was no investment in public transit, in green infrastructure, or in anything to tackle climate change.

Canadians elected a government that is ready to invest in the future, in middle-class Canadians so that they have more money in their pockets, and in families. These kinds of investments will create growth, which was neglected in Canada by the previous government for the past 10 years.

* * *

DAIRY INDUSTRY

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, enough jokes about the previous government.

Let us talk about this government. The current Liberal government's failure to take action on the diafiltered milk file is really hurting dairy producers across Canada. They can no longer borrow money, and they are losing hundreds of millions of dollars. The Liberals have been sitting on their hands for six months.

Will they support the NDP motion and stand up for our family dairy farms?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we are supporting Canada's dairy industry.

We are in regular contact with industry representatives to understand the issues and ensure that producers are properly compensated in connection with the free trade agreement with the European Union. We are committed to working with them at every stage of the process to ensure that we protect the industry. We pledged to protect supply management, and that is what we will continue to do.

* * *

CANADA REVENUE AGENCY

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, more talk will do nothing to help family dairy farms. They need action, and that action has to come from the Liberal government. The government has the responsibility and must enforce the rules, period. Why this inaction? It is inexplicable.

Let us talk about another area where people only get help if they are well connected. Today, members of a parliamentary committee asked that KPMG, which set up this tax sham, be held accountable.

Will the Liberals support our motion to bring KPMG before the parliamentary committee?

• (1425)

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, like all Canadians, we are concerned about the allegations of favouritism within the Canada Revenue Agency. That is why we are working closely with the minister and the department in order to ensure that all Canadians and all companies pay their fair share of taxes. We will make sure this happens now and in the future.

[English]

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, if the Prime Minister is sincerely concerned about what he just called potential favouritism at the Canada Revenue Agency, will he agree with the NDP to hold an investigation into the KPMG scandal?

Oral Questions

Canadians do not accept that there is one law for the rich and well connected and one law for everybody else. Here we have a clear example, just like the Air Canada case: “You broke the law. No problem. The Liberals will change it for you retroactively if you're rich and well connected”.

Canadians want the law to apply to everyone. Are we going to have an investigation into KPMG, yes or no?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Once again, Mr. Speaker, we see that the NDP is always eager to play parliamentary procedure games as opposed to actually digging into the real facts of the issue.

We are working with the Canada Revenue Agency. We are ensuring that all Canadians and all companies pay their fair share of taxes.

We know that Canadians expect their government to uphold the rules, and that is exactly what we are going to do.

* * *

THE ENVIRONMENT

Hon. Thomas Mulcair (Outremont, NDP): Mr. Speaker, speaking of parliamentary procedure, in committee today, the Liberals had a chance to vote with us to require KPMG to give the names. Do members know what they did? They used parliamentary procedure to avoid that.

Let us talk about the Liberals avoiding their responsibility in another key area, which is climate change. They signed Kyoto the last time they were in power and went on to have one of the worst records in the world. This time they went to Paris and said that Canada was back. Unfortunately, Canada was back with the Conservative plan.

Why is there no plan to reduce greenhouse gases in Canada? Canadians want to know.

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I actually was not a politician when Kyoto was signed, but the member opposite was minister of environment for the Province of Quebec and wears a part of responsibility on what was not done in the past.

What is being done right now, however, is that we are working with the provinces. We have demonstrated a commitment, internationally and here at home, to engage on climate change, to ensure that we are actually living up to the responsibilities to future generations. Look at us to look at the challenges, but also the opportunities coming in investing in green technology and the real future of Canadian jobs.

* * *

FINANCE

Hon. Lisa Raitt (Milton, CPC): Mr. Speaker, last week the Minister of Finance, when asked about the surplus noted in the “Fiscal Monitor”, said he did not want to focus on the issue. Yesterday in the House of Commons during question period, the minister actually laughed off the concept of restraint by lamenting that the Conservatives are stuck in this whole balanced budget thing.

Recently, the *National Post* noted that this may be the first surplus that a finance minister does not want to talk about.

Therefore, my question for the Minister of Finance is this. What is so scary about being fiscally responsible?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, our priority is on investing to grow the economy. Six months ago, Canadians chose hope over fear. They chose optimism over pessimism. They chose to make investments to grow the economy instead of balancing the budget on the backs of Canadian families.

While the members on the opposite side want to tell Canadians that they made the wrong choice, we are moving forward with the right choices, the choices to invest in our economy that will make the future better for Canadians today and tomorrow.

Hon. Lisa Raitt (Milton, CPC): Mr. Speaker, the finance minister also said yesterday that he was convinced that the Liberal Party was doing the right thing because it is making his children and his grandchildren better off. Now, I am happy for them, but I also worry about the other kids in this country as well, who may not be able to afford the high cost of the minister's borrowing. The minister may have just said that he is comfortable with the choices that he is making, but in reality he is going to be spending on the backs of our children.

What part of saddling our kids with billions and billions of dollars of debt is making them better off?

• (1430)

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, the members opposite would like to focus on our low-growth past. We want to focus on what we are actually doing for Canadian children today.

We have moved forward with the Canada child benefit, which will help nine out of 10 families with children. It will help them a lot, on average \$2,300 per year.

We are moving forward to help indigenous people. We are moving forward on educational initiatives, with \$3.5 billion over five years to improve the situation for indigenous children in our country.

We have a progressive government that is going to make a real difference to the children of today so they can be better off tomorrow.

Mr. Phil McColeman (Brantford—Brant, CPC): Mr. Speaker, the long list of Liberal promises now includes transparency, thanks to the Minister of Finance.

The PBO delivered a scathing indictment of the government for its lack of budget transparency. The minister refuses to acknowledge that we handed them a surplus. We know the Liberals jammed as much new spending in last year's budget and books as they could. If he truly wants to be transparent, will the minister tell Canadians how much the March madness spending spree has cost?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, the member opposite is entitled to his opinion. I have had the opportunity to criss-cross the country and listen to Canadians' opinions. They appear to understand quite well what we did with our budget, and they are very positive with the initiatives that are helping Canadians today and tomorrow.

Oral Questions

I also went international. I heard the *Financial Times* call us a glimmer of hope. I heard *The Wall Street Journal* say that we are doing the right things on the IMF plan to grow the economy. We are going to make a real difference for Canadians today and tomorrow with the kind of fiscal measures that will grow our economy for the long run.

* * *

TAXATION

Hon. Alice Wong (Richmond Centre, CPC): Mr. Speaker, we know the Liberals love to talk about facts, so let us look at some facts. Their decision to abandon tax cuts for small businesses will cost the industry \$2.2 billion over the next four years. I repeat: \$2.2 billion. The more we learn about the Liberals' so-called commitment for small businesses, the more we realize that there is no commitment at all.

When will the Liberals deliver their promised 9% tax cuts?

Ms. Gudie Hutchings (Parliamentary Secretary for Small Business and Tourism, Lib.): Mr. Speaker, I thank my hon. colleague for the question. We know that the small business tax rate is there to help companies grow and create jobs, but we need to make sure that the small business tax system is fair and being used appropriately. The loophole is allowing far too many people to use this rate to get out of paying personal income taxes that the rest of us pay each and every year. This loophole is costing taxpayers over \$500 million a year. We need to fix the problem so that those using the small business tax rate are the small business owners who are creating jobs for our communities.

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[Translation]

FINANCE

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, yesterday, the Minister of Finance made a statement that was surprising, to say the least. He said, "Clearly, the members from the other side [that means us] are still stuck in this whole balanced budget thing."

I can assure this House that, yes, we are and we will always be stuck on having a balanced budget. That is the responsible thing to do. What is also clear is that the minister is stuck on running up deficits one after the other.

Will the minister change his ways and finally admit that it is detrimental to Canada's future to have such deficits?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, our priority is to invest. Six months ago, Canadians chose optimism, not pessimism. Canadians chose to make investments that will grow the economy, not to have a balanced budget at any cost.

We will make choices that are good for Canadians and that will grow the Canadian economy, now and in the future.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, the government's approach is irresponsible. It is obvious that the Minister of Finance has completely lost control of public spending. Running up a \$30-billion deficit, with more to come, is irresponsible to today's society and especially to our children and grandchildren, who are going to pay for this government's excesses.

When will the government finally get in touch with reality and stop putting our grandchildren into debt?

Hon. Bill Morneau (Minister of Finance, Lib.): Mr. Speaker, I want to talk about children in Canada. Thanks to our measures, their situation will improve now and in the future. We introduced the Canada child benefit, which will help nine out of 10 families with children by giving them an additional \$2,300 a year. Today's children will have a better future because we are making investments today for them.

* * *

● (1435)

[English]

NATIONAL DEFENCE

Mr. David Christopherson (Hamilton Centre, NDP): Mr. Speaker, today, the Auditor General reported that Canada is treating our army reservists like second-class soldiers. They are underfunded, under-equipped, and undertrained. In fact, our reservists were sent into combat without first receiving the proper international mission training. This is all unacceptable.

Will the minister today commit to give reservists the training they need, the support they are entitled to, and the respect they deserve?

Hon. Harjit S. Sajjan (Minister of National Defence, Lib.): Mr. Speaker, I commend the hon. member for his concern. I was actually one of those reservists on those deployments who received the training.

I can assure members that we are accepting all the Auditor General's recommendations. I would also like to say that the Canadian Armed Forces has already started working on improving the training aspect for domestic and international operations, including the recruiting and retention for our reserve force to play a critical role in domestic and international operations.

* * *

[Translation]

VETERANS

Mr. Matthew Dubé (Beloeil—Chambly, NDP): Mr. Speaker, today, the Auditor General showed that the government did not implement adequate measures to help veterans suffering from post-traumatic stress disorder.

The department is not taking the impact on veterans into account when managing its drug program. For once the Liberals cannot blame the Conservatives, since the Liberal budget did not include a single penny for mental health care services.

When will the Liberals support our veterans and invest in their mental health?

Oral Questions

[English]

Hon. Kent Hehr (Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, we accept all the Auditor General's recommendations and are working toward them through the programs that we deliver.

My mandate letter says to get working on our suicide prevention, as well as our PTSD and mental health centres. That is exactly what we are going to do. We are going to deliver this care in a forthright and profound manner that makes the lives of veterans and their families better.

* * *

MINISTERIAL EXPENSES

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, the Minister of International Trade claims that her vanity trip to California was to promote Canadian business interests. However, emails released through access to information paint a very different picture.

Her staff were scrambling to put a program together and were begging *LA Times* journalists for an interview. Senior foreign policy and diplomacy officer Dan Pasquini stated in an email, “this visit has only just fallen in our laps”.

Why does the minister continue to claim the trip was about Canadian business interests when it was actually all about her?

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, once again, the Conservatives are trying to create a story where there is none. It is my job to promote Canada in the United States.

In fact, just yesterday, I was pleased to be in Washington for a trilateral trade meeting with my American and Mexican counterparts. It was my sixth visit to the United States in six months. What I am hearing in the U.S. is that after a lost decade, Canada is finally back at the table.

I am going to keep going back and doing what the Conservatives failed to do: support trade, jobs, and our middle class.

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, in a one-on-one sit down interview with the *LA Times*, the minister's California dream trip was characterized as a “brief stopover”.

LA Consul General Villeneuve noted there “seems to be a bit of confusion”.

The Global Affairs director general of communications was also confused, saying in emails, “What is she doing in LA? Besides the Bill Maher show?”

Clearly, this was a personal trip built around her TV appearance.

We know the Liberals are entitled to their entitlements, but are taxpayers not entitled to an honest answer about the real purpose for her going to LA?

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, the Conservatives continue to try to create a story where there is none. The media appearances were part of the official visit, along with six business round tables. It is my job to promote Canada to the world.

However, since the members opposite are so interested in this topic, let me remind them that their own leader, the former prime minister, spent \$50,000 of taxpayer money to get himself U.S. media appearances. We do not need to do that; we get invited.

• (1440)

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, the story is that the Minister of International Trade needs to be honest with Canadians. She declares proudly that she was in California to promote Canadian business, but her own officials did not even know about the trip until two days before.

The minister indicates that she met with the lieutenant governor of California and a U.S. senator, but does not mention that it was on the late show with Bill Maher.

When will the minister just be honest and tell Canadians she went to Hollywood on a personal vanity trip, using taxpayer money?

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, unlike the Conservatives, we know it is our government's job to promote Canada to the world.

When I travel to promote Canada, I am proud to speak to the international media. Just yesterday, I gave an interview to POLITICO in Washington.

As minister, I would like to list some of the other international interviews I have done. I have done an interview with MSNBC, *The Wall Street Journal*, *The Washington Post*, the *LA Times*, and the *Financial Times*. I have done three BBC interviews. I have spoken to *EU Trade Insights*. I spoke to *La Libre*; Deutsche Welle, the German TV; Bloomberg Television; *Handelsblatt*—

The Speaker: The member for Elgin—Middlesex—London.

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, it is clear that the minister's staff had to scramble at the last minute to find things to do in California to justify doing a late night show on HBO.

When the minister's own staff is informed that she will be in LA just two days prior to her arrival, how are Canadians to believe it was on government business?

The Minister of International Trade used taxpayer money to further her personal interests, not the interests of Canadian business. When will the minister pay back the money for this vanity trip?

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, the Conservatives continue to try to create a story where there is not one.

I would now like to share with the House some details of the business meetings I had when I was in California. Here are some of the people I met with: James Haney, senior VP and general manager of City National Bank, recently acquired by RBC; Greg Foster, CEO of IMAX; Creative BC, and Trade and Invest BC, were there; John Chiang, the treasurer of the state of California; and Jeff Gorell, deputy mayor.

Oral Questions

Other meetings I had there included a reception with the Friends of BC, a meeting with Los Angeles economic leaders—

The Speaker: The hon. member for Vancouver Kingsway.

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HEALTH

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, at the heart of our public health care system is one simple principle: no one should have to pay out of pocket for health care. Yet, patients all across the country are being charged extra fees for medical services, and the Government of Canada is doing nothing about it.

Some Canadians have become so frustrated with Liberal inaction, they filed a lawsuit today against the federal government.

Why will the minister not do her job, enforce the Canada Health Act, and act immediately to put a stop to user fees?

Hon. Jane Philpott (Minister of Health, Lib.): Mr. Speaker, it is my great pleasure to uphold, along with our government, the Canada Health Act.

This government is taking federal leadership on health care. We uphold the Canada Health Act that underscores a number of principles, including accessibility, which ensures Canadians will always have access to the care they need, based on that need and not based on the ability to pay.

I will work with the provinces and territories to ensure that access is always available to Canadians.

[*Translation*]

Ms. Brigitte Sansoucy (Saint-Hyacinthe—Bagot, NDP): Mr. Speaker, the charging of ancillary fees for health care services is a problem that has been going on in Quebec for years, and the government has done nothing to stop it.

Now, a huge coalition of groups, including the FADOQ, the Québec Medical Association, and the FIQ, are taking the Government of Canada to court to make it enforce the Canada Health Act.

Will the minister do her duty, enforce the law, and put an end to ancillary fees?

Hon. Jane Philpott (Minister of Health, Lib.): Mr. Speaker, we fully support the principles of the Canada Health Act, which seeks to ensure that all Canadians have reasonable access to medical and hospital services that are medically necessary based on need, not ability to pay.

I am committed to working with our partners to strengthen our universal public health care system while upholding the principles of the Canada Health Act.

* * *

• (1445)

AGRICULTURE AND AGRI-FOOD

Hon. Denis Paradis (Brome—Missisquoi, Lib.): Mr. Speaker, my question is for the chair of the Standing Committee on Agriculture and Agri-food and has to do with the committee's agenda. All members of the House know that the dairy industry is an important economic driver in Canada.

Can the chair of the Standing Committee on Agriculture and Agri-food talk to the House about the committee's agenda, specifically with respect to diafiltered milk?

Mr. Pat Finnigan (Miramichi—Grand Lake, Lib.): Mr. Speaker, I am pleased to inform my colleague from Brome—Missisquoi that I received a notice of motion from the member for Fundy Royal, calling on the committee to adopt a report that recognizes the government's support of the dairy industry, that recognizes the impact of the importation of diafiltered milk, and that calls on the government to meet with dairy industry representatives in the next 30 days in order to find sustainable solutions to modernize the industry.

* * *

[*English*]

MINISTERIAL EXPENSES

Hon. Gerry Ritz (Battlefords—Lloydminster, CPC): Mr. Speaker, we all know the Minister of International Trade's sole purpose for being in LA was to be on television.

Yesterday, when the government House leader tried to defend the minister's unplanned vanity trip, he said, "The minister signed important agreements during her visit to California". If that is the case, will she table these important agreements immediately, keeping in mind that credit card receipts and the waiver for Bill Maher do not count?

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, once again the Conservatives are trying to create a story where there is none. I have already listed the business meetings I held in California. However, unlike the Conservatives, who do not like the media, we understand it is our job to talk to the media at home and abroad.

I want to point out that I appeared in the media in California with some important Canadian partners, Senator Angus King of Maine, and the California Lieutenant Governor Gavin Newsom.

Hon. Gerry Ritz (Battlefords—Lloydminster, CPC): Mr. Speaker, they all happened to be sitting on the same panel show, so they do not count as individuals.

Either the minister signed important agreements or she did not. If she did, then she should table them right here so we can all have a look at them.

We know her own bureaucrats were in the dark, with 500 pages of emails in two days trying to figure out what she was doing there and why it would cost \$20,000 to have her there.

Is the House leader going to stand and apologize for misleading the House yesterday if there were no signed agreements?

Hon. Dominic LeBlanc (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, what we are not going to apologize for is having an international trade minister who travels around the world promoting Canadian commercial interests in the United States and in other parts of the world. We are proud of the work she is doing for Canadian jobs and ensuring that Canadian companies are able to compete globally. She will continue to do that.

* * *

[Translation]

INTERNATIONAL TRADE

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, yesterday, the Leader of the Government in the House of Commons told the House that the Minister of International Trade had signed important agreements during her visit to Los Angeles.

Would it be possible to see which agreements?

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, once again, the Conservatives are trying to create a story where there is none. It is my job to promote Canada abroad.

Since the opposition is so interested in this issue, I will repeat that they should keep in mind that it was their own former leader who spent \$50,000 of taxpayer money to pay a consultant to find American interviews.

[English]

We do not have to pay Republican hacks to organize media appearances—

The Speaker: Order, please. The hon. member for Lévis—Lotbinière.

[Translation]

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, the Conservative government concluded the trans-Pacific partnership, and we know that many businesses in the regions of Quebec will benefit from the economic spinoffs of this trade agreement.

Can the current government provide some reassurance to the Quebec regions by confirming that it will not tamper with any of the measures that are of significant importance to Quebec?

• (1450)

Hon. Chrystia Freeland (Minister of International Trade, Lib.): Mr. Speaker, our work on CETA removes all doubt as to our commitment to free trade.

However, we promised to consult Canadians on the TPP. Our government has held over 250 consultations on the TPP. None of the member countries have ratified the TPP yet.

We know that the Conservatives do not believe in public debate, but we do.

* * *

[English]

STATUS OF WOMEN

Ms. Sheila Malcolmson (Nanaimo—Ladysmith, NDP): Mr. Speaker, on a single day, three out of four Canadians seeking help from a domestic violence shelter are turned away. Many more

Oral Questions

women fleeing violence cannot even access a shelter because none exist in their region. The Liberal budget did not have sufficient funding and offered no money for a comprehensive national action plan.

We need to address this problem at its root. Will the government adopt a national action plan, with adequate funding, and finally end violence against women?

Hon. Patty Hajdu (Minister of Status of Women, Lib.): Mr. Speaker, I thank the colleague across the floor for her unwavering efforts to address gender-based violence.

As the member well knows, we in fact do have plans for a comprehensive gender-based federal strategy to end violence against women. More than that, we are very proud of our investments in shelters, transitional homes, and affordable housing that will affect women in a tremendous way to move forward in a safe and productive manner and will have effects for generations to come.

* * *

FOREIGN AFFAIRS

Ms. Linda Duncan (Edmonton Strathcona, NDP): Mr. Speaker, in 2010, a mere six years ago, the House unanimously supported an NDP motion calling for Canadian engagement in negotiations for a global convention on nuclear weapons, and to kick-start the Canadian diplomatic initiative to prevent nuclear proliferation.

The Prime Minister has publicly promised to re-engage Canada with the United Nations and to seek a seat on the Security Council.

What, if any, commitments did Canada make yesterday when he and the Minister of Global Affairs met with the United Nation's High Representative for Disarmament Affairs?

Hon. Stéphane Dion (Minister of Foreign Affairs, Lib.): Mr. Speaker, indeed, Canada wants to help with disarmament in all of its facets. This is what I have said to the High Representative.

The approach we want to take is to focus on the Fissile Material Cut-off Treaty. This is the best way for Canada to go ahead and make progress with our allies. We will focus on that, and we will count on the contribution of all members in this House on this important challenge that we have to face.

* * *

IRAN

Hon. Tony Clement (Parry Sound—Muskoka, CPC): Mr. Speaker, the cat is really out of the bag now. It was reported today that talks between the Liberal government and Iran to re-establish diplomatic ties are well under way.

Despite the minister's protestations in the House yesterday that Iran will remain listed as a state sponsor of terror, it is clear that the Canadian government is on the fast track to normalize relations with Tehran. The government seems determined to cave in to this odious regime's demands.

Oral Questions

How can the government negotiate with a state sponsor of terror?

Hon. Stéphane Dion (Minister of Foreign Affairs, Lib.): Mr. Speaker, under the former government, Canada was alone in having an empty chair with a lot of countries when it disliked the regimes, which was the wrong approach. All our allies are asking us to stop this wrong approach, and it is what we will do with Iran.

In order to see progress on human rights and progress on the protection of Canada's interests and the interests of our allies, including Israel, Canada will engage with Iran with open eyes, step by step.

Hon. Peter Kent (Thornhill, CPC): Mr. Speaker, in February, the Minister of Foreign Affairs and the Minister of International Trade announced that Canada was positioning for commercial trade in Iran.

Yesterday, the minister told us the Liberals have no current plan to delist Iran as a state sponsor of terror.

Exactly how does he think he can negotiate these two diametrically opposite courses? Can he tell us when he expects to sit down for a business chat with his terror-sponsoring, human-rights-abusing Iranian counterpart?

• (1455)

Hon. Stéphane Dion (Minister of Foreign Affairs, Lib.): Mr. Speaker, every day, every week, we have different business people, governments, that are going to Iran. They are negotiating for their national interests in Iran with open eyes, to make sure that the nuclear program of Iran will not be militarized. I think it is the right approach, our allies were right to do so, and Canada will join them.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, the Baha'i faith was founded in Iran, but Baha'is in Iran today face significant persecution, which includes executions and the destruction of holy sites.

We are well aware of Iran's belligerence, but the suppression of the Iranian people and efforts to crush the Baha'i community in particular are also part of the record of this vile government, which requires our attention.

After killing the Office of Religious Freedom more than a month ago, what is the government going to do for religious and ethnic minorities in Iran?

Hon. Stéphane Dion (Minister of Foreign Affairs, Lib.): Mr. Speaker, I share the concern of my colleague about the atrocities he spoke about. However, the question I would ask is this. In which way would it help if Canada is not there? In which way would it help if Canada does not have an embassy?

Was it not fortunate, at the end of the 1970s, that we had a Canadian embassy in Tehran when it was time to help the U.S. hostages? Can we learn from our history?

* * *

[Translation]

INTERNATIONAL DEVELOPMENT

Mr. William Amos (Pontiac, Lib.): Mr. Speaker, last week, we learned that a Canadian-funded Syrian hospital was bombed. Such

acts are clearly unacceptable and an assault on the rights of every woman and man in the world.

Can the Minister of International Development tell the House what our government has done in response to this despicable act?

Hon. Marie-Claude Bibeau (Minister of International Development and La Francophonie, Lib.): Mr. Speaker, I completely agree with my colleague. The attack was utterly unacceptable, as is any such act targeting doctors, humanitarian workers, and the women and children who are there because they need care.

Our government strongly condemns such violations of international humanitarian law. That is why, yesterday, the Minister of Foreign Affairs and I announced that Canada was co-sponsoring the United Nations Security Council resolution on protection of medical personnel and hospitals. The resolution was unanimously approved by the United Nations Security Council this morning.

* * *

[English]

AGRICULTURE AND AGRI-FOOD

Mr. Chris Warkentin (Grande Prairie—Mackenzie, CPC): Mr. Speaker, Canadian ranchers produce the safest and best-quality beef in the world. Some people with vested interests have attacked the Canadian industry over the last number of weeks and months, and some restaurants have even stopped serving Canadian beef.

This Canadian farm boy is not going to eat at those restaurants anymore. I am wondering if the Minister of Agriculture and Agri-Food across the way will stand and commit to supporting Canadian agriculture, and do the same.

Hon. Lawrence MacAulay (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, I can assure my hon. colleague that we support agriculture in this government. All Canadian beef is certified as safe under science research. We have the safest high-quality beef in the world. It is the safest food we can eat, and Canadians are safe and should eat this food.

* * *

[Translation]

FOREIGN AFFAIRS

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Mr. Speaker, while we celebrate World Press Freedom Day, Raif Badawi is still being detained by Saudi authorities for criticizing their regime.

One would like to think that our government is doing everything in its power to have him released. In an interview, however, the Prime Minister said that it is important to be discreet and not to push too hard or too fast. He does not want to become personally involved.

Oral Questions

When it comes to doing business with the Saudis, the Liberals are quick off the mark, but when it comes to ensuring that human rights are respected, there is no hurry.

How does the government explain this to Mr. Badawi's wife, who is here in Ottawa today?

Hon. Stéphane Dion (Minister of Foreign Affairs, Lib.): Mr. Speaker, my colleague is asking if we are using every means available and doing everything we possibly can to help Mr. Badawi and have him released, since he has done nothing wrong.

Yes, that is what we are doing. To increase our chances of success, my colleague will understand if I refrain from commenting any further.

* * *

[English]

CANADIAN HERITAGE

Mr. Peter Fragiskatos (London North Centre, Lib.): Mr. Speaker, many Canadian films have received international acclaim in the past year. One fine example is the Telefilm Canada-funded movie, *Room*, a Canadian Screen Awards- and Oscar-winning picture.

Room is a Canada-Ireland audiovisual treaty co-production. It stars Canada's own Jacob Tremblay and is written by the Irish Canadian author Emma Donoghue who now lives in London, Ontario, part of which I represent.

• (1500)

[Translation]

Can the Minister of Canadian Heritage explain what the Government of Canada is doing to encourage our artistic talent on the international stage?

Hon. Mélanie Joly (Minister of Canadian Heritage, Lib.): Mr. Speaker, I thank my colleague for his important question.

[English]

We believe in the importance of showcasing Canadian talent to the world, and that is why we support the film industry. One example of it is our new Canada-Ireland co-production treaty, which will help to ensure that similar successes are possible in the future.

[Translation]

Our 2016 budget includes historic investments to support culture, which is why we will continue our efforts to promote our culture here and abroad.

* * *

[English]

INTERGOVERNMENTAL RELATIONS

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Mr. Speaker, Mr. Gerard Comeau, with the help of the Canadian Constitution Foundation, won his court case, which would allow Canadians to bring beer across provincial lines into New Brunswick.

Many constitutional scholars say this will inevitably end up at the Supreme Court. Authorities say that the liquor laws are still in force

despite this ruling. Consumers deserve certainty, and the sooner the better. Does the government intend to refer this case to the Supreme Court?

Hon. Navdeep Bains (Minister of Innovation, Science and Economic Development, Lib.): Mr. Speaker, that was a very positive development that we saw with regard to alcohol and the transferring of alcohol from one jurisdiction to another. That is why I am working very closely with my provincial and territorial counterparts on an agreement on internal trade, a comprehensive agreement that would reduce barriers and eliminate barriers altogether and that would work on issues around regulatory compliance.

The idea here is to ensure we grow and create opportunities for businesses and people to succeed in Canada. That is why we are going to continue to pursue an agreement on internal trade that would address that issue.

* * *

[Translation]

DAIRY INDUSTRY

Mr. Gabriel Ste-Marie (Joliette, BQ): Mr. Speaker, half of Canada's dairy farms are in Quebec. Imported diafiltered milk is hurting my home province. We are talking about thousands of dollars lost every week. Our regional economies are in jeopardy. In a show of solidarity, the hon. member for Chicoutimi—Le Fjord poured a bag of powdered milk on his head. Imagine that. However, in the House, there has been no show of support for our farmers, and nothing is being done to resolve their problem. What will it take for government members from Quebec to start representing their constituents, a nod from Toronto?

[English]

Hon. Lawrence MacAulay (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, I can assure my hon. colleague that this government supports supply management and we are fully aware of the industry's concerns about the use of diafiltered milk in the making of cheese.

We are working to reach a sustainable solution that works for all of the Canadian dairy sector. I am also very pleased that the member for Fundy Royal gave notice of a motion today to the agriculture committee to work toward solutions on this issue.

We are working on this issue.

* * *

[Translation]

AEROSPACE INDUSTRY

Mr. Louis Plamondon (Bécancour—Nicolet—Saurel, BQ): Mr. Speaker, the Air Canada Public Participation Act, which the government wants to water down, was a promise made to Quebec in 1989. The legislator's intention was clear: to protect the jobs in Montreal.

I know that because I was sitting in the government when that legislation was passed. At the time, it was the Quebec caucus of the government that fought to protect our aerospace industry.

Business of Supply

When will the 40 Liberal members from Quebec in this government stand up and defend Quebec's aerospace industry?

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, of course we are defending the aerospace industry in Quebec and across Canada. As hon. members know, when the Government of Quebec and the Government of Manitoba decided to drop their lawsuits against Air Canada, this allowed us to modernize the legislation. It is an important step in the right direction. This will prevent future lawsuits. What is more, this will put Air Canada in a position where it can be more competitive with its rivals.

I would remind my hon. colleague that in Quebec, Manitoba, and Ontario there are still requirements to hire Air Canada employees to perform maintenance.

[*English*]

Hon. Thomas Mulcair: Mr. Speaker, during question period, the Prime Minister implied that it was Quebec's fault that the federal Liberals did not live up to their Kyoto commitments. I would like to ask for unanimous consent to table a document that shows Quebec decreased GHG emissions every year while I was environment minister and prove that they went up—

The Speaker: Does the member have unanimous consent to table the document?

Some hon. members: No.

The Speaker: There is no unanimous consent.

GOVERNMENT ORDERS

• (1505)

[*Translation*]

BUSINESS OF SUPPLY

OPPOSITION MOTION—CANADIAN DAIRY INDUSTRY

The House resumed from April 21 consideration of the motion.

The Speaker: It being 3:05 p.m., pursuant to order made Thursday, April 21, 2016, the House will now proceed to the taking of the deferred recorded division on the motion of the member for Berthier—Maskinongé regarding the business of supply.

• (1515)

(The House divided on the motion, which was negatived on the following division:)

(*Division No. 45*)

YEAS

Members

Aboultiaf	Albas
Albrecht	Allison
Ambrose	Angus
Arnold	Ashton
Aubin	Barlow
Barsalou-Duval	Beaulieu
Benson	Bergen
Berthold	Blaikie
Blaney (North Island—Powell River)	Blaney (Bellechasse—Les Etchemins—Lévis)
Block	Boucher
Boudrias	Boulerice
Boutin-Sweet	Brassard

Brousseau	Brown
Calkins	Cannings
Caron	Carrie
Chong	Choquette
Christopherson	Clarke
Clement	Cooper
Cullen	Davies
Deltell	Diotte
Doherty	Donnelly
Dreeschen	Dubé
Duncan (Edmonton Strathcona)	Dusseault
Duvall	Eglinski
Falk	Fast
Finley	Fortin
Généreux	Genius
Gill	Gladu
Godin	Gourde
Hardcastle	Harder
Hoback	Hughes
Jeneroux	Johns
Jolibois	Julian
Kelly	Kent
Kitchen	Kmiec
Kwan	Lake
Lauzon (Stormont—Dundas—South Glengarry)	Lavergère
Lebel	Leitch
Liepert	Lobb
Lukiwski	MacGregor
MacKenzie	Maguire
Malcolmson	Masse (Windsor West)
Mathysen	May (Saanich—Gulf Islands)
McCauley (Edmonton West)	McColeman
McLeod (Kamloops—Thompson—Cariboo)	Miller (Bruce—Grey—Owen Sound)
Moore	Mulcair
Nantel	Nater
Nicholson	Nuttall
Obhrai	O'Toole
Pauzé	Plamondon
Poilievre	Quach
Raitt	Ramsey
Rankin	Rayes
Reid	Rempel
Richards	Ritz
Saganash	Sansoucy
Saroya	Scheer
Schmale	Shields
Shipley	Sopuck
Stanton	Ste-Marie
Stetski	Stewart
Strahl	Stubbs
Sweet	Thériault
Tilson	Trudel
Van Kesteren	Van Loan
Vecchio	Viersen
Wagantall	Warawa
Warkentin	Watts
Waugh	Webber
Weir	Wong
Yurdiga	Zimmer — 142

NAYS

Members

Alghabra
Amos
Arseneault
Ayoub
Bagnell
Baylis
Bennett
Bittle
Boissonnault
Bratina
Brisson
Carr
Casey (Charlottetown)
Chan
Cormier
Dabrusin
DeCoursey
Dhillon
Dion
Dubourg

Government Orders

[English]

CRIMINAL CODE

The House resumed consideration of the motion that Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), be read the second time and referred to a committee, and of the motion that this question be now put.

The Speaker: Order, please. I would encourage members who wish to have discussions to take them behind the curtains or out into the lobby.

I wish to inform the House that because of the deferred recorded division, government orders will be extended by nine minutes.

Resuming debate, the hon. member for Scarborough—Agincourt.

Mr. Arnold Chan (Scarborough—Agincourt, Lib.): Mr. Speaker, I am pleased to rise to speak to Bill C-14, the government's response to the Carter decision that we have recently dealt with by tabling this particular piece of legislation.

I wish to state at the outset that I will be supporting the bill, but with some reservations. I will explain why I believe the bill deserves support, but by the same token, I believe that somehow in a future Parliament the bill could go further.

I intend to engage in this discussion by going through three thematic components in the brief 10 minutes I have to make my contribution to this important debate. I know this has been at times an emotional issue for parliamentarians, but in the three thematic components, I wish to give my rationale for my support at this time.

The first of the three themes looks at the moral considerations that many members and much of the broader public have expressed. Second, I want to discuss perhaps more fulsomely our duty as parliamentarians to respond to issues of constitutionality, particularly when they are challenged in the courts. Third, in the short remaining time I will have, I wish to express some personal thoughts on this as it impacts me directly.

First, I want to thank many constituents in my riding of Scarborough—Agincourt for their interventions on this subject. This has been an emotional matter, and I would have to state on the record that the overwhelming majority of constituents who reached out to me are opposed to the government introducing Bill C-14. That has been primarily on moral grounds. They feel that allowing physician-assisted death is essentially tantamount to murder.

In the opportunities I have had to discuss this matter with my constituents, I made it clear that Parliament is under a positive obligation to respond to the decision in the Carter case. If Parliament does not present some form of legislation, the consequence of its failure to do so would mean that the provisions of section 14 and subsection 241(b) of the Criminal Code would no longer be operative as of June 6. We would essentially be left in the situation of a legislative vacuum. It is important to put a regulatory framework around physician-assisted death.

Duclos	Duguid
Duncan (Etobicoke North)	Dzerowicz
Easter	Ehsassi
Ellis	Erskine-Smith
Eyking	Eyolfson
Fergus	Fillmore
Finnigan	Fonseca
Foote	Fragiskatos
Fraser (West Nova)	Fraser (Central Nova)
Freeland	Fry
Garneau	Goodale
Gould	Graham
Grewal	Hajdu
Hardie	Harvey
Hehr	Holland
Housefather	Hussen
Hutchings	Iacono
Joly	Jones
Jordan	Jowhari
Kang	Khalid
Lametti	Lamoureux
Lapointe	Lauzon (Argenteuil—La Petite-Nation)
LeBlanc	Lebouthillier
Lefebvre	Lemieux
Leslie	Levitt
Lighthound	Lockhart
Long	Longfield
Ludwig	MacAulay (Cardigan)
MacKinnon (Gatineau)	Maloney
Massé (Avignon—La Mitis—Matane—Matapédia)	
May (Cambridge)	
McCallum	McCrimmon
McDonald	McGuinty
McKay	McKenna
McKinnon (Coquitlam—Port Coquitlam)	McLeod (Northwest Territories)
Mendès	Mendicino
Mihychuk	Miller (Ville-Marie—Le Sud-Ouest—Île-des-Sœurs)
Monsef	Momeau
Morrissey	Murray
Nault	O'Connell
Oliphant	Oliver
O'Regan	Ouellette
Paradis	Peschisolido
Peterson	Petipas Taylor
Philpott	Picard
Poissant	Qualtrough
Ratansi	Rioux
Robillard	Rodriguez
Rota	Rudd
Ruimy	Rusnak
Sahota	Saini
Sajjan	Samson
Sangha	Sarai
Scarpaleggia	Schiefke
Schulte	Serré
Sgro	Shanahan
Sheehan	Sidhu (Mission—Matsqui—Fraser Canyon)
Sidhu (Brampton South)	Sikand
Simms	Sohi
Sorbara	Tabbara
Tan	Tassi
Tootoo	Trudeau
Vandal	Vandenbeld
Vaughan	Virani
Whalen	Wilkinson
Wilson-Raybould	Young
Zahid— 171	

PAIRED

Nil

The Speaker: I declare the motion lost.

Government Orders

As I pivot from the issue of morality to the issue of our responsibility as parliamentarians, I want to raise the point that while morality is important, and this has been a theme discussed in the House, ultimately we as parliamentarians must first make sure that we put in laws that pass the constitutional test. Where the Supreme Court of Canada has rendered a decision indicating that something is not constitutional, that it is a breach of some form of the constitution, whether on jurisdictional grounds or on grounds under the charter, Parliament needs to respond. In my view, that is what the government is doing in Bill C-14, under a very difficult timeline. That is perhaps why there has been a decision to introduce Bill C-14 in a relatively controlled and restrictive manner. It is reflective of the fact that we are under a very tight time obligation.

Therefore, I understand why the Minister of Justice, the Minister of Health and others, who have done yeoman's work in this regard, have taken initial steps to make sure it meets the constitutional test set out by the Supreme Court of Canada. However, in my view, it does not necessarily go far enough.

I want to pay tribute to the ministers and to all the other many parties and Canadians who have contributed to the debate. I note that there was incredible work done by the Special Joint Committee on Physician-Assisted Dying, led by Senator Ogilvie and the member for Don Valley West. I want to pay tribute to all the members who participated in that committee.

● (1520)

I want to note the contributions of the federal external panel, the provincial-territorial expert panel, and the many stakeholders and Canadians who have contributed to this very difficult debate.

I would note, though, that not only have many of my constituents expressed concerns with respect to this particular bill, but in some specific instances they have asked us to consider invoking the section 33 notwithstanding clause found in the charter, which of course is the legislative override provision. I would view that as a more sophisticated way of saying they oppose it and that ultimately parliamentarians should please consider overriding the charter rights of certain individuals by invoking or using the notwithstanding clause.

I would say to those individuals who have expressed that particular feeling that this is something we have to do and tread upon very carefully, particularly where we are potentially treading on rights that have been protected under the Canadian Charter of Rights and Freedoms. I would submit respectfully that it is important we do so in a manner that follows the tests that are similarly found in section 1 that were ultimately articulated in the Oakes decision that deals with the judicial override clause that is found in the charter.

Under Oakes, there are essentially three tests that need to be met, and if any one of those tests fails, namely in dealing with the judicial override, then one would not be able to invoke section 1, and I would argue that one would have to use the same principles under section 33 in exercising the legislative override. Those three tests basically deal with rational connection, that the impairment is done in as minimal a way as possible, and that we look at the deleterious effects and salutary benefits of any limitation that is imposed under section 1.

Typically, in application of section 1 of the charter in most instances, the failure falls under the second test, that the impairment is not as minimal as possible. Certainly, that was the basis in which the section 1 test was applied in Carter and which the court found that the proposed absolute ban on physician-assisted death did not meet the minimal impairment test. The court had carefully gone through the trial judge's analysis and concurred with the trial judge's position with respect to the application of section 1.

In terms of whether we would consider invoking section 33, as I mentioned already, this Parliament, this House of Commons, has never exercised section 33 as a legislative override, and I would argue that we too should be extremely careful. That is the test that we need to apply as parliamentarians in terms of determining whether we feel it is appropriate to use the legislative override.

As I mentioned before, the bill seeks to meet in a very expedited fashion a court-imposed time challenge and to deal with the suspension of the declaration of invalidity under sections 14 and 241 of the Criminal Code of Canada. We must do so by June 6.

As I have indicated before, I will be providing my support for the bill, but I would argue that there are a couple of additional things that we as a Parliament need to consider in the future. These were articulated quite clearly in the report from the special joint committee of the Senate and the House of Commons.

My first issue is that the bill currently does not deal with the issue of advance directives. I am sympathetic to those Canadians, particularly those who are suffering from diseases like ALS and others, who may still be in quite good shape at the present time, but at some future point, when they are getting close to their end-of-life situation, will not be able to express their particular consent. In my view, the issue of a clearly articulated regulatory framework that allows for advance consent should be considered.

● (1525)

I am also—

The Assistant Deputy Speaker (Mrs. Carol Hughes): I am sorry, but the time is up. The member will be able to finish through questions and comments.

Mr. Scott Reid (Lanark—Frontenac—Kingston, CPC): Madam Speaker, part of what I am doing in raising my intervention at this point is to actually give my colleague the opportunity to finish off the point he was making, which I think was quite close to his conclusion.

As he does, I wonder if he could also address something that came up in his discussion of advance directives, which was the very last thing he was addressing. He mentioned individuals who suffer from ALS. I would submit to him, and I would be interested in his response to this, that the Supreme Court's jurisprudence in this matter is based entirely on cases of individuals with ALS who approach death in a very atypical manner, in that their minds typically are completely intact while their bodies are completely frozen.

Advance directives, I would submit, are primarily something that deals with the opposite situation, where the person's body may be fine, but the mind is gone, most obviously someone who is affected by Alzheimer's or some other form of dementia.

Government Orders

If the member could work that into his comments, I would appreciate it. If not, I would very much like to hear the rest of what he has to say.

• (1530)

Mr. Arnold Chan: Madam Speaker, I thank my colleague for his generosity.

I was simply getting to the issue of mature minors, to say that I do have some additional trouble and am concerned about appropriate safeguards. That was my other particular area of concern.

Let us get back to the question that my friend posed with respect to ALS or other conditions where the body is sound but the mind is not and the person may not be able to express the issue of consent. Again, I think the key is the particular regulatory framework that is put around the issue of advance consent.

Clearly, a person, knowing that at some point in the future he or she will be losing his or her mental capacity, would have to have expressed it extremely clearly in an unreserved fashion that would ultimately meet the regulatory framework set out, with two physicians concurring that in fact consent was given in an express manner, and setting out the clear guidelines, the clear situation in which he or she would be prepared to be administered with medically assisted death.

If we could create that kind of a framework, I think that would address the concern the hon. member may have.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, my hon. colleague from Scarborough—Agincourt has a very thoughtful approach to this issue.

I am in the enviable position of knowing that while not all of my constituents support this bill, most of my constituents support this bill, because they have been waiting a long time to see compassion in medically assisted death. I particularly want to commend my colleague for voting on this bill, knowing that the comments he has heard from his constituents go the other way.

I want to give him a little more time to share with us what he plans to say in further convincing his constituents that what he has done is required under the Charter of Rights and Freedoms.

Mr. Arnold Chan: Madam Speaker, I want to get to my final point which is personal.

Not only am I a member who has to decide as a parliamentarian, but I am also a member who was recently diagnosed with recurrent cancer. I may in fact be someone who may have to, potentially, depending on how treatment goes, avail myself of this option. It is not one I would like to contemplate, not one that I think is a choice I would like to make, but it is a practical reality of something I might have to face.

We simply have to have an honest conversation with our constituents. In fact, I commend my colleague from Victoria, who has offered to come and do a joint presentation in my riding to explain the practical realities of this bill. At the same time, we need to hear from Canadians and understand why they have objections.

At the end of the day, the point I want to make is when there is not societal consensus on a particular issue, we ultimately have to make

sure that any bill that is put before us is constitutional and does not trample on the rights of individual Canadians.

[*Translation*]

Mr. Nicola Di Iorio (Saint-Léonard—Saint-Michel, Lib.): Madam Speaker, before I participate in the debate at second reading on Bill C-14, concerning medical assistance in dying, I want to tell the people faced with making difficult end-of-life decisions and their loved ones that I am thinking of them.

Everyone knows that medical assistance in dying is a complex, delicate, and extremely personal issue. Since the Supreme Court ruled in the Carter case last year, Canadians have been taking part in this national debate. This issue continues to be debated and seriously considered around the world.

I would like to share with my colleagues what is happening elsewhere in the world. Almost everywhere, the deliberate taking of a life or aiding someone to end their life are serious crimes punished by lengthy sentences. As many people know, Canada is not alone in legislating to authorize medical assistance in dying.

Oregon, Washington, Vermont, and California are examples nearby. A little further away, Colombia, Belgium, the Netherlands, and Luxembourg have legislation authorizing one type or another of medical assistance in dying. The provisions on safeguards, controls, and reports, which are all found in Bill C-14, are similar.

Usually, requests for medical assistance in dying must be voluntarily submitted by the patient in writing. In many cases, this must also be done in the presence of independent witnesses. The patient must obtain a second opinion from an independent doctor and must wait a certain amount of time between the day the written request is submitted and the day that the medical assistance in dying is provided.

Colombia has a unique approval process for requests for medical assistance in dying. Every hospital has interdisciplinary committees to assess such requests and support the patients and their families throughout the process.

Nearly all of the regimes we have looked at include a mandatory monitoring system in which independent committees collect information to monitor the situation. That information is then used to publish periodic public reports on medical assistance in dying.

The safeguards and controls set out in various statutes are relatively consistent. However, there are differences in the types of medical assistance in dying that are authorized and the circumstances in which medical assistance in dying is authorized. The differences in terms of who is eligible for medical assistance in dying and the way that assistance can be provided fall along a continuum.

On the one hand, we have the four U.S. states, which I mentioned earlier and which have enacted laws: Oregon in 1997, Washington in 2008, Vermont in 2013, and, more recently, California in 2015. In these states, a mentally competent adult 18 years of age or older can receive the assistance of a physician to die, provided that their request is voluntary and this person is suffering from a terminal disease, defined as an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

Government Orders

In these U.S. states, just one doctor may prescribe a substance that the patient administers to put an end to their life at the time of their choosing. This is what we commonly refer to as physician-assisted suicide. Voluntary euthanasia, in which the physician administers a substance that causes the death of the patient, is expressly prohibited. Patients are also not able to submit an advance directive.

In Colombia, a ministerial resolution was drafted in response to two rulings by the country's constitutional court. The resolution contains eligibility criteria similar to those of the U.S. states.

• (1535)

It limits eligibility to adults who have an incurable disease, which is defined as a serious, progressive, and irreversible disease, or a pathology that will lead to death within a relatively short time frame. It requires a specific prognosis of six months, in other words, the assurance that death is expected relatively soon. Unlike the U.S. states, Colombia authorizes only euthanasia. A doctor must administer the substance that will cause the patient's death.

At the other end of the spectrum are Belgium, the Netherlands, and Luxembourg. In those three countries, patients can access medical assistance in dying if they are experiencing intolerable or unbearable physical or mental suffering caused by a serious incurable illness and if there is no possibility of improvement. Patients do not have to be dying or suffering from an illness that puts their life in danger in order to be eligible. In other words, physician-assisted suicide and voluntary euthanasia are authorized in those countries.

Although medical assistance in dying is provided only to adults in Luxembourg, minors as young as 12 can seek medical assistance in dying, with their parents' consent, in the Netherlands. In Belgium, adults and emancipated minors can seek medical assistance in dying in similar circumstances. In 2014, Belgium expanded its eligibility to include children of all ages, but only if their death is likely to occur in the short term and their suffering is physical.

The experiences and lessons learned by the Benelux countries were closely examined. For example, the law in the Netherlands authorizes requests for patients who no longer have the ability to express their wishes. However, research suggests that doctors are generally not prepared to euthanize such patients.

Consideration was also given to the Benelux countries' experience regarding patients who are suffering intolerably solely because of a mental illness. This is a very controversial issue. Evidence shows an upward trend in the percentage of people who seek euthanasia solely because of mental illness, and experts are starting to express their concerns about the fact that medical assistance in dying under such circumstances is becoming increasingly common. For example, in Belgium, people have been euthanized because of intolerable suffering resulting from depression, anorexia, blindness, fear of a disability or further suffering, and the pain caused by the loss of a loved one.

Many people fear that such broad access to medical assistance in dying can present real risks for people who are lonely or isolated and those who do not have any social, economic, or community support. It could also reinforce prejudice regarding the quality of life of seniors, people who are sick, and people with disabilities.

Our government sought to learn from the experience of other jurisdictions. The government is committed to continuing to examine the more general issues, and it will continue to observe what is being done elsewhere in the world in terms of medical assistance in dying.

I support Bill C-14, which was introduced by our government. Once this bill is passed, it will alleviate the suffering of those covered by its scope and will allow people to die with dignity.

• (1540)

[*English*]

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Madam Speaker, one thing my colleague intimated early in his speech was the number of countries that allow physician-assisted suicide. There is sometimes a misconception that most countries do allow physician-assisted suicide. The reality is that less than 3% of the world's population live in areas where physician-assisted suicide is accessible.

I have a question, though, regarding the terminology being used in this bill, "medical assistance in dying". There is no clear demarcation between physician-assisted suicide and voluntary euthanasia. Part of that, I think, is because we like the softer language of the current bill, but the more important distinction is that in a regime that has physician-assisted suicide, the results are that only 0.3% of all deaths are attributed to physician-assisted suicide. In regimes that have voluntary euthanasia, it is 3.0%, a tenfold increase in the number of deaths resulting from a system with voluntary euthanasia.

I am wondering if my colleague would agree to include an amendment in the final bill that would say that wherever possible, where the patient is able to, it must be physician-assisted suicide, so that the patients themselves must administer the drug that the doctor prescribes.

[*Translation*]

Mr. Nicola Di Iorio: Madam Speaker, I would like to thank my colleague for his question.

My colleague spoke about certain statistics and data, which I appreciate. I say that with all due respect and without any sarcasm whatsoever. However, this is not about ratings and assessing the numbers and the data. This is about human suffering. We should not lose sight of the fact that this exercise is made necessary by a Supreme Court ruling based on the charter. The current situation is no longer acceptable.

The purpose of my explanation was to show that there are situations where countries have been much more permissive and we have major concerns. In other situations, countries have been far less permissive, and now there are questions. We tried to do something that addressed the problems raised by the Supreme Court, while dealing with the information that we have before us, which is about human suffering.

• (1545)

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Madam Speaker, today's debate is critical. It is extremely important. It affects everyone, and it gives rise to both hopes and fears in our communities.

Government Orders

The NDP thinks that we need to listen to the experts, and it also wants the government's bill to measure up to the Supreme Court's decision in Carter. Right now, we have some concerns about that. For example, in paragraphs 13 and 14, the Supreme Court talks about the cruel choice that patients with degenerative diseases face. Will they put an end to their life right away, or will they wait until they are no longer able to do so?

The all-party committee made a recommendation that patients be allowed to make an advance request regarding their end of life when they know that their situation is irreversible. Unfortunately, the recommendation from the all-party committee was not included in the government's bill. Would my colleague agree to add this recommendation to the bill in order to improve it?

Mr. Nicola Di Iorio: Madam Speaker, I thank my colleague for his question.

There is one thing I must point out that is very meaningful. In life, we are all faced with choices, and we make these choices, but when the time comes to act on our choices, we have the option of changing our minds. We often exercise this right.

In the situation my colleague mentioned, the individual could not change their mind. That is why the government chose not to accept this recommendation. Someone makes a choice, but when the time comes to act on it, no one can ask them whether they have changed their mind or are reconsidering their decision.

People are autonomous and the choice is theirs to make. The government decided to accept that choice.

Mr. Robert Aubin (Trois-Rivières, NDP): Madam Speaker, I cannot tell you how privileged I feel to take part in this discussion, and I mean "discussion", because in the course of our work, which went on until midnight last night and will do the same tonight, it really has been a discussion, with the goal of coming up with the best possible solution, and not a partisan debate.

These kinds of subjects come up very rarely in history, and when the time comes for me to leave politics, I will look back on this as one of the most memorable topics of discussion in my time here.

In studying a bill, we must of course take a rational and intellectual approach, based on facts and science; however, with this kind of subject, we cannot ignore our personal experiences and, for many of us, the dimension of faith that goes along with life and quality of life.

Just a few decades ago, it would have been unthinkable for us to have a debate on the issue raised in Bill C-14. Today, this discussion is essential in order to address the concerns many Canadians have about quality of life.

Our society is constantly evolving, and for obvious and sometimes valid reasons, our democratic institutions will always be partly out of step with popular sentiment. However, the wishes of the majority should not be the only factor that guides us in our decision-making, because if our democratic institutions do not protect minorities, I wonder who will.

There are some historic issues that stand out in the life of a parliament, and as a result of the Carter ruling, we are now being called on to deal with such an issue. Although we are aware that

there is little time left to deal with such a vast and also complex issue, we nevertheless have the good fortune of being able to refer to the Quebec experience, which quite surely can be a source of inspiration and can answer many of our questions.

Today, armed with the Quebec experience, our personal experiences, and input from many organizations and people in our respective ridings, we are being called on to make the best possible decision about how to provide medical assistance in dying. This is not about whether or not this assistance should be available.

The Supreme Court made that decision in Carter. As we all know, it was a unanimous ruling that sent a clear message on behalf of those who have spent years fighting for the right to die with dignity. It is up to us to legislate a framework for that assistance in a way that ensures respect for everyone's charter rights.

The bill is far from perfect, but at this point, I plan to vote in favour of it so that we can have the opportunity to perfect it by suggesting useful amendments during the committee's study.

I would like to share a very personal experience because I think that is the best entry point with this issue. Until recently, I was spared any major health problems, but not long ago, when I had a kidney stone that was relatively benign and easily treated, I had to cope with waiting six hours to get a drug that would alleviate my suffering.

When I shared my story with a few people I know, several of whom had had similar experiences, I saw how quickly people responded to suffering with sincere compassion.

Although this was a relatively minor health problem, for the first time, I felt, in my own body, the pain that may have been felt by my own parents, who both died of cancer. I spent as much time as possible with them when they had to move into a hospice. There is no doubt that their suffering was enduring and intolerable and that their health problems were grievous and irremediable. They met all of the criteria set out by the Supreme Court.

The workers in that hospice understood and still understand that no one should have to suffer while they are waiting to die when there are ways to relieve their pain, even though, in many cases, one of the side effects of the drugs is to precipitate death.

● (1550)

I have to say that when I remember the relief that I saw on my mother's and father's faces, I am inclined to support this bill and try to improve it.

This bill should be accompanied by a real national strategy on palliative care. In my opinion, some or all of the \$3 billion that the Liberals promised for home care during the election campaign should have been included in the most recent budget. However, that is not the case.

Government Orders

Cancer can strike at any age and often there is no hope of recovery. Many other diseases produce similar effects of enduring and intolerable suffering without necessarily being life-threatening.

That is why I am also concerned about the fact that in this bill, the government did not use the wording in the conditions set out in the Supreme Court's decision. The Supreme Court basically said that Canadian adults who are able to consent and who have a grievous and irremediable medical condition that causes enduring suffering that is intolerable to them have the charter-protected right to physician-assisted death. That is the crux of the Carter decision, which gave rise to the bill that is before us today, Bill C-14.

What is the government trying to do today with this fourth criterion that it added, whereby the natural death has to be reasonably foreseeable? I have to admit to the House that in my mind at least, this is confusing. The terms are hard to define, the likely commendable goal being to seek the broadest consensus, even though that consensus already exists. If not, we would not be debating this bill. The Supreme Court likely would not have ruled the same way either if it had not sensed the evolution of this society.

We are about to undermine the process with such a vague and mandatory criterion because the legislation tells us that to have access to medical assistance in dying, the person absolutely must meet the four criteria set out in the legislation. The first three criteria are easy to understand, but the fourth is exceptionally vague.

I hope to see this fourth criterion disappear during our discussions in committee. With it, we are about to force those who are suffering to again demonstrate the unconstitutionality of the legislation, leading us right back to where we are today. We are here now, so let us see the work through and do it properly. Let us agree to ensure that this bill complies with the Constitution, that it will not be challenged later, and that those who wish to use it can finally do so.

Other questions remain practically unanswered, which is why the work coming up in committee after the bill passes second reading, I hope, is so important. As we point out in our supplementary opinion attached to the report, the government must adopt an approach to legislating medical assistance in dying based on the following principles: protecting vulnerable persons; taking into account the ethical concerns of all medical professionals; guaranteeing equal access to medical assistance in dying; protecting the conscientious objection of health care professionals; and respecting jurisdictions.

My time is running out, so I will conclude by saying that the NDP's job is to clarify the ambiguous provisions in the bill, strengthen the bill to avoid charter challenges, and demand stronger commitments with respect to palliative care and mental health care services to protect the most vulnerable Canadians. I can sense this in listening to my colleagues and all members of this House.

I am prepared to take questions from my esteemed colleagues.

• (1555)

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I would like to put a different twist on this. We have heard a great deal about another component: the issue of

palliative care. There is merit to getting further insight and comments on the record with regard to that.

I know the member's background and, in particular, his political affiliation. Recognizing that the leadership in Ottawa needs to work with different levels of government to get something of equal value in every region of our country, I am wondering of the member would provide his thoughts on the importance of investing in palliative care. We might find situations where people make this decision, and one thing they take into consideration, no doubt, is what sort of palliative care there might be. Would the member like to comment on that particular issue?

[*Translation*]

Mr. Robert Aubin: Madam Speaker, I thank my colleague for his question.

Several aspects of Bill C-14 blur the line between federal and provincial health jurisdictions. As soon as we start talking about palliative care, we are talking about health care, which is a provincial jurisdiction.

Nevertheless, the federal government can still take a leadership role, especially with its health transfers, so that Canadians across the country have equal access to palliative care as part of the end-of-life care continuum. Naturally, this must be done in accordance with the provincial and territorial legislatures.

• (1600)

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Madam Speaker, it is kind of funny to hear government members say that palliative care is a priority for them considering that there is nothing for palliative care in the budget.

Can my esteemed colleague help us figure out what is going on?

Mr. Robert Aubin: Madam Speaker, I thank my colleague for his question. Unfortunately, my response will sound a little partisan, which is what I hoped to avoid on this issue.

That is the kind of response the government has been offering up since coming to power six months ago. The government members went on and on about middle-class tax cuts, but the cuts will not help anyone who earns \$45,000 or less. Those people are still not part of the middle class.

They say one thing but do another. What do people remember? Actions. During the election campaign, the Liberals promised to invest \$3 billion in home care, which includes many different services. I am sure some of that money could have been allocated to palliative care and incorporated into this bill.

Government Orders

Of the \$3 billion that was promised, not a penny showed up in the latest budget for any kind of home care. They seem to have postponed this important element. We have an aging population in Canada and Quebec, and we need to tackle these crucial issues.

[*English*]

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Madam Speaker, I cannot say I am pleased to join this discussion, because I think it is an issue that is very difficult for all of us as parliamentarians, as Canadians, to deal with these very sensitive issues. However, I do want to begin by thanking the constituents of Humber River—Black Creek. Many took the time to call or to write my office on the issue, or come by to see me, many in tears, talking and relating to episodes within their own family and their worries about what Bill C-14 would actually mean. As always, I appreciate my constituents' thoughts and the fact that they have taken an active role in what happens here because they understand that the debate here is going to impact on many of their lives.

As might be expected, the issue of medical assistance in dying is one that is difficult for many. The question is deeply personal, emotional, and even spiritual, and I understand and appreciate the concerns and challenges many have with the subject matter before us.

I, too, have struggled with these decisions, as have others. For example, I was deeply concerned when I was first confronted with the report of the Special Joint Committee on Physician-Assisted Dying. In particular, one of the areas I was concerned about was the idea that minors might be able to obtain medical assistance in dying. I was also concerned with the notion that doctors who, for legitimate issues of faith or conscience, oppose medical assistance in dying might be forced to participate in this process contrary to their personal beliefs. Both of these things would have made the bill clearly unacceptable to me.

Fortunately, Bill C-14 attempts to address these issues by seeking to find a balance in this legislation, the best approach to ensure that dying patients who are suffering unbearable pain have the choice of a peaceful death and that the vulnerable are protected. I still question whether we have done the very best job we could do. I know the committee worked very hard at this and spent many hours listening to people. I guess I am still looking to see if we can make it better. However, I have to acknowledge the extremely tight timelines we are under, and the House must contend with those deadlines or we will have no protection for anyone.

The Supreme Court decision and the parliamentary timelines over the past year have combined to thrust us into this time crunch that none of us would have preferred to be in. This does not change the fact that we are here now. Nor does it change the fact that the defeat of Bill C-14 would mean the current prohibition on medical assistance in dying would end. The fact is that the Supreme Court unanimously decided that Canadians suffering intolerably have the right to request assistance to end their suffering.

The issue before us is not if, but how, we do this. This is not a political issue for me, and I do not believe it is a political issue for anyone in the House. Like my colleagues, I have looked at this matter as a person, a daughter, a mother, a grandmother, and

someone who has watched many friends grapple with the complex, costly, and emotional challenges connected with terminal illness.

Palliative care, parental leave, family leave, and home care, while not directly contained in Bill C-14, must be part of the discussion, and they are. As I listen to the debate, it is clear that the matter is one that members are contemplating in a holistic way. I am pleased to hear again as part of the debate on this legislation that the government is committed to supporting quality end-of-life services and will continue to work with provinces and territories to improve palliative care for everyone. That means we will engage with the provinces and territories to support the development of a pan-Canadian monitoring system to collect and analyze data, monitor trends, and publicly report on medical assistance in dying. This helps to assure us that the government's approach is one of caution, one that is seeking a balance.

I also need to acknowledge the parliamentary secretary's verification that the government will work with the provinces and territories to explore mechanisms to coordinate end-of-life care for patients who want access to medical assistance in dying, while respecting the personal convictions of health care providers.

• (1605)

This is important because it would ensure that the concerns raised by many within the medical community would be addressed.

I mention this for a key reason. Canadians want religious freedoms to be protected for all Canadians, including doctors. Canadians also expect their government to respect and defend the Charter of Rights and Freedoms. Bill C-14 would attempt to do this while putting safeguards in place to protect the vulnerable as well.

Again, the Supreme Court of Canada unanimously decided that Canadians who are suffering have the right to medical assistance in dying. This means that the issue before us again is not if but how. After extensive consultation and extensive work by the committee, the government is proposing a framework that considers different interests, including personal autonomy toward the end of life, the protection of vulnerable persons, and the rights of conscience.

Access to medical assistance in dying, as envisioned under Bill C-14, would be available only to those who meet these conditions: mentally competent adults who are in an advanced state of irreversible decline in capability; who have a serious and incurable illness, disease, or disability and are experiencing enduring and intolerable suffering caused by their medical condition; and who have deaths that have become reasonably foreseeable, taking into account their condition.

For me, this is not just a discussion about the extension of life, nor should it be exclusively a decision about prolonging one's death. In instances where the end of life is near, the court has spoken and Parliament must now step up. If we fail to take action, we know the consequences, so doing nothing is not appropriate.

Government Orders

In order for me to support Bill C-14, I need to be assured of the government's firm and unwavering understanding that it will continue to support quality end-of-life services and will work with provinces and territories to improve palliative care. Again, end-of-life care is not just about medical assistance; it is about so many other things.

We have to remember Dr. Low in Toronto and his appeal by video to end his own life. We remember Sue Rodriguez. We remember all of those. Do I have a right to decide who dies and who lives, or that someone should endure the kind of pain that many are suffering? What would I do if my husband had ALS and begged me to end his life because he could not stand the pain? Do I have the right to say no? However, I also believe that it is God's right to call us all.

Bill C-14 is attempting to deal with a very difficult issue for all of us and for Canadians. Let us get it to committee. Let us see if we can make it stronger and make it better so that we are putting the emphasis on the palliative care and on the kinds of drugs that would eliminate the pain and make people more comfortable, so that none of us will have to make that decision.

• (1610)

Mr. Mark Warawa (Langley—Aldergrove, CPC): Madam Speaker, I listened intently and I want to thank the member for her speech. She brought up Dr. Don Low who was a microbiologist who died from brain-stem cancer. She mentioned his suffering. In fact, he was not in pain and he died in the arms of his wife eight days after making that video. However, he would have qualified because he was at end of life. He was not physically suffering, but he was suffering and when we asked what was the suffering, it was that he had lost control of bodily functions.

We heard last night at the justice committee that somebody who is in an adult diaper who is suffering dementia is seen as somebody in a pitiful state. My mother-in-law, a wonderful person, had dementia and was in a similar state but I did not see her as pitiful. Would the member see somebody who has dementia and is in an adult diaper as suffering and being in a pitiful state?

Hon. Judy A. Sgro: Madam Speaker, they might be in a pitiful state. However, that does not mean that one would end their lives because they are in a pitiful state. In our eyes, there are a lot of people who are in a pitiful state when we look at them. However, nobody says that they necessarily want to end their lives. We may not like to see them suffering and reduced to a pitiful state, as the member called it, but they do not necessarily see that. Therefore, what we are trying to do is find that balance.

I hate the idea that anyone would be in such pain that they would ask to have his or her life ended. I would like to make that person as comfortable as possible and help him or her in every way we humanly can. I do not want to see a whole lot of people saying that their lives are miserable and that they want to end them. There are a bunch of conditions in Bill C-14. They would have to get two opinions. There is a whole list of things. Therefore, it would not be done casually. However, it is all in the eye of the beholder.

I do not want to make this easy, and I do not think Bill C-14 does that. It is trying find a balance that is fair for people to be able to make a decision if they are in a horrific situation. My seatmate may be in that situation.

What would the member say if he was asked and the person fit the conditions? I am not sure.

Ms. Sheri Benson (Saskatoon West, NDP): Madam Speaker, I want to thank my hon. colleague for her comments and her openness to look at and share the fact that we do need to move forward on the how, and that the government needs to be open to amendments and ensure that what we find at the end is compliant with the case so that people can move forward in a good and positive way.

The member also commented on people sharing their beliefs and views. Of course, I have had those in my office as well.

One thing that is important to me, and I would welcome her comments on, is including provisions to protect health care providers. For many people it is a faith-based decision. We need to protect their rights and ensure that this is included in the bill so that those folks, and the people who are supporting them, feel comforted that it is there and their rights are protected.

Hon. Judy A. Sgro: Madam Speaker, certainly a fundamental part of the bill is rights and freedoms for everyone, including those in the medical profession who would be asked to assist people who qualified under the conditions of Bill C-14; with respect to those aspects of it they would have to be. However, they have rights to be protected as well, and the bill has to ensure that it is protecting the rights of our medical professionals.

* * *

• (1615)

[Translation]

MESSAGE FROM THE SENATE

The Assistant Deputy Speaker (Mrs. Carol Hughes): Before resuming debate, I have the honour to inform the House that a message has been received from the Senate informing this House that the Senate has passed Bill S-208, An Act respecting National Seal Products Day, to which the concurrence of the House is desired.

* * *

[English]

CRIMINAL CODE

The House resumed consideration of the motion that Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), be read the second time and referred to a committee, and of the motion that this question be now put.

Hon. Kevin Sorenson (Battle River—Crowfoot, CPC): Madam Speaker, it is always a pleasure to stand in the House to debate the issues of the day, although this is not one that I would have ever chosen to debate in the House. It has been debated before a number of times. Each time it was defeated, and each time it brought me a certain degree of relief when it was.

Government Orders

I want to thank the many constituents of Battle River—Crowfoot who have contacted me about the issue of doctor-assisted suicide. This issue has been raised a number of times, as I said, and every time my constituents have been very vocal in their opposition to making assisted suicide available.

There are some who disagree and are willing to support efforts to make assisted dying available in very limited circumstances, but the vast majority of my constituents in Battle River—Crowfoot, and, I dare say, most Canadians, do not want to unleash doctor-assisted suicide on our country. Why? It is because we have seen what has happened, to be quite frank, in other countries, how it started, and where it is now. I am not sure if we are going down any different road.

One of constituents from Bashaw, Alberta, sent me a letter and a paragraph in that letter sums up how things seem to be going. I will quote what was said. The letter states:

We want students to make responsible decisions for themselves about all manner of things from sexual activity to career choices to not inflicting self-harm. At the same time, we tell them they are only advanced animals with no eternal purpose. On the reserves, especially, we talk about our respect for the Elders and then as a broader society we discuss how we can help our elders kill themselves. We encourage youth to stay away from drugs and excessive alcohol consumption. Then we discuss how to legalize marijuana.

Here we are today with the Liberal government forcing us to pass a law that would legalize doctor-assisted suicide. We should be talking in the House about palliative care and end-of-life treatment. Did we hear that or see a line item in the budget? No, not a mention.

We should be providing funding to improve and provide palliative care to our aging population in our cities and rural communities. The previous Conservative government started the consultation. After the Carter decision, many submissions were made by Canadians. It is a difficult issue in households across Canada for families who face this and confront the issue. It is a very controversial and highly emotional issue.

Many Canadians believe that the Supreme Court's decision in the Carter v. Canada case is another instance of judicial activism. That was stated in many of the letters received by my constituency office. The court struck down the criminal laws against physician-assisted dying. Many Canadians supported the laws against doctor-assisted suicide. There was a very small group asking for this, the smallest of minorities, but the Supreme Court gave these special interest groups what they wanted.

I believe the Liberal government has shirked its responsibility to educate Canadians on what we are debating. There has not been enough consultations with individuals, groups, and experts. Even today, in the midst of this debate, which has been a good debate, the Liberals tried to shut down the debate. The Liberals have not taken into account a range of interests in Bill C-14, such as those advocating religious freedom. The previous speaker talked about the conscience rights of physicians and health providers and many are advocating for safeguards to protect the vulnerable. This bill is not a compassionate approach that considers all pertinent interests.

I do not believe the Special Joint Committee on Physician-Assisted Dying did a sufficient study. Quebec studied this issue for six years. Other countries studied it for years. However, the court has

given Canada only a matter of weeks of study. The committee did not study what happened in other jurisdictions where we have seen this brought forward. The special joint committee heard from pro-euthanasia lobby groups. It had some of the pro-euthanasia groups appear on three separate panels.

An hon. member: Three times.

Hon. Kevin Sorenson: Madam Speaker, three times pro-doctor-assisted suicide groups testified, but the committee did not hear from any anti-euthanasia advocacy groups.

• (1620)

Now the government is telling us that the justice committee, during its hearings, will allow amendments. The Liberals say that the committee can make amendments and better define things like conscience rights, or what happens when a doctor refuses to assist a person to commit suicide. The committee may look at the term “reasonable foreseeable death” or the issue of advance consent. However, I have no faith in the Liberal-dominated committee that will hear Bill C-14.

Today the Liberals are in a hurry to pass the bill and send it to committee. I have served and chaired many committees, I have seen how witness lists have been tightly controlled. I do not believe the views of average Canadians will be heard at this committee. I do not believe the religious community in Canada will even be given the chance to testify. I think we will see a Liberal-dominated committee that will turn down all amendments that might change the bill.

We already saw that at the previous special joint committee. That is why the official opposition had to table a dissenting report to the conclusions of the committee. We listed the problems that must be addressed. I am thankful for some of those issues being addressed in Bill C-14.

There is a void in Canada, and elsewhere for that matter, on behalf of people who do not ever deal with death and dying on a day-to-day basis. Many are in absolute fear of dying. It is the great unknown. There is a chance there will be unbearable pain and suffering, many people believe. We do not know.

Palliative care experts tell us that it is possible to find balance in the human body. The human body is very good at shutting itself down, and palliative care is all about assisting each individual in that process compassionately.

My daughter and wife both serve as nurses. They have been at the bedsides of those who are dying and have compassionately cared for them, making certain that pain is addressed, or that there is very little pain in some cases.

The provinces will decide certain questions on the bill. Health services are, as we know, a provincial jurisdiction. The government knows this and it is trying to wash its hands of some of that issue. In fact, the Liberal government knows there are going to be many problems within the bill when we move forward to the next level and try to get unanimity among all the provinces and territories.

Government Orders

The government has already said that it will continue to study the issues of doctor-assisted suicide. Some have said that we will continue to study the issue around mature minors. Will they someday be able to receive assisted suicide, or people with mental illness? The government is going to study that as well as advance requests.

We know we live in a time where there is a slippery slope. Here we are debating Bill C-14. Most of us think those are the parameters today, but what will they be tomorrow? If it is a right today for some people to have doctor-assisted suicide, why is it not then a right for someone else? How long do we think it will before the courts take that one on and change what we may very well want to implement here today? I think it is a concern for people on both sides of the House. It is not good enough, so we need to do some of this work before we talk about the many other things.

There are a couple of areas of concern with the bill that need to be addressed at committee. Canadians need to be certain that physician-assisted dying is limited to competent adult persons 18 years of age and older. We need to ensure safeguards for vulnerable persons and confirm their capacity to make decisions about their life or being killed. We need conscience protections for physicians, and this is the big one.

We need conscience protections for physicians, nurses and other medical practitioners who oppose physician-assisted dying. Once Bill C-14 is passed into law, without conscience protections, euthanasia and assisted suicide will enter the standard of care.

• (1625)

I should have spoken more quickly, because I have about five more pages. It is a heartfelt issue. I believe in the sanctity of life.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Madam Speaker, I want to assure my colleague across the way that in our group, we have taken all of these concerns to heart.

I heard a lot in the discussion about political motives. We do not have any political motives other than having to answer the Supreme Court's request that we present a bill by June 6. One should not be predicting what the outcome of a committee will be. We are approaching this, I believe, in a fair, honest, and principled way.

The question I have is as follows. What is it, so far, in the bill that says we are making someone do something they do not want to do? Is there something in the bill that sounds like we are making someone do something that they do not want to do, whether it is to take some sort of medicine to end their life or to provide the service?

Hon. Kevin Sorenson: Madam Speaker, I do not think I talked about the motives of the government a lot in my speech. We all understand the government is doing this because the Supreme Court made a decision and directed us to do it. I am not saying there are certain political motives. Forgive me, if it came across that way. I certainly did not mean to say that.

However, I am skeptical. I am very pleased when I hear the member say that he believes in good faith that amendments will be taken at committee, and that in good faith we will hear from all different types of witnesses. To be honest, I have seen in the past where it has been shut down. We saw it in the joint committee. It was a very narrow group of witnesses to which the committee was able to listen.

On the member's other question, which was—

The Assistant Deputy Speaker (Mrs. Carol Hughes): We do have to get to another question. Questions and comments, the hon. member for Essex.

Ms. Tracey Ramsey (Essex, NDP): Madam Speaker, this issue is something with which all of us are grappling, those who live in our riding, our family members, and friends.

The member mentioned palliative care and the fact that there was absolutely no money allocated for it in the budget. I believe a strong palliative care goes hand-in-hand with this bill.

Could the member speak to the ways that a commitment from the Liberal government could ensure that people have the option of palliative care when they are at the end of their life?

Hon. Kevin Sorenson: Madam Speaker, again, we have an aging population in the country. More and more people are living longer. Health and medicine, as well as many other things, are prolonging life.

We need to be aware of that, and we need to ask what it will look like 10 years down the road. We need to start having a stronger commitment, right now, toward palliative care so when decisions like this need to be made people have an alternative. To be quite frank, if I had seen a line item in a budget that said that because of the Carter decision, the government would now focus on palliative care, I would have applauded that.

In the last government, we started consultations on palliative care. In fact, the Leader of the Opposition, who was health minister at the time, started consultations on Alzheimer's patients, palliative care, and long-term care. Again, we were looking forward to this type of debate.

Obviously on all sides, as we live out our lives, we want to know that the end is going to be lived as comfortably and compassionately as a society like ours should be providing.

• (1630)

The Assistant Deputy Speaker (Mrs. Carol Hughes): It is my duty pursuant to Standing Order 38 to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Montcalm, Physician-Assisted Dying; the hon. member for Regina—Lewvan, Employment Insurance; and the hon. member for London—Fanshawe, International Trade.

Resuming debate, the hon. member for Edmonton Strathcona.

Ms. Linda Duncan (Edmonton Strathcona, NDP): Madam Speaker, key among the considerations lying at the centre of the debate on Bill C-14, physician-assisted dying, is the ruling made in February 2015 by the Supreme Court of Canada in the Carter case, striking down sections of the Criminal Code that prohibited the provision of assistance in dying on the grounds that they were unconstitutional as they violated parts of article 7 of the Charter of Rights and Freedoms that "everyone has the right of life, liberty and security of the person".

Government Orders

The court ruled that the Criminal Code provisions were of no force or effect to the extent that they prohibited physician-assisted death for a competent adult person who clearly consented to the termination of life and had a grievous and irremediable medical condition, including an illness, disease or disability, that caused enduring suffering that was intolerable to the individual in the circumstances of his or her condition.

The court then suspended the declaration of invalidity for a year and in turn granting to the current federal government an additional four months to June 6 of this year, after which the Criminal Code offences would become null and void.

Clearly, action is necessary to uphold our constitutional and charter rights.

Also, it is important to give consideration to the recommendations by the all-party Special Joint Committee on Physician-Assisted Dying struck by the government and mandated to review the report on the external panel and options for a legislative response established by the former Conservative government, and to make recommendations on the framework of a federal response that would respect the constitution, the charter and Canadian priorities.

The committee recommendations are based on the testimony of a wide diversity of witnesses and review of parallel legislation enacted in other jurisdictions, including Quebec.

The committee considered a great many critical issues, including: Should there be a condition based on age? How will the law protect the vulnerable? Should the law recognize advance medical directives? Should the law impose waiting periods? Should the law enable conscience objections by health providers? What is the correct terminology to apply? What are the respective jurisdictions of federal and provincial authorities? How do we ensure equal access to these medical services, and the need to expand access to palliative care, including on the NDP call for a national strategy?

The challenge before us is to determine whether Bill C-14 clearly and properly addresses these matters.

This is a highly personal and emotional topic for all members in this place and frankly all Canadians facing life and death decisions. Members of my own immediate family struggled in their last days. My younger sister suffered a painful extended period prior to her death, even where some palliative care was available. My older sister suffered a lesser quality of existence for far too many years because the only accommodation for younger, chronically ill patients was an extended care facility for seniors.

Our governments must deliver on promises for expanded palliative care for all, and housing for the chronically ill and disabled. This access is surely also a charter right.

I have carefully considered the letters and conversations with my constituents who have expressed a wide range of views and perspectives on the matter of medically assisted dying. What I found discouraging is the lack of full understanding by many I have spoken with, and the misinformation being provided to them about the implications of the Supreme Court decision, and in particular, those who have expressed opposition to the enactment of a law on providing medical assistance to the dying.

I hosted a meeting in my constituency with my colleague, the MP for Victoria, the co-chair of the special joint committee, to provide an opportunity to understand the background to Bill C-14, including the ruling by the Supreme Court, the report of the special joint committee and the tabled bill.

I have been deeply impacted in my views by meetings with a constituent suffering deeply with a fast-paced diagnosis of ALS, already unable to speak and desperately hoping to be able to gain assistance in his death when he determines it is the right time for passing.

I have heard from constituents concerned that the bill reduces the rights of Canadians to choose an assisted death, while others expressed concern the bill would increase risks to the disabled. I must share that by far the majority of views expressed to me, including at my public forum, have expressed concern that the bill does not go far enough in upholding the directions by the Supreme Court to uphold the constitutional and charter rights of Canadians.

• (1635)

How well does Bill C-14 address these key needs and concerns? The bill does set forth a basic framework for decriminalizing medically assisted deaths, including right of access. However, instead of following the recommendations of the Special Joint Committee on Physician-Assisted Dying to adopt the clear and precise terms set forth by the Supreme Court to determine access to medically assisted death, this bill would add further onerous, and frankly nonsensical qualifiers. Most notable is the requirement that a person's natural death has become reasonably foreseeable. Surely that is the case for every human being on this earth.

The Carter family, who was the subject of the Supreme Court ruling, has spoken out strongly against these added criteria. Worse, it is the opinion expressed by numerous legal experts that these additional criteria lack legal certainty and would inevitably force already suffering patients to return to the courts or to travel overseas or to kill themselves. None of these options present a compassionate alternative or uphold our constitutional and charter rights.

I would like to share briefly some words that a constituent sent me:

Nineteen years ago, I watched my 87-year-old mother spend three weeks in severe pain as cancer ate her alive, begging to be put out of misery. The proposed law on medically assisted dying is 19 years too late, but at least it will spare others in similar condition. Unfortunately, it doesn't cover those whose death is not imminent but who have medical conditions that are causing them intolerable suffering. That must be rectified before this law is passed.

A second widespread concern expressed to me is the failure of Bill C-14 to provide for advance directives. I am aware from my discussions with Alberta officials that this is a matter of grave concern to Albertans, many of whom are erroneously of the belief that their personal directives cover medical intervention. Many of my constituents have asked me to demand that this right be extended. Again, I quote from a constituent's letter:

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I would like to have the ability to have an advance directive that would stipulate the conditions under which I would want to have my life ended. At the point I would want assisted death, I may not have the mental or physical capacity to restate my wishes. If this bill passes without the proposed amendments, my only option will be to go to the river valley some minus-30 night and freeze to death. This, of course, will create stress on my family, the community, and police as they search for my body.

Others have expressed concern that the law would fail to prohibit hospitals or other institutions from denying access to medically assisted death on the grounds of religious beliefs. While they accept that individual medical practitioners should be extended that right, they strongly believe there should be a duty to refer to another practitioner, and preferably for the delivery of services within the same institution. This would be the compassionate decision, given the dire state of many who would be making this request.

While the Special Joint Committee on Physician-Assisted Dying agreed to a waiting period between the request and delivery of the services, many have expressed concern that Bill C-14 would require a 15-day wait period. Much more preferable would be a waiting period as determined by the medical practitioner, based on the circumstances of each case. I can speak from personal experience that to require a suffering sibling to hang on with severe pain for more than two weeks after making the decision to let go is nothing less than cruel and unusual punishment, and surely offends one's charter rights.

The bill will provide protections to practitioners and afford protections for the disabled. What it would fail to do is extend clear rights to Canadians to determine their own fate within reasonable parameters. Equally disappointing is the failure of the current government to include in its budget the promised dollars for palliative care for all Canadians.

I will vote for this bill at second reading to be considered by a committee. However, I implore the government to ensure that our concerns, the concerns expressed by our constituents and by all Canadians, be considered by the committee members who are undertaking simultaneous review, and to give fair and full consideration to any recommended amendments.

● (1640)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, the member ended her comments about palliative care and asked the government to make a commitment toward it. It is important for us to reinforce at times that there is a very substantial commitment that has been made in terms of the future of palliative care. Contrary to what the Conservatives might say, it actually is in the budget. All one needs to do is to read it. If they have lost their copy, I am more than happy to provide them with a copy of it.

My question is related to the fact that we have a Minister of Health who has made a commitment to work with provincial stakeholders and others to try to develop that cross-Canada palliative care program. I am asking for the member to provide comment. Would she not agree that the government has an obligation to work with the different provinces that administer health care, whether it is palliative care, home care services, independent, and so forth, and that it is in fact what we are witnessing today?

Ms. Linda Duncan: Madam Speaker, my hon. member's question gives me an opportunity to raise this issue. The federal government does not have to confer with provinces and territories in those areas where it is directly responsible for medical services to our military, first nations, Métis, and Inuit people. How about starting with delivery of the requirement by the federal government to provide access for palliative care for all those it is responsible for?

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Madam Speaker, to follow up on the palliative care question and whether it is mentioned in the budget, I would ask my colleague to give me the page number. I would be glad to look it up for myself. I can point in the platform to where it was clearly indicated that immediately Liberals would invest \$3 billion in palliative care, but I do not see it in the budget.

More importantly, would my colleague agree that in the legislation we could insert an amendment that would require that for all those requesting physician-assisted suicide, it be mandatory that they at least have a palliative care consultation before they proceed with the physician-assisted suicide?

Ms. Linda Duncan: Madam Speaker, I am sorry, I would not agree to that requirement because we know that less than 15% of Canadians have access to palliative care. Essentially that would be a means of denying medical assistance access to Canadians.

Even in the case where my sister had access to palliative care, there were many aspects. For example, she had no access to a psychologist or a sociologist, although there was a social worker who was available in the cancer clinic. However, because they were not doing direct medical intervention, they kicked her out of the cancer clinic. Even with palliative care, she was suffering unendurable pain. Pain is a very personal experience, so even where there were wonderful doctors and caregivers, she was in such extreme pain that she could not be touched.

I do not agree with that as a condition. Nonetheless, I do agree that there is an obligation on the government, and it would have been nice if the previous Conservative government had in fact funded palliative care.

[*Translation*]

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Madam Speaker, I want to thank my colleague for her very touching and personal speech and the concrete examples she shared.

My question has to do with the specific case of people who have degenerative diseases. The special joint committee recommended that these individuals be able to state their final wishes through advance written directives, while they still have the legal capacity to make decisions. At some point, they will lose the capacity to express their wishes for their end of life. The committee made that recommendation, but the government did not include it in the bill.

Is this an amendment that could improve the bill?

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•(1645)

[English]

Ms. Linda Duncan: Madam Speaker, I mentioned that directly in my address. If there is one topic that is of greatest concern to my constituents who have raised this over and over again, it has been the right to provide an advance directive. During the open dialogue that I sponsored in my riding, many of my constituents were horrified to discover from a lawyer who was present that while they thought they could provide an advance directive, it only covers their financial situation.

I have since talked to the medical doctor who is an elected member of the Alberta legislature and is pursuing this, and I am hoping that between the federal and provincial governments, we will actually provide this opportunity. It is the only compassionate direction in which to go.

[Translation]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, in my colleagues' interventions, there is sometimes a presumption, it seems, of malfeasance when it comes to the health care system. When the slippery slope argument is invoked, it is as though people think that health care providers do not need to be caring and compassionate, first and foremost, in order to be hired. If that is not the case, they should be thanked and let go. I find it strange that so little consideration is given to health care providers.

We have talked a lot about vulnerable individuals. Those are precisely the people the Supreme Court was trying to protect. The Supreme Court indicated that people with degenerative diseases, who have a grievous and irremediable condition, who are experiencing intolerable suffering, should have access to medical assistance in dying, under section 7. It is pretty remarkable to see that all the rights in section 7, namely, the right to life, the right to liberty, and the right to security of the person, are affected by the total prohibition.

The Supreme Court wanted to protect people in an extremely vulnerable situation. When we talk about protecting the vulnerable, who and what are we talking about? It is as though, when someone enters into a continuum of end-of-life care, they are given the choice from the outset between an injection and comfort care. There is a presumption that should not be there.

What the Supreme Court is asking the legislator to do is to provide a framework for assisted suicide, in other words, for all those whose natural death is not reasonably foreseeable. Those people do not need palliative care. What they need is legislation that frames the provisions to allow them to die with dignity, according to their wishes, and on their terms. That is the essence of the debate.

Yesterday in committee, the Barreau du Québec told us that Bill C-14 was not in line with the Carter decision. Last week, the Carter family's lawyer told us that Ms. Carter would not have been entitled to medical assistance in dying. How can the government claim that she would have been entitled? That was the response in committee by the Minister of Health and the Minister of Justice. Did they get an outside opinion?

The Barreau du Québec just said that this bill, because of the totally vague criterion of "reasonably foreseeable natural death", will

make this legislation a legal hornets' nest. I hope that after all this energy we are putting into this debate we will not end up with endless court challenges. The Barreau du Québec sounded the alarm yesterday, as did the Carter family's lawyer. The bill is telling people who have a degenerative disease and are suffering immensely that they cannot make an advance directive.

•(1650)

People with degenerative diseases, such as multiple sclerosis, ALS, and other cognitive diseases, are not suicidal. They want to live as long as possible until their condition becomes intolerable to them. It is not up to us or anyone else to decide what is or is not tolerable suffering for a person. How could we presume to do so?

We have to protect these people from extreme suffering and a society that is basically trying to make decisions for them.

If Kay Carter did not have access to medical assistance in dying, and if advance requests are not allowed for people with degenerative diseases, then it seems as if this bill does not treat all grievous and irremediable medical conditions that people might have the same way.

The minister says that Kay Carter would have been entitled to medical assistance in dying under the reasonably foreseeable natural death provision. Exactly what does "foreseeable" mean in this case? Does it have anything to do with her age? I hope that we are not talking about age discrimination here. Spinal stenosis can be intolerable at 52, 62, or 82 years of age. Age is therefore not a criterion.

If we want to be thorough, we absolutely must provide a framework and amend the bill to include advance requests.

Furthermore, we must remove the criterion of reasonably foreseeable natural death. Even in a situation as clear as someone in palliative care requesting death, this is not a natural death. Yes, the process of death is irreversible. The patient wants to put an end to the irreversible process of a slow death. It is up to patients to decide whether this is what they want. It is their choice.

However, claims that patients will be forced to make a decision have no place in this debate. This is not the case. I have heard members say that this is frightening and that we should invest in palliative care. As I said this morning, palliative care is important, and the Quebec law addresses this issue, among other things. What about assisted suicide? These people do not need palliative care. They do not need it and we do not need to invest in palliative care to fix their problem. We simply need to respect their right to self-determination.

That is why advance requests are so important. These people do not want to move forward without the assurance that they will be cared for. We are not the ones to decide for them. They will decide.

Of course, sometimes there are people who suffer from insomnia. Things can happen in an instant one night. You go to bed at night and everything is fine. When you get up in the morning everything has changed. For that reason, we have to amend the bill. We must also amend the bill to include an equivalency clause, as I mentioned this morning.

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The debate lasted six years in Quebec. Quebec's legislation provides a very good framework for end-of-life care, and it would be unacceptable for this bill to interfere with the Quebec law. That is why we are insisting on these amendments.

• (1655)

[English]

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Madam Speaker, I was not going to ask a question, but I could not let this opportunity pass me by.

I would like to ask my colleague this question with respect to advance directives. Let us say that someone signs an advance directive when he or she is first diagnosed with dementia, for example, and later on has a change of mind. However, once that person is in a demented state, he or she is unable to sign a request and therefore has to follow through. Is the member not concerned that there could be the potential for people to die needlessly if in their present state they are enjoying life, but when they signed the advance directive they thought they would not be? My concern is that an innocent person could die due to an advance directive, and for me, that would be one too many. I would like my colleague to comment on that.

[Translation]

Mr. Luc Thériault: Madam Speaker, my colleague and I are not health practitioners. I am not a doctor or a researcher specializing in degenerative diseases.

What I do know from my lengthy career in bioethics, is that people with degenerative diseases want society to allow them the option of not living with extreme suffering. There are always means of communicating. There are people who can use signals. For example, some people have written books by blinking. An individual could prepare an advance directive and indicate that a particular signal means “yes”. Before getting to that point, I would hope that the required steps are taken. There is a way to regulate advance directives, instead of believing that a person's wishes will not be respected.

[English]

Mr. John Barlow (Foothills, CPC): Madam Speaker, I rise today to speak about what I think is one of the most important issues that we will ever face in this Parliament. I know this is going to be a very difficult debate in the House, as physician-assisted suicide and euthanasia are deeply emotional not only to us in the House but obviously to our constituents.

First of all, I would like to say that I am very relieved to see addressed in Bill C-14 some of the concerns that were raised by my Conservative colleagues and Canadians across the country.

The recommendations included in the report from the Special Joint Committee on Physician-Assisted Dying were extremely troubling and went well beyond the parameters outlined in the Supreme Court's Carter decision. My Conservative colleagues and I, as well as Canadians across the country, voiced our concerns on the far-reaching recommendations in the report, and we urged the Liberal government to tighten safeguards in this legislation.

My constituents were concerned with the broad and vague guidelines in some of these recommendations. Like many of my

Conservative colleagues, I felt it was very important to discuss these recommendations with my residents, and I held several open houses across the constituency. I held these open houses because I felt it was critical to get feedback from southern Albertans on their feelings on doctor-assisted dying.

However, I also thought it was important to raise awareness about some of the recommendations that could potentially be part of the legislation before us. Initially, I think we saw that the vast majority of Canadians supported doctor-assisted dying, but I would like to say that I think the vast majority of those Canadians who support it were unclear about what could potentially be part of the legislation.

I think in their minds, they saw doctor-assisted dying as involving an adult suffering with a terminal physical ailment, and that became abundantly clear at the open houses that I had in my constituency, which had anywhere from 30 to 300 people, including many of my rural physicians. Almost every single person at these open houses—supportive of doctor-assisted dying or not—was shocked at the potential that could have been in the legislation upon seeing the recommendations that were part of that special joint committee.

These people certainly did not expect that doctor-assisted dying would be available to mature minors. They certainly did not expect it to be available to people suffering from mental illness. They also expected that there would be protection for physicians on decisions of conscience, and very strict guidelines around advance directives. Since I held those open houses and started to raise some awareness within the constituency with my residents, I received hundreds of emails and letters from residents who are very concerned about the potential ramifications in Bill C-14.

Generally, people in Foothills want to make sure that vulnerable people in our society are protected in the legislation, and I believe Canadians want the same. I am pleased to see some of the concerns that we raised are included in Bill C-14, which did not include mature minors and did not include people with mental illness. However, the legislation says that those things will still be studied, which means the door is wide open for mature minors and people with mental and psychological illnesses to be part of the legislation in the future.

However, there are still some other issues that I think were not addressed, such as protection for our physicians in decisions of conscience, and palliative care. In all the meetings I hosted, palliative care came up repeatedly. Many of my residents feel that palliative care was truly never addressed as part of the legislation.

We are blessed to have a facility in my riding, the Foothills Country Hospice. I have toured this facility many times and spoken with patients and their families. I could see that the hospice has been a godsend—I got that from their responses—and has become such a wonderful, important part of our community.

Accessible, consistent, and effective palliative care programs across the country would consistently support people in their end-of-life care. Unfortunately, palliative care is not offered on a consistent basis across this country. The report recommended that palliative care be an integral part of doctor-assisted dying legislation, and this is one recommendation in the report with which I wholeheartedly agree.

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If we proceed with medical-assisted dying, palliative care must be a fundamental piece of this program. However, palliative care was not mentioned in the 2016 budget, nor has there been any funding whatsoever committed to a national palliative care program.

Foothills residents also spoke resoundingly about the need to protect physicians' and other medical professionals' rights of conscience. Overwhelmingly, my constituents felt that no one should be compelled to administer physician-assisted dying if doing so was contrary to their personal beliefs and ethics. Additionally, almost everyone who spoke to me recognized that referring a patient to another physician to assist in their death does not absolve that first physician from the ethical dilemma.

• (1700)

In my riding of Foothills, the rural towns have one or two, if any, doctors. Imposing on a doctor in a rural community to participate in doctor-assisted dying puts those rural physicians in a very difficult position in those small towns. They need to have a choice, and we need to show leadership to give them that choice. We cannot download that burden on to provinces or the provincial colleges of physicians and surgeons. Physicians across Canada need our support and our leadership, and that should be part of Bill C-14.

In addition, there needs to be some support structure for physicians who would be participating in doctor-assisted dying. They would be facing mental health issues, as we are now seeing in Quebec. We must ensure there are programs in place to support our physicians in dealing with the potential emotional and mental scars of participating in doctor-assisted dying. Canadians want to achieve a healthy balance between the person seeking physician-assisted death and a physician's own charter rights to abstain from this procedure if it violates the physician's moral ethics and faith.

The Supreme Court came up several times in conversations I had in my riding. Residents are frustrated that the Supreme Court would presume to dictate a law upon parliamentarians. Canadians understand we elect parliamentarians in our country to make laws and the Supreme Court is in place to rule on the constitutionality of those laws. They do not understand, however, why the Supreme Court, an unelected body, is now dictating law to our elected House of Commons and why it is implementing such an unreasonable timeline to come up with the law. My constituents and, I believe, many Canadians are understandably upset that this is how physician-assisted dying came forth.

What does this have to do with this debate? This inversion of the process has left parliamentarians and Canadians scrambling under an unreasonable timeline to develop a complicated piece of legislation that not only ensures that the rights of all involved are protected, but also that the safety of our most vulnerable is also protected. This conversation and public debate simply require more time than has been afforded us currently.

Usually at the end of any of my speeches in debate I encourage hon. members of the House to either vote in favour or against whatever piece of legislation we are debating. Today I am not going to do that. I believe the first priority in this is to ask the Supreme Court for more time. This is one of the most important decisions that we will ever make as parliamentarians, and I truly believe this is a decision that should not be made on an arbitrary timeline. The

consequences of this legislation are irreversible. If we make a bad choice now, someone may die who should not have. Canadians on both sides of the issue deserve better. In fact, they deserve our best.

The government has failed on this issue by not challenging the Supreme Court on this timeline. When Quebec developed similar legislation, it took more than six years. We are trying to do something similar in six months. This type of legislation should not be done in weeks. It should be done over a complete mandate of a government.

As parliamentarians, can we honestly say that we have had an opportunity to consult and speak with all stakeholders? Can we really say Canadians have had enough time to digest the implications of the bill and have been given sufficient time to provide feedback to their representatives?

The Supreme Court's decision has made it clear that we will have doctor-assisted dying. As a member of Parliament, my focus here is to ensure that there are sufficient safeguards in Bill C-14 to protect the most vulnerable in our society: children, people with disabilities, those with mental health issues, and our seniors.

Can each of us in the House look our constituents in the eye and say we have done our due diligence in just a few weeks? Can we say with confidence that the safeguards in the legislation are properly in place to protect those who need our support and our help? In the short amount of time we have been given, I simply cannot make that claim.

Unfortunately, it appears the government is not going to ask for an extension. In fact, it is no longer even putting up speakers to participate in the debate. On one of the most important issues that we will face as parliamentarians, the Liberals are not even participating. They are silencing the voice of Canadians who desperately want to talk about this important issue.

I hope we all take the opportunity in the time that is left to speak to our constituents, get their feedback, raise the awareness, talk to them about what the implications of the legislation are. I know people in my riding are extremely split on where they want to go with the legislation. I hope the other parties in the House will follow the Conservatives' lead and allow all of us to have a free vote and speak for our constituents.

• (1705)

Mr. Arnold Chan (Scarborough—Agincourt, Lib.): Madam Speaker, I know there is a complaint that we are not allowing debate on this particular matter, but we have certainly extended the courtesy and opportunity for all members who want to participate in this particular process to do so.

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The deadline of June 6 is one that was imposed by the court. We as a government and the Minister of Justice asked for a longer period of time. The court denied it and decided that June 6 was the deadline with respect to Parliament having an answer to the Carter decision.

I ask my friend how we ultimately get around this particular problem of the deadline that was imposed when his party was in government and did nothing last year.

Mr. John Barlow: Madam Speaker, it is great to see my colleague back in the House.

I appreciate and understand the tight timeline, but the Liberal government had opportunities to ask for another extension. Can we honestly say that we can accomplish what we have been asked to do in just a matter of weeks, when every other jurisdiction has done this over a matter of years? It is more important that we get this right than it is to meet some kind of deadline that has been imposed by the Supreme Court.

After the election, the Liberal government asked for the first extension and got four months. It should have challenged that with all of its resources and said that is simply not enough time. The consequences of this are not something that I personally can live with. If we make mistakes, it is horrible to say, but it could have fatal consequences, and that is not something I want on my conscience.

• (1710)

Ms. Tracey Ramsey (Essex, NDP): Madam Speaker, in his impassioned speech, my colleague from Foothills brought up one issue that I have also heard about from my constituents and I understand it is a concern for Canadians. It is about health practitioners' personal conscientious objections. Through our work in the all-party committee, the NDP made a clear recommendation to the government that no health care worker should ever be compelled to participate in assisted dying and should be legally shielded from unfair consequences resulting from that personal decision.

We in the NDP are concerned that these protections are not included directly in the legislation, even though the government promised that they will be addressed soon in non-legislative measures. We are going to hold the government to that promise.

I ask my colleague, will your party hold the government to that promise as well?

The Assistant Deputy Speaker (Mrs. Carol Hughes): I would remind members that they address questions to the Chair and not to colleagues in the House.

The hon. member for Foothills.

Mr. John Barlow: Madam Speaker, absolutely, one of the top issues that has come up in my riding is protection for health practitioners to make this decision on their own and not have it imposed on them. This goes to the point that I think all of us are trying to make. There are so many issues that still need to be addressed.

My colleague on the other side has said that there have been all kinds of opportunities to debate this. Six or seven of my colleagues who are hoping to speak on this later this evening may not have that opportunity because the government is putting closure on this debate.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Madam Speaker, throughout this discussion and debate, I have heard many heartfelt positions. I have also heard many calls for the bill to go to committee, where amendments can be made to it. I truly feel that most Canadians believe, as the member has indicated, that this bill is about someone's mom, dad, sister, or brother who is on life support with a terminal illness.

I wonder if the member might be able to give some idea, if the bill were to go to committee, if there are any amendments that could be made that he would find appropriate.

Mr. John Barlow: Madam Speaker, the safest thing to do with this bill would be to make it as tight and as rigid as possible. The Carter decision involved a competent adult suffering with a terminal illness. That is how we should have kept it.

I do not think we should now have psychological issues as an underlying factor and a decision to study mature minors. I do not think we should be starting here; we should be starting here, making it as narrow and as strict as possible, and not try to put the cat back in the bag afterward. We need to ensure that this remains about competent adults who are suffering from a terminal illness.

Hon. Candice Bergen (Portage—Lisgar, CPC): Madam Speaker, I am going to try to watch my time, and I hope to be on the same timeline as you are.

I am grateful to have the opportunity to speak to Bill C-14, which is a bill that makes amendments to the Criminal Code and other acts that would, for the first time in Canadian history, make it legal for someone to have medical assistance in taking his or her own life.

It would also make it legal for not just a doctor, nurse practitioner, or somebody involved in the medical community, but an aid, somebody outside of the medical community to kill someone, should the person want to be killed, if the conditions that are set out in this legislation are met.

It is an extremely serious matter that we have before us, and no doubt it will go down as a historic matter. It is something that will go down in history.

I want to take a couple of moments to address a few things. I want to begin by talking about where and how we got to this place, and build on some of the things that my colleague just talked about. The Supreme Court of Canada ruled just over a year ago that it was a charter right for Canadians to be able to have medical assistance in dying. The court gave us a year, a very short time frame, to talk about it, to consult, and to come up with legislation.

I want to take this opportunity to articulate not only my frustration but the concern of many of my constituents and many Canadians in what seems to be happening over and over again. Certainly, the Supreme Court is within its purview to make these decisions that have huge and lasting implications on Canadian society. Unfortunately, what is happening is Canadians feel, and it is becoming more and more prevalent, that they have no say in these matters, whether it is issues like assisted death, which is before us right now, or legalized prostitution, which we had to deal with in the last Parliament.

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We are also seeing laws that have been passed in both this House and the other place that are being overturned by the Supreme Court of Canada. We have seen this in recent years and even recent weeks.

I would say for the record, and I would suggest, that it might be time for the government to start using the tools that we have at our disposal to bring some more balance back to our process. We have the legislative branch of our democracy and we have the executive, which are both accountable to voters. Then we have our judiciary, which is a very valuable part of it, but it has become what I believe and what my constituents are telling me imbalanced. They feel that there are nine people down the street in Ottawa who are making very important decisions, and the Canadian people have no say in them.

The tool that we had when the Conservatives were in government is the notwithstanding clause. For the record, I want to say that I think we might have to, and I know the government now has four years and there is a lot that can happen, for the people of Canada, start using that.

We are, though, at a place where the Supreme Court has ruled, and we absolutely respect that. Even though we might disagree with something that is said by a judge or a number of judges, in Canada, we respect the law and we follow the law.

Again, my colleague talked about how the Liberals could have asked for more time, and certainly that is something that could have been done, but we are now at a place where we have to look at a law and either pass the law or not.

I will not be able to support this piece of legislation. I believe it is flawed. My constituents have not had enough time to talk about it and be part of the process. A number of the issues that are concerning about the bill have already been articulated. I want to reinforce that I am very concerned there is not enough protection for vulnerable persons who may be victims or easily manipulated.

In my previous role, I worked a lot with people with disabilities with a variety of abilities. I met recently in Winnipeg with an individual who has an intellectual disability, but is a very smart, capable individual. He said to me, "Sometimes we can be taken advantage of when we are getting a new phone. It is so easy to manipulate us." He said, "I am worried if somebody is trying to encourage some of us to die, we can be easily manipulated." There is very little protection in this legislation for vulnerable Canadians.

There is also no protection, or very little protection, as has already been stated, for doctors, nurses, or other medical practitioners, or institutions for that matter, where killing someone goes against their conscience. The federal government has a duty to protect their rights. This bill could be strengthened by protecting those rights.

• (1715)

Also, it is very unclear and ambiguous, as far as language goes, around waiting times, around those who can sign for a patient, and there is very little oversight as far as who may have a financial benefit if somebody were to have an assisted death.

There are number of huge concerns. More time is needed to fix these flaws and to protect the vulnerable and rights of conscience.

Last, I want to talk a bit about my experience working in palliative care. I was a volunteer for a number of years. It was really something to behold to be with people as they went through those last stages of life.

However, there are a lot of misconceptions about what assisted suicide is, what assisted death is. I talked to one of my friends this weekend and she said, "Well, of course, Candice, if I'm in a vegetative state, I would like to be able to have the cord unplugged. I don't want to be kept alive."

I said to her, "That's not assisted suicide. You absolutely already have that right in Canada to have a living will, to have a do-not-resuscitate order, to refuse medical treatment." Those are all things that are already entrenched in law and that Canadians have the right to refuse. I think even our Prime Minister talked a number of years ago about his own father refusing medical treatment when he had cancer. Absolutely every Canadian has that right.

However, that is not at all what we are talking about today. That is not the decision that we are forced to make in a hasty way. That is not the decision that Canadians are being cheated out of being able to talk about, and being able to even, dare I say, vote on. It should be a major issue for Canadians to have major input. We are not talking about refusing treatment. We are not talking about saying "do not resuscitate". We are not talking about palliative sedation, either.

My sister passed away nine years ago from cancer. Some of my family members said, "I think she died because the doctor gave her a lot of morphine when she was in pain." No, she did not die from the morphine. She died from the cancer. Palliative sedation is not assisted suicide.

I find it ironic, in a very sad way. I just finished my 308 conversations in my riding last week. The 308 conversations was an initiative of the Canadian Mental Health Commission. It was a wonderful idea for 308—at that point 308 members of Parliament, now there are 338 of us—conversations around how we prevent suicide and how we better equip ourselves as community leaders, as health practitioners, as people working with youth, to prevent suicide.

I had these meetings. About 70 people were there, committed to preventing suicide in our communities in Portage—Lisgar. I said, "Folks, I am now going back to Ottawa and I am going to be debating how we can help people commit suicide."

This is a very difficult issue. It is not one that we can just excuse and say, "Well, in this case, we don't want these people to die, because they're young people who have bullied on the Internet, so we want to make sure they don't commit suicide, but for somebody else who might have a mental illness and just has no hope, we want to be able to help them commit suicide."

That is wrong and I do not think we can easily reconcile the two. I think we need to talk about it and we need to have protections in place.

Government Orders

Palliative care is very important. It is about giving hope to people. Studies show that if people have a terminal illness and they are assured they can die pain-free, they choose life and they let God decide when they go.

I think we can all agree, absolutely, that it is about helping people and giving them hope, whether it is a mental illness or whether it is a terminal illness; we give them hope and we help alleviate their pain. I do not think we ever want to see choosing death as the honourable way out. We never want our loved ones to feel like it would be more honourable if they chose death. I think we can all agree. Let us choose life every step of the way. Let us choose life.

• (1720)

Mr. Arnold Chan (Scarborough—Agincourt, Lib.): Madam Speaker, I want thank my friend, the member for Portage—Lisgar, for her contribution.

I want to go back to the beginning of her contribution, where she talked about the potential application of section 33 under the charter. It was actually part of the context of my own remarks when I talked specifically about its use and application. Of course, this Parliament has never actually used section 33 yet, to apply it to any particular piece of legislation. I am wary about its use, given that we are ultimately talking about where there has already been a determination by the courts and certain individuals' rights protected under the Charter of Rights and Freedoms would then be subject to a legislative override under section 33.

Is there a particular test that my friend, the member for Portage—Lisgar, thinks should be applied, in terms of helping parliamentarians assess when it would be appropriate to use section 33?

I had suggested that we would use the same kinds of tests that would be found under section 1, in particular, trying to minimally impair the rights of someone where their charter rights have been protected.

Hon. Candice Bergen: Madam Speaker, those are very important questions.

As my colleague has said, one of the things we have not done is that no parliament has used the notwithstanding clause. Those are discussions we almost do not want to talk about because there seems to be some negativity. Even now, if the current government were to talk about it in any context, there would probably be some. It is almost politically incorrect to talk about it. We should be having these conversations, whether in formal or informal groups. What would be the test? Personally, I think one of them would be that if a government decided to invoke the notwithstanding clause, it then commit to take that particular issue to the electorate so that there would be an extra layer of test on it.

Those are good questions. I do not have the exact answers. All I know is that there is a growing sense of voters who feel they have less ability, when they were not even asked about the issue of assisted suicide in the election. Some of them still think that palliative sedation is assisted suicide, when it is not. There has to be a better way whereby Canadians know that they have a voice, and that our system is equally empowered so that there is not one part of our democratic system that has more power over the other.

• (1725)

Mr. Todd Doherty (Cariboo—Prince George, CPC): Madam Speaker, we have heard talk on the government side about how important this debate and discussion is, and that it has done what it has done on other issues. It pointed fingers at the government of the past saying that it did not get anything done and that this is really important, yet earlier today we saw the current government try to force closure on this debate. My concern is this. The government has limited the discussion all along the way, whether in the special committee or within this debate today.

In sending this bill to committee, because ultimately that is where we are going with this, does the member believe that, given everything that we have seen with the government to date, there will be that fair and open consultation on this legislation that the government is telling us to just trust them with and that the assurance is there? Does the hon. member have the same concerns that I have with respect to what we have seen in the past?

Hon. Candice Bergen: Madam Speaker, I am typically the first to get in a good partisan jab here and there. I definitely think that there are members of the government who want to shut this down quickly, get it over with, and move on to something else. However, I have to believe that there are members of the Liberal Party, members of Parliament who are part of the Liberal caucus, who have some of the same concerns we have, and my hope is that they will speak up.

I know we have heard a lot about the current government wanting to give backbenchers more say and more influence in the government. Therefore, I am hoping that they are hearing from their constituents, and that they also recognize how difficult and how important this is. I hope that there will be a free vote on this. Then, I hope that they will advocate strongly in their caucus for the appropriate amount of time to be given, and that they will consider amendments.

What we are counting on in this case is the integrity, the strength, and the individual ability of Liberal backbenchers to stand up in a strong way to maybe some of those in the front who want to move things along quickly. That would be my hope.

This is really difficult. It is not easy for anyone. I have to believe that the backbenchers and the government have the best intentions in mind.

Hon. Dominic LeBlanc (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, pursuant to Standing Order 26(1), I move:

That the House shall continue to sit beyond the hour of daily adjournment for the purpose of considering Bill C-14, An Act to amend the Criminal Code and make related amendments to other Acts (medical assistance in dying), at second reading.

• (1730)

The Deputy Speaker: Will those members who object to the motion please rise in their places?

And 15 or more members having risen:

The Deputy Speaker: There being more than 15 members rising, the motion is deemed to have been withdrawn.

(Motion withdrawn)

NOTICE OF TIME ALLOCATION MOTION

Hon. Dominic LeBlanc (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, an agreement could not be reached under the provisions of Standing Orders 78(1) or 78(2) with respect to the second reading stage of Bill C-14, an act to amend the Criminal Code and to make related amendments to other acts (medical assistance in dying).

Under the provisions of Standing Order 78(3), I give notice that a minister of the crown will propose at the next sitting a motion to allot a specific number of days or hours for the consideration and disposal of proceedings at the said stage.

Mr. Andrew Scheer (Regina—Qu'Appelle, CPC): Mr. Speaker, I think I have a more reasonable approach to managing some of the debate left for Bill C-14. Therefore, I would seek the unanimous consent of the House for the following motion:

That, notwithstanding any Standing Order or usual practice of the House, on Tuesday, May 3, 2016, the House shall continue to sit beyond the hour of daily adjournment for the purpose of considering Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), at second reading, and when no member rises to speak, or at 12:00 a.m., whichever is earlier, that debate be deemed adjourned, and the House deemed adjourned until the next sitting day.

The Deputy Speaker: Does the hon. opposition House leader have the unanimous consent of the House to propose this motion?

Some hon. members: Agreed.

The Deputy Speaker: The House has heard the terms of the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

The Deputy Speaker: It being 5:37 p.m., the House will now proceed to the consideration of private members' business as listed on today's Order Paper.

PRIVATE MEMBERS' BUSINESS

[English]

CRIMINAL CODE

Mr. Gagan Sikand (Mississauga—Streetsville, Lib.) moved that Bill C-247, An Act to amend the Criminal Code (passive detection device), be read the second time and referred to a committee.

He said: Mr. Speaker, I am proud to rise today to speak to my private member's bill, Bill C-247. If passed, Bill C-247 will prevent injuries and deaths from impaired driving, which continues to cause needless and heartbreaking tragedies in communities across Canada. Specifically, Bill C-247 will increase deterrence and rates of apprehension by allowing the use of passive alcohol sensors at roadside screenings for impaired drivers. I will explain the details of that proposal shortly.

In addition, Bill C-247 would rename the crime of "impaired driving causing death" to "vehicular homicide" as a result of

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impairment. That change would denote greater moral responsibility for the crime of impaired driving, while preserving judicial discretion to tailor sentences to particular circumstances.

The change is based on a proposal called *Kassandra's law* that was brought forward in 2015 by the Conservative member for Langley—Aldergrove. I am grateful that he has seconded Bill C-247 and I am pleased that we can work together across party lines to prevent drunk driving for the benefit of all Canadians.

Impaired driving has touched constituents in every riding across the country. My riding of Mississauga—Streetsville is no exception. Last year during the summer, my constituents lost a local leader, educator, mentor, and most importantly a father and a husband. Out of respect for the family, I will refrain from using his name.

Sadly, one night during July of 2015, while riding his bicycle, he was struck from behind by an impaired driver and pronounced dead at the scene. As a secondary school teacher, he spent years dedicating his time to educating and inspiring youth within my riding. His former students and those who knew him conveyed to me what a positive impact he made on those around him. I understand that he inspired many of his students to pursue post-secondary education.

Tragically his life was cut short by an intoxicated driver, someone who chose to put lives at risk rather than call a cab. His death denied five children their father, denied a wife her husband, denied students their teacher, and denied future young people a mentor who could have helped them make positive choices in life.

Soon after being elected, I received an email from a constituent who was greatly saddened by what had happened and also concerned that such senseless tragedies continued to occur at alarming rates in our country. She implored me to take action, and I am now doing so with Bill C-247.

As I said, if passed, the bill will prevent injuries and deaths from impaired driving. It will do this with two measures to increase deterrence and rates of apprehension. The first measure authorizes the use of passive alcohol sensors at roadside screenings for impaired drivers. What would this change mean?

Currently law enforcement in Canada conducts organized stops at check points to screen drivers for impairment. For example, Ontario conducts a program called *reduce impaired driving everywhere*, RIDE. When stopping drivers, officers apply breath tests if they, through odour or appearance, reasonably suspect a driver has consumed alcohol. However, according to a 2009 report of the House Standing Committee on Justice and Human Rights, only a small fraction of impaired drivers are currently apprehended.

Bill C-247 would increase apprehension and deterrence by authorizing the use of passive alcohol sensors by police at organized stops, or when they had reasonable grounds to make a stop for suspected impairment. Passive alcohol sensors detect alcohol when placed near a driver's face. A positive reading would provide reasonable grounds to conduct a breath test on an approved screening device.

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I am confident that the use of passive alcohol sensors at organized roadside screenings will be charter compliant. I say this because, in its decision in *Dedman v. The Queen*, the Supreme Court held that the somewhat random searches in Ontario's RIDE program were constitutional because driving was a “licensed activity that is subject to regulation and control for the protection of life and property.” The legal takeaway is that driving is a licensed activity that is subject to reasonable limits because of the risk to others who share the roads. Using passive alcohol sensors would be a reasonable limit that is far more effective at catching impaired drivers than the current method employed at roadside screenings.

Mothers Against Drunk Driving Canada has endorsed Bill C-247, citing passive alcohol sensors' benefits. Andrew Murie, CEO of MADD Canada, said, “The ability for police to use Passive Alcohol Sensors will have a great impact on reducing the number of alcohol impaired drivers on our roadways. This private member bill...will allow police to maximize the technology that is available to detect drinking drivers at roadside. MADD Canada appreciates [these efforts] to lower the number of alcohol related crashes, deaths and injuries”.

• (1735)

Now I want to spend some time on the second measure in Bill C-247. As I said, the bill would also rename the crime of “impaired driving causing death” to “vehicular homicide”. This change would denote greater moral culpability, and that is appropriate. The decision to get behind the wheel while impaired is completely reckless, and the devastating consequences are predictable. A conviction should reflect that culpability.

To raise a recent example, this is the crime for which Marco Muzzo recently received a 10-year sentence for killing three children and their grandfather. That tragedy was directly caused by his decision to get behind the wheel, with a blood-alcohol level nearly three times the legal limit.

The Criminal Code of Canada states that a person commits homicide when directly or indirectly by any means causes the death of a human being. Drunk driving causing death would be a form of culpable homicide because it is morally and legally blameworthy. The moment an impaired driver gets behind the wheel, he or she puts others at risk. Words carry weight, they are not empty, and this culpability needs to be accurately reflected in Canadian law. At the same time, this change would preserve judicial discretion to tailor sentences to individual circumstances.

The proposal to call the crime of impaired driving causing death what it really is, vehicular homicide, was originally brought forward as *Kassandra's law* after *Kassandra Kaulius* of Surrey, B.C., a 22-year-old victim of impaired driving. The Conservative member for Langley—Aldergrove tabled *Kassandra's law* as Bill C-652 in the previous Parliament, and again I am pleased that he has seconded Bill C-247.

Last week, I had the opportunity to meet with *Kassandra's* parents, Markita and Victor. When I was discussing this upcoming speech, Victor pointed out that today, May 3, will mark five years to the day that their beautiful 22-year-old daughter lost her life.

Throughout her life, *Kassandra* was a lively and enthusiastic person who loved sports. As her parents recall, from the time she was three years old she was already running around her family's backyard playing sports with her older siblings. As she got older, her passion for sports grew. She competed on her high school volleyball, basketball, and softball teams, eventually receiving athletic scholarships, and had dreams of one day becoming a teacher.

On the one hand, the inspiration behind this bill was a teacher who inspired students and whose life was unjustly taken from him. On the other hand, part of the bill has been named after a young woman who dreamed of becoming a teacher and whose life was unjustly taken from her.

I also want to mention Families For Justice, the organization Markita and Victor have worked so hard to establish and have used to promote awareness of impaired driving. They have collected over 100,000 signatures in support of their cause. I commend their efforts to provide support and counselling services for families that have lost loved ones.

I do not need to remind the House of the harms of impaired driving. According to MADD, impaired driving continues to be the leading criminal cause of death in Canada, claiming almost twice as many lives per year as all categories of homicide combined.

In 2010, impaired driving accounted for approximately 1,082 deaths, 63,281 injuries, and \$20.62 billion in financial and social costs. What is important to note is the fact that Statistics Canada indicates that 53% of all adult victims were between the ages of 18 and 35. This means that Canada is being denied young minds that would shape the future of the country.

Furthermore, our country's impaired driving record has been, and remains, poor in comparison to other developed countries. Millions of Canadians continue to drive after drinking, one reason being they believe they can do so with relatively little fear of being apprehended.

An international review of 15 countries reported that Canada has the second-highest rate of alcohol involvement in fatal crashes. Similarly, a Transport Canada study found that Canada had the highest rate of impairment among fatally injured drivers of eight countries in the Organisation for Economic Co-operation and Development. Furthermore, Canada had the highest rate of alcohol-related traffic fatalities as a percentage of total fatalities among 13 countries.

Although the selective breath testing programs that are currently in place are a productive step toward preventing impaired driving, the majority of impaired drivers go undetected at sobriety checkpoints. MADD reports that of the four million to five million drivers who are stopped each year at sobriety checkpoints, less than 1% are subject to roadside breath testing on an approved screening device.

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It is for this reason that the main measure in my bill, the authorization of passive alcohol sensors, is evidence-based and necessary. These devices detect the presence and approximate amount of alcohol in a driver's exhaled breath by sampling the ambient air near his or her mouth.

• (1740)

The device also contains a pump that draws in air over a sensor that reacts to alcohol and registers a reading within a matter of seconds.

Passive alcohol sensors provide an easy, reliable and non-intrusive method of efficiently screening a large number of drivers with minimal delay, which will ultimately save more lives each year.

Passive alcohol sensors have been around for some time. The technology is not new, however, initially they were units on their own. It is important to note that when discussing passive alcohol sensors, for the most part, we are simply discussing a feature built into many of the approved screening devices already carried by peace officers. This means that the express authorization of a passive alcohol sensor would most likely allow officers to use their current devices, optimizing the tools already available to them.

As Robert Solomon, a law professor at Western University, has said, "There is currently nothing preventing Canadian police from using PASs."

Regardless, amendments to the Criminal Code explicitly authorizing police to use passive alcohol sensors would be effective. It would create a national standard which would ultimately reduce the confusion that otherwise arises from having 13 different provincial and territorial enforcement powers and practices. Police officers would also be more likely to use PASs if they are given express statutory authority to do so. Furthermore, the publicity surrounding the introduction of a national passive alcohol sensor program together with the knowledge that police officers are using more sophisticated detection methods would increase the perceived risk of apprehension and ultimately have a deterrent impact.

Over the past months, I have consulted with numerous police officers and police chiefs all over the country. It is apparent that the overarching consensus is that the more tools available to the police, the better.

To conclude, the problem of impaired driving needs to be better addressed by Parliament. The goal of my bill is not only to change how we view impaired driving offences, but to reduce instances of deaths and injuries by employing modern technology. Hopefully, with the passage of Bill C-247, we will further deter drinking and driving to safeguard Canadians, their families, and our communities.

I look forward to this bill going to committee, and I welcome amendments as well.

• (1745)

Mr. Omar Alhabra (Parliamentary Secretary to the Minister of Foreign Affairs (Consular Affairs), Lib.): Mr. Speaker, I would first like to congratulate my colleague on his first private member's bill, and also for his sincere effort in confronting and combatting impaired driving.

The hon. member and I represent the same city, the city of Mississauga. The Peel regional police frequently conducts RIDE programs. Could the member elaborate on how his bill would enhance or help the efforts of the Peel regional police in confronting impaired driving?

Mr. Gagan Sikand: Mr. Speaker, when using the passive alcohol sensor, not only would we speed up the RIDE program but we would have a greater degree of accuracy. It would allow the current approved screening device to use the feature of the passive alcohol sensor to pretty much detect whether there would be alcohol in the ambient air around an individual's face with greater accuracy. Once there is that greater accuracy and speed, the police would be able to go through a greater number of people, thereby capturing potential drunk drivers.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, I want to congratulate my hon. colleague on his first private member's bill.

Perhaps the member mentioned this in his speech and I missed it. Could he tell us of other jurisdictions that are using this device? Have there been any constitutional or charter challenges on the use of it with a police agency wherever this new technology is being used?

Mr. Gagan Sikand: Mr. Speaker, to the best of my knowledge, it is being used in the United States, specifically California. I believe similar devices are being used in Australia.

I do not know of any charter challenges that may have occurred in those jurisdictions, but I believe this passive alcohol sensor would survive a charter challenge, as I stated in my speech, due to *Dedman v. The Queen*. It pretty much states that it is a reasonable limit to regulate, because when one has a driver's licence, it is pretty much a privilege, and in order to keep others safe, that is a reasonable grounds to interfere on someone's rights of driving.

Mr. Todd Doherty: Mr. Speaker, I want to thank my hon. colleague. Having lost a brother early on to drinking and driving, this is obviously something that hits home for me.

I have tabled a few private member's bills, going through the process and crafting the legislation, and also dealing with stakeholders. The member mentioned MADD, or Mothers Against Drunk Driving. Are there other agencies, including perhaps police agencies or police associations that are in support of the use of this? Could the member enlighten the House on this as well?

Mr. Gagan Sikand: Mr. Speaker, I am sorry to hear of the member's loss. As he said, MADD does endorse the bill. I have spoken to a number of police agencies. I have yet to have an official endorsement, so I would rather have them unnamed at the moment, but I am working in consultation with them. I hope to have those endorsements soon.

• (1750)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I would like to commend my colleague for a job well done in terms of presenting a private member's bill that appears to have some fairly wide support both inside and outside of the chamber. I understand the member is open to some potential amendments.

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I would ask the member to provide comment on how technology can often assist our police in having something added to their tool belt, if I can put it that way, to make our streets safer.

Mr. Gagan Sikand: Mr. Speaker, we should always use technology as it advances. As I mentioned, the passive alcohol sensor has been around for quite some time, but before it was a self-contained unit. Now it is a feature in the approved screening devices that many of the agencies carry.

It is a tool at their disposal, and at the moment it is not being used. It is available for them. We should use these technologies to stop drunk drivers.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Mr. Speaker, it is a privilege to rise to speak to Bill C-247.

At the outset, let me congratulate the member for Mississauga—Streetsville for his impassioned speech. While I will not be able to support the bill for reasons that I will explain momentarily, I do want to acknowledge that this legislation is well-intentioned and that the objectives of the hon. member are noble.

Impaired driving is the leading cause of criminal death in Canada. In 2016, that is simply unacceptable. However, that being said, it is important to acknowledge that over the last several decades, Canada has come a long way to combatting impaired driving. Indeed, over the last two decades, the percentage of motor vehicle deaths involving impaired drivers has decreased. In some year-to-year comparisons, there have perhaps been increases, but the trend line is clear and they are going down. While that is not a reason to celebrate, it is evidence that the combination of public awareness, policing efforts, and legislative changes over the last several decades are having a positive effect.

Nonetheless, there continues to be people who drink, drive, and cause carnage on our roads. These are people like Johnathan Pratt. He was someone who, in 2011, killed three young men outside of Beaumont, Alberta. Pratt was more than three times over the legal limit, driving 199 kilometres an hour down a highway when he rammed into a vehicle occupied by the young men, effectively crushing them to death.

Then there is Roger Walsh, someone who killed a wheelchair-bound woman while he was impaired and behind the wheel. This was Walsh's nineteenth conviction for impaired driving.

The vast majority of Canadians understand that impaired driving is dangerous, that it is illegal, and most importantly that it is wrong. The vast majority of Canadians not only understand those facts, but are heeding the message and choosing not to get behind the wheel while impaired.

However, there are some who continue to do so. There is no one profile of an impaired driver. There are many instances of people who rarely drive impaired, or perhaps someone decides to do so one fateful night and in turn causes injury or death on the road. However, a big part of the problem in terms of those who are causing carnage on our roads is that they are regular, repeat, hard-core drunk drivers.

The question that we must ask as parliamentarians is, how do we deal with a relatively small number of people who are causing a disproportionate amount of grief, death, and injury on our roads?

The answer is that we need to ensure that those types of offenders are held accountable to the fullest extent of the law. Unfortunately, some of the laws on the books today are simply not doing the job to the degree that they ought to.

● (1755)

That is why I was very pleased to see that my colleague, the hon. member for Bellechasse—Les Etchemins—Lévis, introduced a private member's bill, Bill C-226. Bill C-226 contains some important measures to hold serious impaired driving offenders accountable. It would impose a mandatory minimum for an impaired driver who causes death. It would increase sentencing for impaired drivers who cause bodily harm from 10 years to 14 years. It would also allow for consecutive sentencing for impaired drivers who cause multiple deaths to ensure that every victim of impaired driving is accounted for.

When it comes to holding regular, repeat, and hard-core drunk drivers accountable, unfortunately, unlike Bill C-226, I believe that Bill C-247 falls short. While Bill C-247 falls short in this regard, it would impose a form of random breath testing, passive alcohol sensors. Certainly I would acknowledge that Bill C-226 does not contain passive sensors, but I have some reservations about any form of random breath testing.

Under sections 8 and 9 of the charter, it would most certainly run afoul. It is quite arguable that it could be saved under section 1 of the charter, and I believe there would be a reasonable chance that it would be saved. However, the issue is what impact it will have in reducing the number of impaired drivers and deaths on our roads. The evidence is mixed on that question.

Indeed, there is some body of statistical evidence that indicates this type of testing has no more impact in reducing impaired driving than things that are currently employed by law enforcement, such as checkpoints. Indeed, in the city of Edmonton in the last few years, one thing that had the biggest impact in reducing impaired driving was the city posting signs saying that if people see impaired drivers, they should phone 911. Therefore, I think we have to perhaps look at other alternatives to random breath testing. What is more, I believe this legislation just does not cut it when it comes to holding the most serious offenders accountable for impaired driving.

It is on that basis that I regretfully will not support this particular bill. However, I want to commend the hon. member for bringing it forward, because it is an important debate and an important issue that Parliament must continue to address.

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•(1800)

[*Translation*]

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Mr. Speaker, I would like to say that I will support the bill introduced by my Liberal colleague. We think that it is a way to better detect alcohol. However, the fact remains that the problem of impaired driving is much more complex than that. This is just one of many measures that need to be implemented to better detect impaired driving.

The bill would allow police officers to use passive alcohol detection devices. A passive detection device is a meter with a display of coloured stripes that light up when the presence of alcohol is detected in the ambient air. In order for a police officer to administer a breathalyzer test, he must have grounds to suspect that the person consumed alcohol. That does not necessarily mean that the police officer needs grounds to suspect that the person is drunk, just that he or she consumed alcohol. The police officer can then administer a breathalyzer test.

This device would not be used to collect evidence, but it would help give police officers the grounds they need to conduct breathalyzer tests and perhaps detect more people who have been drinking. It could help prevent impaired driving. Every year, too many families are the victims of impaired driving. That is why we must make use of all of the tools available. However, we need to do a lot more to prevent drunk driving. There are many factors to consider. In rural areas, it is a matter of infrastructure, of public transit, or organizations that provide driver services.

When people do not really have any options for getting home after a night out, it may, unfortunately, make our roads less safe. We need to look at those aspects of the issue. Data indicates that it can take up to three years before a person who regularly drives drunk is caught by the police.

For instance, in our rural regions, people who drink might decide to use back roads that have less traffic to get home, in order to avoid roadside checks. There are also people who drink in the morning. By noon, these people could already be impaired. Roadblocks are more often set up at night. This does not necessarily allow authorities to catch everyone who might be impaired. Furthermore, this might not be the first thing an officer thinks of when they stop someone for running a stop sign at 11 a.m., for example.

Using the tool in question, we would be able to better screen these individuals, so it is a good tool, but we need to do a lot more to discourage people from driving while impaired. Of course, any time we increase the risk of being arrested, the risk of being caught, that can have an impact on the number of drunk drivers, but we need to do a lot more.

Unfortunately, there are people who are repeat offenders. It is really hard to put an end to this. We also see cases where there is no doubt about the person's state. When these people decide to drive while impaired but do not hurt anyone, the consequences are relatively minor, so they may continue doing it for quite a while, and as a result, the safety of the public is at risk during that entire period.

It is therefore important to take a more enlightened approach and examine the problem of drinking and driving in its entirety.

As I said, we will be supporting the measure introduced by my colleague, but it is just one small measure among many much larger initiatives that should be implemented to actually reduce the problem of drinking and driving.

•(1805)

In my riding, a disproportionate number of people drive under the influence. For example, in the RCM of Témiscamingue, which has the smallest population of the four RCMs I represent, there are more drunk driving incidents. It is also the largest RCM in terms of size, and there is little in the way of taxi service.

Ville-Marie is the biggest city in the RCM of Témiscamingue, and I believe there is one single taxi in operation there, and it is not available nights. This points to a lack of infrastructure. There is no taxi service because there is not enough demand, and there are no local services to drive people home. That can cause people to take risks they should not take. Locally, there is a lot of awareness-raising going on. Groups are trying to make people understand that they have to plan how to get home before they start drinking. This work is never done.

Organizations that try to prevent drinking and driving should receive more support, especially in rural regions where people have few alternatives. We cannot tell them to take the bus, walk, or ride their bike. It is simply impossible. Some people live 30 kilometres from town. It is very hard. Taking a taxi is not really an option either.

When it comes to drinking and driving, there has to be a better strategy than passive detection devices. We have to gain a better understanding of the situation and take the time to talk with the people on the ground. We have to talk to people convicted of impaired driving, in order to determine what they could have done to avoid taking the wheel. We have to learn from past mistakes in order to prevent the loss of lives. It is not easy.

As a caregiver, I have seen people arrive at the hospital in the middle of the night who, minutes earlier were behind the wheel of their car with more than twice the potentially lethal limit of alcohol in their blood. Intoxicated is not the word for people like that. They are as drunk as a skunk, if you will pardon the expression.

When we see such situations, we can only hope that more efforts will be made to solve the problem of drunk driving. We have been working on this for years, and I do not believe that we are going to solve the problem by taking a piecemeal approach. We have to have a comprehensive plan. I hope that such a plan will be introduced and that we will take a giant step forward in the fight against impaired driving.

We must not forget that many Canadians have lost a loved one because of drunk driving. I hope that my children will never be exposed to this danger, that I will be able to provide them with infrastructure, and that I will teach them to be responsible when it comes to drinking. I hope that more lives will not be lost and that more families will not be broken.

Private Members' Business

I am pleased to express my views on this matter. I look forward to following the committee study and I hope that a much more comprehensive plan will emerge.

• (1810)

[*English*]

Mr. Bill Blair (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I am very honoured and pleased to have the opportunity to rise today and join in the second reading debate of Bill C-247 introduced by the member for Mississauga—Streetsville.

I will begin by offering congratulations to the member for Mississauga—Streetsville for his passion and commitment to this very significant problem in our society.

He and I have had the privilege of having a number of conversations about the various approaches and concerns he had with respect to impaired driving. He has shared with me some of the stories, as he did today about Cassandra's death, but other things have compelled him to respond with this private member's bill, and I want to commend him for his passion and commitment in bringing this important issue forward.

The social impact of impaired driving in Canada cannot be overstated. We have heard a number of statistics, but it is important to actually break those down into the impact it is having on families and communities across this country.

Each year, on average, nearly 1,500 Canadians lose their lives as a direct result of a decision some Canadian has made to operate a motor vehicle while impaired by alcohol. That means, on average, that each and every day in this country nearly four people lose their lives, and there are very few families and no communities that have not been impacted by this terrible crime. As has already been stated, impaired driving is the number one leading cause of criminal death in Canada.

As my colleague the member for St. Albert—Edmonton has indicated, we have seen some improvement over the past number of decades in societal condemnation and in the number of impaired drivers we see; but there is so much more work to be done.

It is important to reflect on why we have seen some of those reductions. I was actually a young police officer in 1979 when the first roadside screening program was established in the city of Toronto, the RIDE program, which is now "reduce impaired driving everywhere" but began as "reduce impaired driving in Etobicoke". As young police officers, we were sent out with the task of randomly pulling over vehicles on the street to determine if their drivers had been drinking and driving.

That program had two very important purposes. The first purpose was to detect the people who were driving impaired and to hold them responsible for their conduct. However, perhaps most importantly and most impactfully, it had the effect of sending a very clear message about society's condemnation of impaired driving, the seriousness with which we as a society and our police and courts took this offence. It also created a stronger impression among the population that this was a crime, a crime that would be dealt with effectively, a crime where we would increase the likelihood of detection, where there was a greater certainty of consequences and

that those consequences would be significant and serious enough to deter that criminal behaviour.

We have also seen some additional tools and technologies that have enhanced our ability to be more effective in those roadside stops. For example, many years ago, roadside screening devices were developed that enabled police officers to administer a test on the basis of reasonable suspicion of those people who we believed had been consuming alcohol prior to operating a motor vehicle.

If I may, I will explain to my colleagues a little bit how that is done. I actually got a fair bit of experience at roadside RIDE spot checks as a police officer in Toronto. I think for the last 20 years, I have spent every New Year's Eve standing along the roadway with a number of other police officers pulling over cars.

When we do that, as a car is going through the spot check, the police officer will stop the driver and make certain observations and certain inquiries. Among the observations, the officer will try to detect the scent of alcohol on the driver or glassy eyes or slurred speech. We would ask those drivers if they had been drinking alcohol.

If we make observations that cause us to be suspicious that the driver has been consuming alcohol—and it has to be a reasonable suspicion, not a mere suspicion but not at the level of reasonable, probable grounds—police officers are empowered in law to make a demand for the driver to submit to a roadside screening test, the consequences of which can lead to other things I will speak of. However, because we stop literally thousands of cars in an evening in this way, the opportunity to detect if the individual has been consuming alcohol is somewhat limited.

• (1815)

The experience of police officers across this country in conducting those all-important random stops has been that people do not admit to having consumed alcohol or the signs of consumption are not obvious. We know that many people avoid detection, notwithstanding the enormous amount of resources and effort being put into making a difference in our communities. It is quite obvious to those of us who have worked out on the streets in our communities and seen the carnage, seen the impact it has on families, seen the literally thousands of people who have lost loved ones to impaired driving, that we must do more.

Our current court system is processing nearly 60,000 criminal cases each and every year related to impaired driving. In addition to that, there are literally tens of thousands of injuries as a result of the decision that some people make to drink and drive. We must do more. The private member's bill brought forward by my friend from Mississauga—Streetsville gives the police authorities one more tool to enable them to do their job.

Bill C-247 proposes to amend the Criminal Code to specifically authorize the police to use a device referred to as a passive detection device, often referred to as a passive alcohol sensor, at the roadside in an effort to better detect impaired drivers. These sensors are able to detect alcohol in the ambient air. It does not require that the driver blow into a machine. It can provide police officers with a reasonable suspicion that would enable them to make a demand for a roadside screening device to be administered.

Not two weeks ago there was another private member's bill brought forward in this House by the hon. member for Bellechasse—Les Etchemins—Lévis. In that bill, he made a number of very important proposals. Many members, representing all parties, stood in this House to express their concern about the need to do more with respect to impaired driving. I would submit that the private member's bill that we are speaking to today is along very similar lines. It is one additional and important tool that may enable us to keep our communities safe.

Historically, there have been a number of things that we know can make a difference in preventing crime in our society. One of the most significant things that we can do as a society is to increase the likelihood of detection and conviction for those who would choose to commit a crime. We know that the offence of impaired driving often goes undetected even at roadside screening sites where the police are randomly stopping cars. We know that the proposed private member's bill would increase the likelihood of detection.

We also know it is important to reinforce societal condemnation of impaired driving. We can do that through public education. We can do it by advising people of the risks and consequences of driving impaired. I can give an example of when the increased likelihood of detection and consequences made a real difference to the safety of our communities.

In many jurisdictions across this country, drivers under the age of 21 are required to drive free of all alcohol and are subject to administrative suspension if they choose to drink and drive. The likelihood of consequences at the roadside screening events has had a very significant effect on drivers under 21 right across this country choosing not to drink and drive. It has changed the societal attitudes among those young people about drinking and driving and has made our roadways safer. Anything that we can do to improve the decisions that people make about not drinking and driving will make our roadways safer.

In the limited time that I have, I also want to make some reference to the other important element of Bill C-247, which proposes to change the name of two impaired driving offences. This bill proposes to rename two impaired driving offences, specifically the offence of impaired driving causing death and the offence of “over 80” causing death, to vehicular homicide as a result of impairment. I think there is cause to consider both of these recommendations. I look forward to having the opportunity to bring this matter before the justice committee for further discussion.

● (1820)

I believe it is very important that this House do everything possible to respond to the tragedies that families and communities have experienced as a result of impaired driving.

I want to take a final opportunity to commend the member for Mississauga—Streetsville for his commitment, and I want to assure him of all our commitment to do everything possible to make our roadways safer for all of our citizens.

The Deputy Speaker: Resuming debate. The hon. member for Bellechasse—Les Etchemins—Lévis.

Hon. Steven Blaney (Bellechasse—Les Etchemins—Lévis, CPC): Mr. Speaker, I want to thank the member for Scarborough

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Southwest for what was almost a testimony with his experience on the ground. I was privileged to meet him for the first time here in Ottawa at a ceremony where we honoured the fallen in the line of duty. He certainly is bringing his experience to the House in a very important debate regarding impaired driving.

Also, I want to praise the member for Mississauga—Streetsville for bringing this private member's bill forward. The member for Scarborough Southwest said that the bill would give the police one more additional tool. In this House we are giving more tools to law enforcement to ensure that we reduce the number of deaths caused by impaired driving.

In his speech, the member referred to the other part of the private member's bill, which is to change the name of this crime which is already in the Criminal Code. It is the biggest cause of death in the Criminal Code. There is an expression.

[*Translation*]

In French we say, “il faut appeler un chat un chat”.

[*English*]

In English, we say to call a spade a spade.

I would ask the member, in 2016 are Canadians ready to accept that when a person willingly takes to a public road and is obviously not meeting the first requirement, which is to have a licence to follow the rules of the road and also to be sober, and then hurts or kills someone, it is a homicide? In the member's view, is Canadian society ready to consider a death caused by impaired driving as a homicide?

The Deputy Speaker: We are actually resuming debate. We are under the private members' hour rules of the Standing Orders. There are questions and comments for five minutes after the sponsor's introductory comments on the bill.

That said, I recognized the member for Bellechasse—Les Etchemins—Lévis under resuming debate, and it was a slot for his party. He has actually up to 10 minutes if he wishes to continue to make some commentary. There will not be an opportunity for the parliamentary secretary to respond in this case, but if the member wishes to carry on, he has another seven and a half minutes if he wishes to weigh in on this particular point.

[*Translation*]

Hon. Steven Blaney: Mr. Speaker, I do not want to waste my hon. colleagues' time, but I would like to say that we can work in the House in a constructive manner to advance bills that can save lives.

I would like to recognize the work of the new MP who introduced a bill in a constructive manner. This bill should be studied and debated at second reading.

I would also like to take this opportunity to thank my colleagues, those from both the western provinces and Ontario, who also supported the bill that I introduced and that was intended to save human lives too.

Private Members' Business

[English]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, it is with pleasure that I rise today to add some thoughts in regard to the private member's bill. In essence, and I put it in the form of a question earlier, the member for Mississauga—Streetsville has put together a bill on what I believe is a very important constituency issue.

As a number of members might be aware, I have been around as a parliamentarian for a number of years. Both I and my colleague, the member for Winnipeg South Centre, were first elected back in 1988. I can recall shortly thereafter trying to canvass the residents I represented at that time on what issues were important to them. One of the issues that came up back then was drinking and driving.

The member has been with us now for just over eight months, a number of sitting days, and he has already hit on what I think is an important constituency issue. I applaud him in recognizing an issue that really does matter. He has brought forward this legislation which we anticipate will ultimately come to a vote in the House. Hopefully, we will see it pass to committee stage. I know the member is open to receiving amendments and I suspect there is a very good chance we will see something coming down.

I want to add some of my thoughts with respect to the legislation itself.

The member who spoke earlier, the former chief of police, I believe for the Toronto area, talked about societal attitudes and the degree to which society has really changed in this regard. I thought it was interesting when he made reference to the fact that it was back in 1979, I think, when we started to see these roadside awareness campaigns take place.

Before 1979, back in 1975 and 1976, I can recall pumping gas at the age of 12 or 13 years at a car lot and in the background there were mechanics and others deeply engaged in drinking alcoholic beverages and who thought nothing of getting behind the wheel and driving away. It was something that was not frowned upon whatsoever. In fact, when I was in high school, they even had names for individuals who got caught drinking and driving, and it was in reference to a dollar amount of a particular fine.

How things have changed. I go to graduation ceremonies, as we all do, and I find it is the young people of Canada, in recent years in particular, who are leading the charge in terms of changing the attitudes with respect to drinking and driving. We will see safe grads taking place at the local high schools throughout our communities. Individual guests are allowed to participate in the graduation activities but they have to sign something, or if the young people know they are going to be drinking, they have to have a designated driver. I have seen safe grads booklets, literally booklets in terms of responsibilities. Whether it is at Sisler High School, Maples Collegiate, R.B. Russell Vocational School, St. John's High School, and others, just in the north end of Winnipeg alone, they have recognized how important it is to have a change in attitude. That change started, I believe, back in the late 1970s and early 1980s, when we started to see police forces across our country following, in part, but also leading in terms of the need to change societal attitudes. For all of those who have done that, I applaud their efforts.

As has been pointed out far too often, every day there are hundreds of individuals who lose their lives as a direct result of drinking and driving. What a terrible way to lose a life, because someone made the stupid decision to get behind the wheel of a car and drive while intoxicated.

• (1825)

We need to look at ways to change that situation. That is also not to mention the thousands of Canadians who are affected every year through loss of limbs and other types of injuries that are sustained. When we talk about those victims, it does not include the victims who are family members who have to endure the loss of a loved one, or those individuals who are going to have to provide the care that is necessary. That could include everything from a broken limb to someone being paralyzed.

The costs to society are huge, both socially and economically. That is the reason that when we look at good government policy, we should be looking at the initiatives that could really make a difference.

My understanding of the passive alcohol detection device that the member is making reference to is that it would assist police in ensuring a higher level of detection. That is something we need to pursue because, for whatever reasons, there are some who are very slow at understanding the importance of not drinking and driving. Here we have a suggestion, through legislation, that could have a profound and positive impact in dealing with the issue of drinking and driving and prevent others from doing that. As legislators, where we can take action on issues of this nature, I believe we should.

In my question to the member, I made reference to the fact that our police agencies of all sorts do a phenomenally good job in keeping our streets and communities a safe place. In doing that, they have a number of tools that they can use. What is being suggested in the legislation is yet another tool.

If we need to look at ways to change the law that would enhance a police officer's ability to make our streets safer, we should be exploring that. That is the reason, without hesitation, why I stand in my place today to applaud the member's efforts.

The member has said that he is open to amendments. I look forward to the bill hitting committee stage in anticipation that at the end of the day we will have a safer community because the member took the initiative to make a difference and bring forward a piece of legislation that could ultimately save lives and contribute to making our communities safer.

• (1830)

The Deputy Speaker: Should he wish it, the hon. parliamentary secretary will have two minutes remaining for his remarks when the House next resumes business on this particular motion.

The time provided for the consideration of private members' business has now expired, and the order is dropped to the bottom of the order of precedence on the Order Paper.

GOVERNMENT ORDERS

[English]

CRIMINAL CODE

The House resumed consideration of the motion that Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), be read the second time and referred to a committee, and of the motion that this question be now put.

Mr. Dean Allison (Niagara West, CPC): Mr. Speaker, before I get started, I want to congratulate my colleagues who sat on the Special Joint Committee on Physician-Assisted Dying. When legislation like this comes before us, we always sit long hours. I certainly want to thank the members of the Conservative Party for the dissenting report. It was great to see that at least some of those ideas were worked upon in the legislation.

This House finds itself in a position where we must pass an effective regulatory framework to make way for medically assisted suicide. I am rising today to help ensure that this new framework respects the charter rights of physicians and patients alike.

It is my fear that the proposals put forward by the government in an attempt to bring our laws in line with the charter may in fact do the opposite. I believe there is a potential to break with the charter by not effectively protecting the rights of physicians to practise according to their freedom of religion and conscience.

Additionally, I fear that the government's promise to revisit this legislation in a few years simply gives it an opportunity to further expand it.

As a member of the opposition party, I feel compelled to warn the House of what I fear might happen if the bill is passed in its current form. I believe that decisions such as this can inevitably lead down a slippery slope.

While the government has chosen to forego many of the more contentious recommendations made by the joint special committee, Liberal and NDP members of that committee clearly felt confident in the recommendations. This leads me to believe that, in time, this law will be expanded even further to include those measures.

The Supreme Court was quite clear in its ruling. Access to assisted suicide was to be limited to a "competent adult" person who "clearly consents to the termination of life" and has "a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition."

I am happy to see that the government has listened to some of the recommendations made by my hon. colleagues in their dissenting report. In that report, they referenced a system currently used in Quebec, where only patients aged 18 and older with severe incurable physical illnesses, and whose medical condition is characterized by an advanced and irreversible decline, can request medical help to die.

Furthermore, in Quebec, the attending physician must ensure that his or her patient has clearly consented to physician-assisted suicide, ensuring, among other things, that it was not the result of external pressure, while also providing the patient with a full prognosis on the

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condition and possible treatment options along with the likely consequences.

Quebec physicians are free to act according to their conscience. If they do not want to proceed, they must refer the patient to an independent body which will contact another physician. Two independent physicians must confirm that the patient meets all of the criteria prescribed by the legislation.

Keeping in mind the Quebec system and considering the irreversibility of assisted suicide, we must acknowledge that the realities of this practice as a form of treatment permanently ends a human life. As such, we must exercise great caution to ensure that there are effective safeguards against any abuse of the system.

I understand that the Minister of Health has said that physicians cannot be prosecuted under the bill for failing to comply with a patient's desire to end their life. The absence of any specific mention of this in the legislation that was brought forward is troubling. Without a specific reference to the rights of physicians to act according to their conscience, I believe it will not be long before doctors are facing lawsuits for failure to comply with a patient who wishes to die.

Again, while I am glad to see the government has decided not to include certain recommendations that the committee made, I feel it is necessary that I voice my objections to them before the government decides to add them at a future date.

I am doing this because my constituents are very concerned about this issue. I have received dozens of letters and calls from people in my riding, and they all want me to warn of the consequences that opening this door may bring.

I will touch on some of the most at-risk parts of society as far as assisted suicide is concerned, namely the young, the elderly, and those who suffer from mental illness.

In the preamble to the bill, the government said that it would leave the door open for non-legislative measures involving requests for assisted suicide from "mature minors, advance requests and requests where mental illness is the sole underlying medical condition". This is where I take the most issue with this bill.

What the Liberals call "mature minors" are people who are not allowed to buy alcohol or vote, and people who are subject to a different set of criminal standards than adults.

The Government of Canada, for many decades, has been of the opinion that while all citizens are entitled to their constitutional rights, there are what we call reasonable limits on certain rights. What I mean by this is that the rights of an individual stop when they directly conflict with the rights of another individual. Therefore, there is no primacy of one constitutional right over another.

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● (1835)

Now that the right to assisted suicide has been added to that list, I believe it should not now or in the future be made available to minors. When setting the voting age or creating the Youth Criminal Justice Act, governments create a different system for people who are not yet adults. The rationale for these differences comes from the medically accepted fact that the human brain is not fully developed until around the age of 18.

With respect to the possibility of providing assisted suicide to requests where mental illness is the sole underlying medical condition, I have two points. First, the Supreme Court did not mention mental illness in its ruling. Second, the court said that individuals seeking assisted suicide must be fully competent.

To that point, I would ask the government this. When a predisposition toward suicide is often a side effect of mental illness, how are doctors supposed to decide when the decision to die is the true wish of the patient or merely the effect of their condition? Is this a decision that we really want to force upon our doctors?

Another group of individuals that I fear may be exploited as part of this system are the elderly. Elder abuse is already a well-known problem in Canada and, no matter what actions the government takes, it is difficult to stop it entirely. The inevitable consequences of access to assisted suicide is that the elderly are put at risk of being exploited.

In jurisdictions where assisted suicide is legal, there have been cases of elderly people seeking the service because they feel they have become a burden to their family or to society. There have been even worse examples, such as situations where the elderly person's own family has pressured him or her into seeking assisted suicide. We cannot allow this to become a feature of the system.

What we do need to do is to help our elderly folks, providing them with a better system of palliative care.

During last year's election, the Liberals promised to invest \$3 billion on new palliative care. However, when the budget was released, there was nothing. I know that a number of my colleagues have raised this in other speeches, so I will not get into it in any greater detail. However, this is part of a broad theme of the Liberals breaking campaign promises during their high-spending agenda in many other areas.

Earlier, I spoke of my fears that the rights of doctors to operate according to their own conscience and religious convictions may be supplanted with this new right that the Supreme Court has granted.

I have seen arguments from people who say that doctors should have no right to deny such treatment, especially if they are working in isolated areas. To those people, I would say that we all have constitutionally protected rights, and one of those rights is that of the individual to practise their religion unhindered by the government. Each major religion in Canada disapproves of suicide in one way or another. Many of our doctors subscribe to and conduct themselves according to these religious beliefs. We cannot allow the rights of assisted suicide to replace the rights to practise one's religion or to follow one's conscience.

I want to add that I have had a number of religious nursing homes in my riding, Grimsby, Vineland, United Mennonite, saying, "What happens if the doctors refuse? Does it now fall on us, as an institution, to try to carry out their wills?"

These are some of the things that I think need further discussion.

We, as parliamentarians, must ensure that the proper safeguards are in place to prevent exploitation of the system. That is why I join with my colleagues on this side of the aisle in cautioning against moving too fast and too far on this issue.

Our goal, first and foremost, should not be to extend assisted suicide to patients, but to protect patients from it. By this, I mean a strong regulatory regime is required, one that would ensure that only those with incurable diseases and unconscionable suffering are granted access to this treatment.

We cannot make this a common form of treatment. It must be the absolute last resort.

This is by far the number one reason that my constituents have written to my office in recent days. I tell them what I am saying right now.

We cannot allow this system to become the norm. We must ensure that the first priority of this legislation is to protect human life. We cannot allow minors, whether mature or not, access to a system that ensures they have no future. We need to partner with the provinces and tackle mental illness rather than making suicide a more valid alternative. We also need to further the partnership to support palliative care.

I know that I am very fortunate. In Grimsby, we have the McNally House Hospice, which is well sponsored and well looked after in the community. I know in the greater region of Niagara that we have a number of facilities that people support in a big way. They give access to late-in-life care to more elderly members of society, therefore reducing the risk of elder abuse. I believe that is very important, and I realize that is not what every community has in this country.

We must, above all else, treat this issue with the same care that we would expect our doctors to provide to us.

● (1840)

Mr. Nathan Cullen (Skeena—Bulkley Valley, NDP): Mr. Speaker, this process did not start well. The work was done in Quebec for many months and years in advancing this conversation forward. There seems to be some reluctance in the country to talk about end of life. It is not a comfortable conversation for many Canadians. It is not one that often happens even within families to a proper level before that time comes. We all wrestle and grapple with these issues.

Once the Supreme Court decision came down, we joined with the then Liberals in opposition to suggest that a special committee be struck. The then government voted against that and wasted many precious months in hearing from an even broader spectrum of Canadians than we were able to since the last federal election. However, that all happened and now we are here.

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The member mentioned something about the conscientious objectors. This is my question. We note that it is in the preamble of the bill, but not in the structure of the bill itself. There are those in the medical profession who, for whatever reasons, be they religious or personal beliefs, do not wish to practise physician-assisted death. Yet it does not appear in the text of the bill itself. For those who have been around Parliament a bit, they know there is a difference between those two things in terms of its strength.

Having read both the committee's report and the dissenting report, could my friend comment as to why the government did not include such an important measure within the very heart of this legislation that would affect so many?

•(1845)

Mr. Dean Allison: Mr. Speaker, that was one of the concerns I heard the most in my office. I mentioned earlier in my speech that caregivers approached me in my office from various religious nursing homes and nursing facilities, which obviously have a very conscientious view of life and how important it is to them. One concern they had was that in smaller communities, there may not be many doctors or people may not have as many options, maybe not even palliative care, for that matter. If a doctor did not want to perform that service, what would happen? Would it mean that the responsibility would go back to the nursing home or care facility? That is a concern.

To maybe echo the question back to the member, that is one of the things we need to strengthen. We need to ensure it is not just in the preamble but in the actual legislation, so there can be protection for those with conscience and want to act according to their faiths.

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, I thank my colleague for his good work on this and also for his partnership with institutions in his riding that provide excellent care for many vulnerable Canadians, especially those facing end-of-life situations in hospices and nursing homes.

My question is related to the protection of the vulnerable groups among us, for example, those people who may have some underlying psychological issues and may not have the capacity to make decisions. The legislation has in it the need for two independent witnesses and two independent doctors. That is a big improvement over what we thought might come from the committee report. Yet there is no regime in place to ensure that those two supposed independent witnesses and doctors are actually independent.

Would my colleague support an amendment that would include some type of prior review, which would mandate either a judicial or a tribunal review to ensure that the assertions being made were actually factual?

Mr. Dean Allison: Mr. Speaker, I want to again thank the member for Kitchener—Conestoga for his excellent work on the committee.

I would certainly support that. One thing that concerns me is how far the report actually went. While I appreciate where the government legislation landed and that it is not perfect, my concern is what will happen in the future as we look to review these kinds of things. What happens then? Do we push it further?

We have seen before that if we do not clearly articulate the legislation, it becomes very easy to push the limit, to move around the edges, and then say we thought it meant something else or maybe we could go in a direction that was not originally intended by the people who were there at the time.

I, by all means, would support a notion like that.

Mr. Nathan Cullen (Skeena—Bulkley Valley, NDP): Mr. Speaker, I often say it is a pleasure for me to rise, because it is such an incredible honour to even stand in the House of Commons and attempt, in our own ways, to try to represent the great group of Canadians from our territories. Yet, as I approached Parliament this evening, thinking about this particular debate, I found myself struggling to use the word “pleasure”. It is simply because this debate strikes at the very heart of some of the most difficult questions we face as legislators, that we face as Canadians, that we face as friends and family of those who have faced the incredible difficulty of end of life.

There has been a certain amount of trepidation and perhaps fear from many of us in this place to talk about end of life, end-of-life care, the palliative care question, and to talk about end of life and the issue of medical assistance in dying, physician-assisted suicide.

I suppose there are some things required of us all in this debate. One is to fully appreciate and understand that great sense of responsibility and to bring to this conversation as much humility as we can muster. For some of us in elected office, humility is not always at the ready and available. It is also perhaps to bring the best wisdom we can from those who know a great deal more about this subject than we might.

Oftentimes we say that we have to separate the personal from the political, that we as legislators have to act purely in the best means and understanding that we have about the law and how we wish to craft the law in a way that is defensible at the Supreme Court and representative of our constituents. Yet, this debate brings those two things together for many of us.

This is incredibly personal for any who have stood in the House and spoken to this bill, or who will, if one reflects back on any experiences we have had with family members facing those challenges at end of life.

The Supreme Court of Canada ruled unanimously and gave Parliament a timeline to work toward creating legislation. It struck down the laws in Canada as it saw them. Many of those judges were appointed by the previous Conservative government.

What concerns me in what we see before us today is the government, as we often hear, has attempted to strike a balance. It has attempted to seek a perfect middle ground on such a contentious issue. While I admit that is a very difficult thing to do on legislation on an issue like this, we raised a number of concerns at the special committee.

We continue to raise those concerns, even though the New Democrats support getting this bill to the committee stage so we can hear from those witnesses who now have seen the final legislation. We need to understand whether it is constitutional, whether it is helpful, and whether it will actually achieve what the Supreme Court and Canadians have asked us to do.

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I mentioned in the past that it was with regret that after the Supreme Court came down with a very clear directive to Parliament to form a new law, to create new rules for our country, the previous government was unwilling or unable, for whatever reasons, to begin that work at all. We sought to pass a motion in the House of Commons to start the committee process, to bring the witnesses in so we could hear from them, but we were also six to seven months out from an election. The government seemed to not want to really talk about it.

The government struck some process that has since not borne any fruit, and now we are under the proverbial legislative gun. We are sitting late. The committee has worked incredibly hard. I want to thank all members, Conservative, Liberal, and New Democrats alike, who worked tirelessly to bring us incredibly important recommendations, some which made it into this bill, some which did not.

I know the Liberal co-chair of the committee has expressed his disappointment on some of these important issues. Yet, we face this time crunch, somewhat of Parliament's own manufacturing, unfortunately. While the process has been hard worked at, it perhaps will need some revising as the bill moves forward.

Let me take some specific moments and some concerns that we raised. The protection of medical practitioners, while it appears in what is called the preamble of the bill, in the aspirations of the bill, it does not appear in the actual heart of the legislation, it does not appear in the law. For those in the medical services community who have sincere religious, heartfelt beliefs that prevent them from assisting someone with end-of-life procedures, we need to have the most complete protection for those health care professionals.

• (1850)

I come from northern British Columbia. This is an absolutely contentious issue. Faith leaders from a broad set of denominations and those working within the medical profession, who are incredibly dedicated and gifted medical service providers, have come forward with serious concerns. I am not able to allay their concerns with what I see in this legislation.

We helped unanimously pass a motion from the member for Timmins—James Bay to finally have a national palliative care strategy. It is the other side of this coin. While there is the incredibly important issue of what happens at that moment of end of life, for all the moments leading up to that, what kind of care do we offer those who are passing from this life? What kind of honour, respect and love do we offer them through our medical system, through this great Canadian public medical system?

For so many years, governments have spoken the words. They have said that palliative care is important. They have said that they care for our seniors, for our elders, and for our sick, yet we see nothing for this in budget after budget. We do not see the ability to lift up that burden together and provide that palliative care. In some senses, Bill C-14 would be an opportunity to enshrine at least into law the requirement for the country to finally have a national palliative care strategy. It is disappointing that it is only referenced as opposed to being brought in with full weight and structure.

I was also disappointed because the committee worked so hard. As a New Democrat, it is difficult for me to credit a joint Senate

House of Commons committee. However, I know those good senators came to this process with an open mind. They worked very diligently and came up with a series of recommendations for the government over a number of the issues, and they were simply ignored.

That brings me to another concern. Legal and medical experts told us that even Ms. Carter would not actually qualify for assistance under this bill. She brought this case to the Supreme Court. She suffered so much. Her family went through hell trying to achieve the services they desired and had to go all the way to the Supreme Court. It finally won that arduous process.

Rather than get that perfect place where the government has sought to balance the competing interests over such a sensitive topic, my concern is that the government has muddled it entirely and invited future challenges in court. We have also heard from some of the lawyers who presented in front of the court. They said that this legislation would be challenged almost immediately. Therefore, what have we just gone through?

The committee met many hours and heard from dozens of witnesses. We looked at the very clear ruling from the Supreme Court. Then we came out the other end with something in the middle that offered neither side any great solace, if there are just two sides in this debate. We have heard from a number of the groups that have worked tirelessly on this issue, for decades in some cases, of their disappointment and dissatisfaction. Happily, the way the process works in our Parliament, the bill can go and be remedied.

This is the true test for the new government. This is its first constitutional legislation. This is the first time it must meet the challenge of the charter in legislation. Will it meet that challenge with the humility, courage, and intelligence that is required to do the right thing, not just the right thing by the courts, but the right thing by Canadians who are desperately seeking the ability to end their life on their terms when they are suffering so greatly? For us, to stand in judgment of them and their families, for us to say we will decree, under more and more narrow definitions, who can actually access this service seems dangerous to me. It seems hubris and unintelligent. This is simply because we invite years more of litigation in the courts and years more of uncertainty and suffering by those very families that are already suffering with a family member whose life is coming to an end in such terrible conditions.

• (1855)

I want to congratulate again the members who served, particularly the member for Victoria, who brought his legal wisdom and his compassion to this conversation, as well as the member for Timmins—James Bay, who first and most importantly raised this issue of palliative care and the need for that strategy. To all members of the House, we must find our convictions, find our courage, do the right thing, and do what is necessary both legally and morally.

[*Translation*]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Mr. Speaker, I would like to commend my colleague on his speech.

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In it, he referred to palliative care. If hospitals and health care facilities offered quality palliative care, that would also affect the quality of life of people who are dying. What does he think about that? Would palliative care not also be an appropriate way to ensure that everyone can die with dignity? How important is palliative care in the health care system?

• (1900)

Mr. Nathan Cullen: Mr. Speaker, I would like to thank my dear colleague for his question.

When it comes to palliative care, studies all show the same thing. Quebec is setting an example for the entire country, not only with regard to the end-of-life issue, but also with regard to palliative care.

We asked the Liberal government what its plan was and where the money was. It is difficult to provide high-quality care without money.

The questions refer to a void that exists. They look at only one side, not both sides. What are we going to do for Canadians? What is the government going to do for people who want palliative care for themselves or a family member?

I find that sad, but it is also an opportunity to build something that is strong, direct, and clear, to develop a national strategy that will give us a strong and ethical palliative care system.

[*English*]

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Mr. Speaker, I appreciated my colleague bringing forward a number of the issues he outlined. I am wondering if he feels that had there been more time given by the courts, some of these issues could have been addressed and the legislation could have been more robust.

Mr. Nathan Cullen: Mr. Speaker, while my friend was not here in the previous Parliament, it is a difficult question simply because the previous government made some decisions which many of us thought were unfortunate in terms of the question of time. While I appreciate and understand how difficult this conversation is, how politically charged it can be, emotions run high on all sides of this issue, the previous government delayed the efforts of Parliament to the point where we had to seek an extension by the court, which is not something the Supreme Court loves to do. Fair enough, it gave us a full year and we had to go back and seek more time.

I am of two minds. Yes, of course, we could have used more time, yet very little happens in life without a deadline. We need that impetus and urgency in order to get something done. I appreciate that we are having long sittings so that all members get an opportunity to speak here, and that the committee is sitting very long meetings right now. We heard from the health minister and the justice minister yesterday. It is what it is now.

What I fear, and I do not think this will happen but it is a legitimate fear, is that if we push anything further past the deadline that we have right now, then we will have nothing. We will simply have no law on the books. Whatever side of the issue people sit on, I do not think that would be an acceptable conclusion, simply because Parliament would recess into the summer and we would have two or three months in which the laws have been struck down by the courts and we have nothing in their place. Then what do we say to the medical professionals? What do we say to the families who have

someone at end-of-life stages as to what the rules are? We have no rules.

There have been previous difficult debates in the legislature. This legislature poorly dealt with the issue of abortion and never really resolved it completely. We cannot do that again around this question. We have to find the courage of our convictions and be resolved to bring forward our best thoughts and our best heart toward this question.

Mr. Earl Dreeshen (Red Deer—Mountain View, CPC): Mr. Speaker, it is certainly an important and sobering issue that I rise to address, which is on the minds of many Canadian families.

Last year, the Supreme Court of Canada found the current Criminal Code prohibition on physician-assisted dying to be constitutionally invalid. This decision required the government to revisit Canada's long-standing prohibition against euthanasia and assisted suicide.

Bill C-14 came about as a response to the Supreme Court ruling on the Carter case. The Carter case determined that persons who satisfy the following criterion of being a competent adult, suffering intolerably from a grievous and irremediable condition, and able to give their clear consent, have a right under section 7 of the charter to physician-assisted dying, or PAD.

Since that decision, the government appointed a Special Joint Committee on Physician-Assisted Dying to make recommendations on a legislative response. Liberal and NDP members in the main report for the special joint committee recommended a very permissive physician-assisted death regime beyond the parameters set aside by the Carter case. Their original report included provisions that suggested that physician-assisted death be available to persons with terminal and non-terminal illnesses, and to persons with physical and psychological conditions. What was most concerning, however, was the suggestion that the government would, in the future, study issues related to physician-assisted death for minors.

The recommendations and provisions suggested by the original report would set Canada on a very treacherous path. In response to these concerns, my Conservative colleagues released a dissenting report, which reined in some of the worrying suggestions and put forward a framework that more closely reflects the Carter decision.

In the dissenting report, my colleagues raised key issues that the legislation could tackle, which included limiting physician-assisted death to competent adults 18 or over; safeguards for vulnerable persons, including a provision for a psychiatric assessment; no advance directives; and conscience protections for physicians. Bill C-14 has adopted some of these key provisions from my colleagues' dissenting report.

The main safeguards in Bill C-14 include limiting euthanasia and assisted suicide to physical illnesses only, and putting in place an age restriction for such procedures. For those individuals who fall under the criteria for PAD, there is no specific referral to a psychiatrist in order to determine whether there are underlying mental illness issues that would compromise their capacity to give an informed consent.

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Letters have been pouring in from communities in my riding. I did promise my constituents that I would listen and study all of the important points that have been raised.

This situation has put the gravely ill against their own family's moral positions, and I too have been touched by the many stories that I have heard. Departed friends and family members had spoken to me in the past about allowing for a merciful end to their suffering, a position that many of us may find ourselves in when our time has come.

However, I am concerned that amendments may be introduced in committee to make the current legislative framework more permissive, or that an opening is presented for regulation to allow for the same permissiveness later on. This concern does not come from thin air, but rather from the very study penned by the special joint committee. Perhaps there could be amendments that would spell out a more restrictive legal framework so that we could effectively ensure that the safeguards are there to always protect the most vulnerable.

Canadian families on all sides of this debate are left anxious as to what lies ahead when the bill moves forward. The Carter case has forced Canadians to come to terms with this difficult decision.

I want to reiterate what my Conservative colleagues have been saying in the weeks leading up to this debate: our priority as parliamentarians should be to ensure that any new legislation developed conforms strictly to the Supreme Court decision, nothing more and nothing less.

● (1905)

Most Canadians want to see the government focus on improving palliative care, as it is an integral part of end-of-life care. There was unanimous agreement from the special joint committee and stakeholders, including the CMA, on the need for a pan-Canadian strategy on palliative care with dedicated funding. If it were up to Canadians, a national strategy on palliative care would be priority number one.

The conscience rights of health care professionals should also be taken into consideration. For some, physician-assisted death is against their moral code. It would be unjust to force a medical professional to act against their convictions. The oath to do no harm is founded in our commitment to look after one another and to care for our most vulnerable through viable medical interventions that honour the sanctity of life. There are many physicians and other health care providers that have raised this issue both with their members of Parliament and at committee. We parliamentarians need to address this for their sake.

There are harsh lessons to be learned from past experiences of jurisdictions such as Belgium. After legalizing euthanasia, deaths from such interventions increased every year. Safeguards were allowed to be removed and euthanasia is now available to individuals who are experiencing mental distress.

One of the most troubling instances of this slippery slope was when the Belgian parliament approved a bill that removed the age restriction from physician-assisted death, a provision actually recommended by our special joint committee report. This PAD

extension to minors was not included in the original legislation passed by Belgium years before either.

The slippery slope is a real social phenomenon. We cannot allow Canada to go down that path. We cannot allow any legislation on physician-assisted death to be permissive. Provisions must be restrictive as the Carter case dictates it to be. Canadians expect us to be steadfast in delivering a fair and clear legislation, but we have to avoid expediting any circumstances that would lead to fewer safeguards.

I urge my colleagues to learn from these harsh realities and lessons. While it has become imperative that the House pass legislation before June 6, it is equally important to make sure that we have an effective piece of legislation.

It is also true that not having a legislative framework to address physician-assisted death is equally irresponsible. Without a comprehensive legislative framework, Canada would consist of a patchwork of provincial protocols that would create other serious concerns.

We must also remember to be realistic. Even with safeguards, consent can be coerced and vulnerable individuals will never be without risk. In Belgium, there are cases where physician-assisted death was administered without explicit consent; it could very well happen here. Life and death decisions should never come easily, nor should it come from anyone other than oneself.

Life is truly a gift and we must treat it as such. Providing care should always be the priority, and I hope that a pan-Canadian strategy on end-of-life care is also unveiled. This legislation as it is does not carry sufficient provisions and safeguards. We can do better. We owe it to our constituents to do better.

I hope that if the bill is sent to committee, parliamentarians will have the chance to amend it further to include improved safeguards.

In closing, I would like to pay tribute to friends and family I have lost along the way. My mother and father, Verna and Herman Dreeschen, in life taught me and others so much about compassion and kindness. My parents also showed so much during their final days about strength of character, faith, and the realities of life. Of course, they are both dearly missed. The care they received was exceptional and there were opportunities for us to talk.

I remember specifically when my father passed away I had been in the House for two weeks. The first week we had elected a Speaker, so I had the chance to go home that weekend and talk to him about the individuals I had spoken to, such as Ken Dryden whom I did not agree with politically but I certainly did on hockey. We had a chance to talk.

● (1910)

I also had a chance, during the next break, to speak with the prime minister and talk about different issues and things that were going on. To be able to relay that information to him the week before he died was very important.

I say to all Canadians, as we face this sobering reality for ourselves and our loved ones, that they should know they are always in our hearts and prayers.

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• (1915)

[*Translation*]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Mr. Speaker, I thank my colleague for his speech.

How would he suggest that we balance protecting a doctor's right to choose whether or not to provide end-of-life services with making this service available to Canadians from coast to coast?

How does the member suggest that we balance these two rights? How can we ensure that this service will remain accessible all across Canada, even if doctors or health care professionals do not want to provide this care? As we have often heard throughout this debate, we need to ensure that this bill respects doctors' right to choose whether to offer this care, according to their conscience.

[*English*]

Mr. Earl Dreeshen: Mr. Speaker, I am not sure if I caught all of the question, and I apologize if I go off in a different direction.

For a number of years, I was the chairman of a hospital board, and one thing that was very important when speaking with provincial counterparts was the study of ethics as far as physicians and health care providers were concerned. That became a discussion that the board had with many different physicians. The rationalization of resources was a discussion point as well.

I think we have to make sure we respect their rights. Simply saying that, if one physician does not want to deal with this, we will provide another one to carry it out, I do not think is the way for us to go. We have to make sure that the safeguards exist, the psychiatric assessments have been taken into account, and we respect the rights of the health care providers.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I want to ask the member about advance review. There are a few interacting problems that create sort of a perfect storm in this legislation.

There are relatively ambiguous criteria, and yet there is no requirement for legal review beforehand. There are also opportunities for individuals or family members, who want someone to be euthanized or to take part in assisted suicide, to go from doctor to doctor until they get the kind of review they want. It may be that most doctors do not think a person meets the criteria, but the person finds one who thinks he or she does.

Would the member agree with me that, given these interacting problems, we need some solutions in terms of amendments that would actually protect vulnerable people, whether that is a system of advance legal review or some kind of other measure that would prevent this process of doctor shopping? Would the member agree that amendments are essential for protecting people who may actually not consent and may be pushed into euthanasia or assisted suicide because of some of these problems in the way the bill is structured?

Mr. Earl Dreeshen: Mr. Speaker, truly, one of the issues that is so important for us to study and look at is an issue like elder abuse, the kinds of pressures that are applied, and we end up with the elderly or sick, when they get near the end of life, feeling that they have become a burden. We have to make sure pressure is not applied on

them, hastening the decisions they may be making. Of course, if pressure is applied and we find that is the case, there is going to be an issue as far as the courts are concerned, as well.

There are laws on elder abuse, and this would have to be looked at as well to make sure counselling is not provided to end people's lives through physicians.

Mr. Phil McColeman (Brantford—Brant, CPC): Mr. Speaker, as I approached this speech tonight, I have said to many in my community and my family that this would be the most important speech I ever deliver as a member of the House. I have been here eight years and hope to represent my constituents into the future.

I am going to speak about the most vulnerable, about meaningful safeguards, and about addressing the slippery slope that is Bill C-14.

First, here is full disclosure. I am the parent of a 29-year-old intellectually disabled son. I held the hand of my mother as she exited this world in pain. I watched a very close friend pass away over two years, in pain from a horrible disease.

Earlier in this debate, the member for Durham used words that resonated with me, that we all seek “compassion on both sides of this issue”, and that is essential.

I am going to refer to some messages that have been written and sent. I should also disclose that I, too, have held public meetings. In fact, this issue was brought up during the election campaign, and I stated my position very clearly and concisely to the voters on this particular issue.

I would like to start with a quote from the member for Calgary Nose Hill who said in her opening statement that this is about “the sanctity of human life”, “defining the morality of our country”.

I would like to read the words of someone who is greatly respected. His name is Jean Vanier, and he wrote an article, along with Hollee Card, in *The Globe and Mail* on March 1. He heads up an organization called L'Arche, and he said:

We in L'Arche have had the privilege of accompanying many on life's journey, not only in times of health and strength, but in times of fragility and weakness as well. Through this experience we have learned many things.

Most importantly, we have learned that it is the most fragile among us who are the closest to their humanity, to their suffering, and to their need to be loved. It is they who show the rest of us the way to live in truth and in love.

He goes on to say:

This is why we have a special obligation to ensure that the care available to each of us throughout our lives, but especially in our final stages of life, affirms both our dignity and humanity. Otherwise, we diminish our range of experience to include only our independence. We diminish the love we can share, and the vulnerability we can show to one another.

Such a spartan culture ultimately devalues life. In its place we must recommit to honouring and accepting ourselves and others by finding ways to accept our frailties, and the full course of life.

Members can see that Bill C-14 undermines the precarious position of people with disabilities in Canada.

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Other interesting comments that were shared with all parliamentarians came from an individual named Hugh Scher, a solicitor and lawyer, who for 25 years has advocated on these issues. By the way, he points out at the very front end of his letter to us that he was not invited to talk at the committee, yet he has advised every party in the House on these issues.

Let us talk about the safeguards he points out.

Judicial or Tribunal oversight to ensure compliance with legislated requirements and to identify vulnerability before the fact is an essential requirement for effective oversight in respect of any regime of assisted suicide;

He goes on to say:

The requirement of judicial or tribunal oversight and of vulnerability assessment and identification before the fact by way of prior review are an essential requirement of any regime of assisted suicide and must be implemented by Parliament in the event that there is to be any prospect of safe implementation of an assisted suicide regime. Failure to implement such measures will leave vulnerable Canadians at significant risk without any means of enforcement or protection from abuse;

● (1920)

By the way, Bill C-14 does not have those protective measures of judicial oversight in it.

Some say the bill does not go far enough. Let us take the example of Belgium and how it has evolved over the years. Thirty-two per cent of cases carried out in Belgium are without any request or prior consent of the individual. Even though the law requires it, it is ignored and it is not prosecuted. The numbers since that bill was introduced until today are staggering. What happens is that society changes. Society changes and this becomes the norm. People start accepting the fact that this is the way it is.

One of the issues with Bill C-14 is the fact that, in the preamble, there is a statement to allow for further study for mature minors and persons with mental illness. To me, I interpret that as code. That code is saying that those who want wide-open, available euthanasia, death on request, are not to worry, that it is coming. That is the code. If we look at the report of this particular special committee and what it brought back to Parliament, stating what these people would love to have, we see the code that it will be coming. It is written right in the preamble of the bill.

Some have said that it is the incremental expansion over the course of time in ways not yet contemplated. Over time, citizens become more used to it. Over time, the law would encourage and encompass people with more ailments and younger patients. There is a dangerously contagious effect of assisted-suicide laws that has been observed in the Benelux countries and in the jurisdictions that have had this law on the books for a long time. This is about the sanctity of human life, defining the morality of our country, as the member for Calgary Nose Hill so accurately said.

Let us talk just a minute about the conscience rights of health professionals in institutions. These are not in the bill. We would have to amend this bill to have these rights in there. At my public meetings, we had many doctors who expressed their view that this was absolutely essential for them to carry on in practice really and they would look to alternative jurisdictions to not have to abide by this. That is also for health care professionals in general.

● (1925)

Moving on to palliative care, I and the people of my riding are very fortunate to have the finest palliative care in the country. One of the individuals who spoke at the public meeting said she has watched many people at end of life resolve issues among their friends and family, who would never have had the chance. These are people who have passed along in the best possible environment.

My comment is that the Supreme Court has forced us to this position. If we are to have a law, we must have a law that is as airtight as possible. We must protect the most vulnerable. If one person dies because of a badly scripted law in this country, it will all be on us.

I appreciate the time to speak tonight.

● (1930)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, maybe this is a good time to reflect on the many members who have stood in their place to address this bill, many of them referring to personal stories which have provided a great deal of insight into what we are debating here. It is very much appreciated.

The member made reference to the Supreme Court of Canada. We do need to recognize that all nine Supreme Court judges made the decision, and we do have to come up with the legislation. We have known that now for well over a year. There has been some fairly extensive work done.

We now have the bill at second reading. There has been an open door in terms of government and opposition members being able to share thoughts and ideas with the ministers responsible, or to at least bring their thoughts and ideas to the committee.

I am wondering if the member recognizes, first and foremost, the fact that we have to come up with legislation, that there is a deadline of June 6, that the bill has to go through the committee stage, that it still has to go through the Senate, that there is an obligation on all parliamentarians to address the void that has been created by the Supreme Court of Canada, and that is really what the Government of Canada is responding to.

Mr. Phil McColeman: Madam Speaker, of course, we are all aware of the reality we are faced with today by the Supreme Court putting a deadline on it. It is totally unacceptable in my view, yet here we are.

If members take anything from my comments tonight, they should take that the government needs, and we as parliamentarians need, to craft this law to be as protective as it can be for all Canadians right across the board. That is what the Supreme Court actually said, that it should protect Canadians, the most vulnerable especially.

I am here advocating tonight that my fellow parliamentarians take that seriously, and to put in place amendments to this bill, if that is what it takes, and to take the time to get it right, so there is not one life, one disabled individual, one person who falls between the cracks.

That is why we eliminated capital punishment in this country, for the sake of one person being wrongly executed. I am asking for the same courtesy from my fellow parliamentarians.

[*Translation*]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Madam Speaker, I thank my colleague for his speech.

Many of his colleagues have implied that doing nothing and using the notwithstanding clause are options in this case, so can the member at least acknowledge that doing nothing leaves us in a legal vacuum, which is not an option?

As parliamentarians, we have a responsibility to address this issue. We must not imply that it would be responsible to simply leave things as they are. We must ensure that people have access to what is now a charter right. Not acting is not an option. Parliamentarians must respond and take action. In this case, we must take action before the Supreme Court's deadline.

[*English*]

Mr. Phil McColeman: Madam Speaker, I will more or less underscore what I just said. I realize we are in this position, where many of us would rather not be.

However, we do have options. There is the notwithstanding clause. That is an option. Whether this Parliament wants to go that route or not will be determined. There are other options, such as to not pass the bill, and in the meantime work on something else. Those are options. I am not personally advocating that.

I am personally advocating the reality that we are here, and we must address the issue, so let us address it in the most restrictive fashion we can so that it is an exception in our society when someone is able to have doctor-assisted suicide or euthanasia. Let us protect society as we have always done. This is about the sanctity of everyone's life.

• (1935)

Ms. Dianne L. Watts (South Surrey—White Rock, CPC): Madam Speaker, I rise to speak to this issue, as many of my colleagues have done throughout the day.

It is most certainly a difficult issue that is faced by many individuals and society at large. Like many of my colleagues, I have had many conversations with my constituents and medical health professionals, with doctors who are in support and doctors who are not. The issues and concerns vary with each and every sector. I have heard concerns around protecting the rights of doctors who do not want to participate. I have heard from constituents who adamantly oppose any type of legislation for moral reasons. I have also heard from constituents who have gone through very difficult times and have had family members who suffered greatly. They support legislation being in place.

However, the significantly short amount of time that has been allocated by the court has indeed posed a challenge on many fronts. While some consultations have been undertaken in some communities in some ridings, there has just not been enough time to engage Canadians across the country in a fulsome debate. In fact, in Quebec, it took six years to go through the process. As one of the options, we should request from the court additional time to really address these complex issues, to engage Canadians far and wide, and to get input

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from many different sides that were not able to come to the committee or appear as witnesses.

I have a great amount of respect for the members in the House who have worked on the committee. I know it was not an easy task for them. I also respect all the members who have really struggled with this issue on many fronts. However, to rush to develop legislation is really of great concern to me.

I am pleased to see the recommendations from our dissenting report that spoke to the issues of mature minors, persons with mental health issues, and advance directives. Some were implemented and some were not. However, there are still issues around conscience protection for physicians and health care professionals.

The protection of the vulnerable really must be a core foundational aspect of the legislation and framework, as eloquently put by my colleague, the previous speaker. Protection for doctors and health care professionals who do not want to participate must be embedded within the legislation and not within the preamble.

I want to share a story that really speaks to the issue. I know of a young nurse who just graduated and who recently applied for a nursing position. The interviewer asked her if she would be able to inject a patient who requested to die. The young nurse, who had just graduated, said no, that was something she could not do. Needless to say, the young nurse was not hired. I share this story because within the legislation we need to protect individuals who do not want to participate.

We have failed Canadians as it relates to end-of-life care and providing a robust palliative care system and hospice support. We must institute high-quality palliative care in every community in every province across the country.

I received a handwritten letter from one of my constituents. I was not in this place at the time.

• (1940)

She wrote:

Did you know in June 1995 the Special Senate Committee on Euthanasia and Assisted Suicide advised the government make palliative care programs a priority in the restructuring of the Health Care System;

That was Bill C-545, an act respecting the provision of continuing care to Canadians, a private member's bill. She also noted that only 30% of Canadians have access to palliative care.

She went on to say:

Can you assure that Palliative Care will be available to all citizens of Canada before these same citizens are offered medical assistance in dying?

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This is very poignant because, given the legislation that we are discussing and where we are going with it, we need to have a national strategy on palliative care. We need to look at the end-of-life care as a process toward death. This is part of the overall continuum of care. We do not do that now. I think it would be prudent for us to have those measures and plans in place because it is about dealing with people who are coming to the end of their life.

As I said earlier, I believe that a robust palliative care system should be implemented. I also believe that a psychiatrist or social worker needs to be part of the assessment process, and that a palliative care consultation should be undertaken prior to moving to doctor-assisted suicide.

The health minister stated in the House yesterday that \$3 billion would be dedicated to palliative care over four years. I was pleased to hear those comments. However, it was clearly an afterthought because that amount was not included in the budget, nor was there any mention of palliative care or hospice care. This is a fundamental flaw that should be rectified immediately.

In light of this legislation, we need to move very quickly to implement a national strategy on palliative care. This is a very complex issue. I certainly have many concerns on a number of fronts with this legislation. We need strict protections embedded in the legislation regarding the protection of conscience and the right to have access to palliative care. I stress that these amendments must be embedded within the legislation.

Of most concern is the possibility in the preamble of including mature minors and those with mental health illness at a future date. While the courts have mandated the development of legislation, it has most certainly not allowed the appropriate time to have a thorough discussion with Canadians across the country. This issue is not one that should be rushed. It deserves thoughtful, respectful consultation and debate with everyone.

Hon. Alice Wong (Richmond Centre, CPC): Madam Speaker, my colleague made a very thoughtful speech, and I agree with her in many areas. I know there are a lot of friends in Parliament who keep saying that if we do not pass the bill, there will be no law with respect to assisted suicide.

I know that I am not alone in stating that the time frame set out by the Supreme Court is not sufficient, and that 16 months is not nearly enough time to adequately examine evidence, consult with Canadians, and prepare well-drafted, carefully examined legislation.

What is our responsibility as lawmakers?

• (1945)

Ms. Dianne L. Watts: Madam Speaker, fundamentally, our responsibility is to protect the most vulnerable. There are measures within the legislation that do not allow for that. We have been mandated by the court to provide legislation, and it should be the very best legislation that can possibly be put forward. I do not think that we have had adequate consultation with and input from many sectors across the country. I believe it is premature to be at the place where we are right now.

[Translation]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Madam Speaker, I would like to thank my colleague for her speech.

I heard many members say that they did not have enough time, even though the Supreme Court rendered its decision on February 6, 2015.

Several months went by between the time when the Supreme Court rendered its decision and the time when the new government took office following the October 19 election. We finally have a bill because of the new government's agenda and an extension until June.

If parliamentarians had worked on this issue from the start, it might have been resolved in time to meet the Supreme Court's deadline. Does my colleague not agree?

[English]

Ms. Dianne L. Watts: Madam Speaker, when the time frame was handed down by the Supreme Court I believe there were preliminary consultations that had begun at that point. I also know that there was an election. During the election, I believe a lot of the work ceased because of the election. Then it was incumbent on the new government to continue developing the legislation.

I go back to the Quebec example that was six years in the making. I go back to other countries that have dealt with this issue, and it was 10 years in the making. Even if there were a continuation of that work for 16 months, it would still not be adequate.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, the member made reference, in answering a question, to seeing her primary job as protecting the most vulnerable.

Does the member not recognize that if the legislation were not to pass, the most vulnerable she wants to protect are going to be that much more vulnerable because there is no law? Would the member not agree that it is better to have this brought forward before June 6 in order to protect the vulnerable?

Ms. Dianne L. Watts: Madam Speaker, we have good legislation and bad legislation, so depending on the legislation and the amendments to the legislation, we will look at how it protects or does not protect the vulnerable.

There is still a lot of work to do and there are amendments that have to be put in place.

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Madam Speaker, as others have said before me, we are debating this evening one of the most important issues of our time. It is not just an important issue but a difficult issue. In fact, it is a real constellation of difficult issues and difficult decisions. It is an issue that has been a concern in Canada for decades, including the case of Sue Rodriguez more than 20 years ago. We are talking of it again because of the landmark Carter decision that has instructed Parliament to create legislation to legalize and regulate medically assisted dying.

Like all members of the House, I have received many letters, emails, phone calls, and personal representations from all sides of the issue. Some people are concerned that because of the restrictions in the legislation they would not be eligible for the procedure should they need it in the future; while others are worried that medical practitioners who have ethical concerns would not be able to opt out if they wish.

Government Orders

Obviously we need good legislation that clearly spells out the eligibility criteria for this procedure as well as the regulations around the actual procedure itself. Because of these needs, I am generally in favour of this legislation, but I feel that it is deficient in several regards.

We have to ensure that this bill properly addresses the Supreme Court decision. The last thing we need is to prolong the suffering of grievously ill people through more litigation.

As I mentioned, we also need to ensure that the practitioners who are undertaking these procedures are protected regarding their roles and moral beliefs. Last week in the House, I tabled a petition from many of my constituents on this issue.

We need to ensure that people with progressive illnesses have access to suitable palliative care, as many people have mentioned here this evening. They need access to palliative care, pain management, and home care so that medically assisted dying is not set out simply because other more appropriate actions are not available.

Finally, we need to ensure that this procedure is equally available across the country.

The need for this procedure is clear as was laid out in the Supreme Court decision. One of my constituents has already requested legal access to the procedure, several months ago, without waiting for our action here as his suffering was so great. He waited through the foot-dragging of the previous government, but could wait no longer. Clearly, other Canadians who are suffering through intolerable pain and discomfort will continue to access this service through more complicated legal channels if we do not pass legislation here.

Just last Friday, I met with another constituent who is suffering with advanced progressive multiple sclerosis. He wanted to talk first about federal funding for research into experimental treatments for MS. Because of the advanced nature of his disease he was not able to access the present experimental treatments, but he desperately wanted others to have greater access in the future. However, now that he cannot dress himself, bathe himself, or even shave his face, he feels that life with any dignity is fast slipping away. He is deeply concerned that he would not be eligible for medically assisted dying because his natural death may be years away and not “reasonably foreseeable” as this bill now states. Many experts feel that even Kay Carter, who brought the case before the Supreme Court, would not be eligible for medically assisted dying under the criteria now set out in Bill C-14.

The same constituent also recounted how difficult life is for his wife as he faces his progressive illness. He would like better access to home care services and later palliative care, so that his wife can have respite from his daily care. However, these services are not available equally across Canada. We desperately need a national palliative care strategy and the funding that goes with it to ensure that patients who need this care have access to it. Bill C-14 refers to palliative care in its preamble, but it is silent after that. The government was silent on palliative care in the budget, despite a promise for \$3 billion for home care in the election campaign.

● (1950)

Hospice care is also needed across this country, but it is even less available than hospital palliative care. In my riding, there is only one hospice centre and it is five hours by road from the east side of the riding. I have met with an active hospice society on the eastern edge of the riding, but it is struggling to find funding for a hospice, despite a clear need for it and a strong case that it will save a considerable amount of money in the local health care system. This disparate amount of care is a concern to me, since we do not want people choosing medically assisted dying simply because they do not have access to proper pain management, palliative care, home care, or hospice treatment.

Finally, I would like to talk about advance directives. Many people with progressive diseases would like to provide their loved ones and physicians clear instructions regarding their fate if they become incapable of giving those instructions at a later date because of their deteriorating physical condition. The special joint committee that studied this issue made a recommendation to allow advance directives regarding medically assisted dying under certain conditions, but this recommendation is not included in Bill C-14. Certainly advance directives must be crystal clear if they are to be used, but it is an issue that we must face.

To conclude, I feel that the eligibility criteria put forth in this bill may not reflect the Supreme Court ruling that brought us to this point. While we have to be careful to protect the most vulnerable in our society, many Canadians, including the constituent I mentioned at the start, will suffer even more than they are now if we get this wrong.

I know that this debate will continue at committee and I hope some of the concerns I and others have raised will be addressed in the few weeks remaining before the June 6 deadline.

● (1955)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I want to ask the member for his thoughts on the timeline. A number of comments have been made about the issue of the timeline and the fact that we did not have to be this rushed. The previous government put in place an expert panel to study the issue and that panel was supposed to report back with specific legislative recommendations.

However, the new government took away that panel's power to report on legislative recommendations, despite the vast consultation that was already happening. It then started a new panel process with a special committee, but even after the special committee reported, the government waited for months. It has put us in the situation of a time crunch.

Government Orders

I would say that we do not have to play the Liberals' game. If they bring forward a piece of legislation or amended piece of legislation that could gain substantial consensus in the House, which addresses things like advance review and conscience protection, then we will be a lot better off and can allow the bill to move forward quickly. Instead, the government has created an artificial time crunch unnecessarily and is even moving to bring forward closure.

Would the member agree that the government should be working more collaboratively, rather than using things like closure and creating an artificial timeline to push this through?

Mr. Richard Cannings: Madam Speaker, I was not here in the last Parliament, but it is my understanding that the special expert review panel that was set up was not really judged by many to be completely unbiased and perhaps was not really the best way to move forward. It took many months to even establish that panel. If the government had acted right away, as this Parliament did after the election in October, we might be further ahead.

People brought up the example of Quebec taking six years. Canada did not have the courage to face this question 20 years ago. I mentioned Sue Rodriguez in my speech. If we had taken this action —

[*Translation*]

Mrs. Sylvie Boucher (Beauport—Côte-de-Beaupré—Île d'Orléans—Charlevoix, CPC): We were not ready for that 20 years ago.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I would ask members to rise to ask questions and to respect those who have the floor to make a speech or answer questions.

[*English*]

Questions and comments, the hon. Parliamentary Secretary to the Leader of the Government.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, to reflect back, when the Supreme Court decision was made, I believe both opposition parties, the Liberals and New Democrats, called on the government to take action. In fact, a motion was put to the House to try to convince the government of the day to act.

I wonder if the member would comment on the fact that, yes, we have lost the opportunity, but what is really important for us to recognize is that we need to get this thing done in a timely fashion.

Mr. Richard Cannings: Madam Speaker, I would agree with my colleague across the floor. Given the situation we are in now, the best course forward is to bring this legislation through and make it as good as we possibly can through amendments at committee.

If we do not do that and we miss the deadline, as others have mentioned, we will be without legislation. As I mentioned, a constituent of mine decided last February that he would seek other legal actions to access this service without the benefit of this legislation. That is where we will be if we do not do this.

• (2000)

Ms. Tracey Ramsey (Essex, NDP): Madam Speaker, the member brings up something that many of us are struggling with, and that is

we feel the bill has not gone far enough. Others feel it has gone too far.

Some people feel that where it has not gone far enough are the advance directives you brought up. We know the all-party special committee sought to resolve this and it is our hope that will be done in the committee process.

I wonder if you could speak further to the issue of advance directive?

The Assistant Deputy Speaker (Mrs. Carol Hughes): I would remind members that the questions are to be addressed to the Chair.

The hon. member for South Okanagan—West Kootenay, a very brief answer, please.

Mr. Richard Cannings: Madam Speaker, while advance directives are clearly wanted by many people in progressive illness conditions, the legislation must make these directives crystal clear. We have to ensure these people really want this, the same safeguards that are there for the present directives. It is something that we must face.

Mr. Guy Lauzon (Stormont—Dundas—South Glengarry, CPC): Madam Speaker, I arrived here a very fortunate man 12 years ago, elected by the electors of Stormont—Dundas—South Glengarry. I really believe that since that time this is probably the most complex and sensitive issue I have ever witnessed come before Parliament, for me personally anyhow.

As far as disclosure goes, I am a practising Catholic. As a result of that, I will definitely be voting against Bill C-14. For me, this is a moral issue. I strongly believe in the sanctity of life. In fact, ever since I can remember, I have taught that life is precious, especially a human life, but also an animal or an insect's life. All through my life I have been taught that life is a gift from God and we should respect it as such.

That is not the only reason I will be voting against Bill C-14. Because this is such an important issue, I thought I should get input from my constituents. I took the trouble of sending a survey to 45,000 homes in my riding. The results were: 65% of the constituents of Stormont—Dundas—South Glengarry were against Bill C-14, and 35% were in favour of the bill, with conditions. I read many of the comments of the 35% and those conditions were rather strict. They called for very limited assisted dying.

I want to thank the joint committee. I wish I had been on the committee, but in other respects I am glad I was not. It must have been a very emotional committee on which to serve. I want to thank all the members for the hard work they put into it, especially the members of the Conservative Party, because they issued a dissenting report. Thank God for that dissenting report.

Government Orders

I must give the government credit for accepting some of the issues included in the dissenting report. They were things like limiting it to competent adults 18 or over. That is so important. If we are to have this legislation, at least we should have that as one of the criteria. The other one was safeguards for vulnerable persons. My colleague, the member for Brantford—Brant, spoke about that. He has a son who is in that category. There was also protection for physicians who disagreed. I have had so many physicians in my riding say that they cannot support this and believe they will be in trouble if they do not support it.

As many of my colleagues said, we have to do this. The Supreme Court of Canada has told us we must. However, if we must do it, let us minimize the damage. There is a way to do that. It is called palliative care.

During the campaign, the Liberal Party promised \$3 billion for long-term care, including palliative care. However, in the budget, as my colleagues have stated, there was no hint of any money for long-term care and certainly no money for palliative care. It is nowhere to be found in the budget.

The special joint committee and most of the stakeholders who appeared before it, including the Canadian Medical Association, spoke of the need for a pan-Canadian strategy on palliative care, with dedicated funding. They suggested that there be dedicated funding for palliative care if we were to enact Bill C-14.

My Liberal colleagues are in the House. They are going to have a caucus meeting tomorrow, as will we. Money for palliative care should be brought up at that meeting.

I spoke with the manager of the Cornwall hospice today. Cornwall hospice is in my riding. About eight to ten years ago the community came together. We thought we needed a hospice so we raised funds. Now we have a wonderful 10-bed facility that deals with 100 to 150 patients per year.

● (2005)

I had heard through the grapevine, and through reading, that sometimes people left palliative care. I called the manager of this hospice directly and asked if this had ever happened. He said, “most definitely”.

On average, three to four people leave palliative care in a year. Sometimes they are gone for six months to 24 months. Imagine if some of those people had chosen the route of Bill C-14.

I was doing some reading on this issue, and it really struck a chord in my heart. I would like to quote something that I read, which is from the Euthanasia Prevention Coalition. It says:

Yet of the millions of mis-diagnoses every year, many are terminal mis-diagnoses. We know this because of the thousands of people who “graduate” from hospice each year.

People leave hospices not only in Cornwall, but right across North America and the world. There are so many examples of people outliving terminal prognosis, from Ted Kennedy living a year longer than predicted, to John Norton from Florence, Massachusetts, who testified before the state legislature. When he was diagnosed with ALS, he would have definitely used assisted suicide were it available. Luckily for John, his family, and everyone who has come

to know him, assisted suicide was not state policy. He went into remission, and 60 years later he is urging people to reject assisted suicide. I rest my case.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, we consistently hear the opposition benches talk about a commitment toward palliative care. In fact, there is a commitment, which is in the budget document. The Minister of Health clearly indicated that we would be going into a new health care accord.

In order to accomplish the type of palliative care that Canadians want and deserve, we need to work with the provinces. This is the only way we can ensure that we have good, quality palliative care in every region of the country.

There has also been a commitment of hundreds of millions of dollars by this government toward improving palliative care. We recognize the value and the expectations of Canadians. Would the member at the very least acknowledge that?

We have to agree to disagree. I understand where the member is coming from in regard to this bill. However, we have a responsibility as parliamentarians to pass this legislation. It would be inappropriate for us to do nothing and let June 6 go by, which will leave a lot more people a whole lot more vulnerable.

However, would the member not at least agree that there is a genuine investment in the future of palliative care, especially if we compare this government's nine months to the ten years of the previous government?

● (2010)

Mr. Guy Lauzon: Madam Speaker, with all due respect to the member across the way, I would like him to show me the cash.

There was a \$3 billion commitment in the Liberals' platform, and all of a sudden it is not in the budget. The member is asking us to trust them, that they are going to have an agreement with the provinces and it is going to be there.

Quite frankly, we should not be passing Bill C-14 until we have palliative care in place. We heard about the gentleman lived 60 years. Imagine if he would have taken advantage of Bill C-14, assisted suicide. However, we have to talk about Bill C-14, which is a different case.

With all due respect, as I said, I would like to see the cash.

[*Translation*]

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Madam Speaker, I would like to thank my colleague for talking about palliative care. In my opinion, that is an important issue that has not been brought up and talked about enough.

Government Orders

It does not make any sense to say that people who are diagnosed with a terminal illness have two choices. One of those choices is not a very good one, so we are going to offer people medical assistance in dying. Meanwhile, the palliative care that is available may be less than optimal, or there may be none available at all.

Many palliative care facilities are non-profit organizations. We can therefore provide them with direct assistance. These facilities need to raise thousands of dollars every year to provide their services. They would like to have bigger rooms to make more space for family members.

Does my colleague agree with me that the choices that are being offered to patients do not make sense? One of those choices is not a very good one, so rather than choosing the best option, people have to choose what seems like the least of the bad options in their circumstances.

Mr. Guy Lauzon:—Madam Speaker, I agree with my colleague. Her question is very relevant.

[*English*]

I am going to do a little self-disclosure here. My first wife passed away from cancer. Cancer is not a pleasant disease to die from. When she was dying, the specialist called us in and said that they were not going to give her any more treatment. My wife said that she did not want to die. The doctor said that the truth of the matter was that nobody ever wants to die.

My wife and I had talked about this. I spoke up and said that Carol was not afraid of dying. She was a very spiritual lady and she knew where she was going in the next life, but she was afraid of the pain, as I was afraid of watching her go through the pain. I expressed that to the specialist.

He took my wife's hands in his hands and said, "Carol, I promise that you will not feel any pain. There is no need to have pain if the medication is proper. I promise you, and I promise your husband that there will be no pain in this death."

That put her at ease.

Ms. Rachael Harder (Lethbridge, CPC): Madam Speaker, I would like to start this evening by acknowledging the difficulty of this task. Certainly the Minister of Justice faces a very daunting one. It is clear that Canadians have varied beliefs and deeply held convictions when it comes to the issue that is before the House today. I appreciate that the justice minister has attempted to find a law that balances the autonomy of individuals and the rights and responsibilities of the Canadian community as a whole, while simultaneously protecting the vulnerable among us.

It has been said that a society can be judged by how it treats its weakest members. I believe that is true.

I have to confess that I have wrestled with this legislation and continue to do so today. It seems as though the Supreme Court of Canada, with the Carter decision, has forced us into an unending abyss of grey. I prefer clear lines. I like black and white wherever possible.

I believe that doctors exist to save lives, not take them, and I believe that we as a society should always contend for life and not

against it. However, the Supreme Court of Canada has ruled otherwise, and thereby robbed Canadians of clarity when it comes to this issue.

Assisted dying is now permitted in Canada, and we as parliamentarians have been tasked with the responsibility of putting legislation in place.

To that end, I would like to take a few minutes to share with the House and with the Canadian public my reflections on the proposed legislation. In particular, I would like to explore whether or not the rules and regulations within this legislation are adequate to protect the most vulnerable Canadians among us from being encouraged or pressured into pursuing assisted dying.

To be clear, this legislation is far better than what was recommended by the special joint committee, but there are still a number of things that cause me concern.

The first is a lack of access to quality palliative care within the nation of Canada. Right now, only 30% of Canadians have access to palliative care. Without access to all end-of-life options, a person cannot make a fully informed decision with regard to how they will face their death. Palliative care affirms that fighting to preserve life is our natural instinct and that dying is a part of our natural human experience.

Palliative care empowers a person to come to the end of his or her life with dignity intact and in a state of comfort. It deeply concerns me that we as a society are willing to invest significant dollars into assisted death before allocating adequate funds for palliative care. Why are we shifting to placing greater emphasis on death than on life?

Furthermore, I am concerned about those who acquire a disability during their life. In my role as the critic for persons with disabilities, I was able to consult with many organizations from across the country as well as organizations within my local constituency, and with a broad number of individuals who currently suffer from a disability. These personal stories helped to shape the concerns that I hold and will deliver today.

Without exception, every person who acquired a disability in their life told me that they experienced a period of intense depression as they adjusted to their new reality. For some, this period lasted days, and for others it lasted years. However, the hope they shared with me was that despite how different their life looked after they adjusted to their disability, they did regain purpose, joy, and dignity.

All of these individuals continue to face significant daily challenges. Quite a few of them rely on others for basic needs, such as eating or personal hygiene, and many even live with chronic pain. However, all of them have come to value the life that they lead and live with dignity, honour, and respect.

The message that these individuals brought forward to me was that in their previous lives they did not have a clue with regard to how it was possible to live with purpose and dignity while having a disability. This attitude took a while to discover, and they did so within the circumstances of their condition.

This is why I was pleased to see that the justice minister held her ground and did not allow for advance consent.

Government Orders

The Supreme Court, in many previous decisions, has defined the concept of continuous consent. We often hear about this in relation to sexual assault trials, but the principle is active in this case as well. Both the trial judge and the Supreme Court specifically limited assisted dying to a competent adult person who clearly consents to the termination of life. This consent needs to be given throughout the entire procedure. A previous declaration cannot fully appreciate how a person's understanding of his or her own condition changes as he or she learns to adapt to the new reality. Simply trusting someone's preconceived concept of what they will be like in the future is not a reliable mechanism for determining how they will actually be with their future condition.

● (2015)

I appreciated the reference from the minister to the need to protect vulnerable persons. The Supreme Court rightly found that the intent of the previous Criminal Code provisions was to protect vulnerable people from being induced to suicide. The Supreme Court validated this intent with its Carter decision. The unfortunate reality of people with disabilities and those with degenerative conditions is all too often one of poverty. In this circumstance, these individuals are entirely reliant on community access initiatives in order to live lives of dignity.

I have heard tragic stories of individuals who, with minimal community supports, such as adequate home care or assistance in transportation, could easily live a dignified existence. However, because these individuals were left in isolation and vulnerability, they wanted to access assisted suicide. They wanted to end the suffering that had nothing to do with their condition and everything to do with their social vulnerabilities. This is the harsh reality. Without strong safeguards in place, vulnerable people could be influenced to accept assisted dying because of non-medical social circumstances.

For this reason, all of the major organizations I have talked with from across Canada that work with persons with disabilities have called for a prior review by an expert to assess non-medical social vulnerabilities. This is not currently part of the legislation that is proposed. Something that I believe is absolutely essential to any legislative framework as we go forward is to have a prior review by someone with the expertise to determine if isolation, depression, burden, or poverty are impairing the ability of someone to make a competent decision with regard to assisted dying.

I commend the Liberal government for reintroducing into this debate the concept that physician-assisted dying must be connected with a condition that would lead to death. I appreciate this provision. As an alternate member of the Special Joint Committee on Physician-Assisted Dying, I saw a number of members of that committee from both the House of Commons and the other place argue that assisted dying should be offered to any individual who felt he or she was experiencing "enduring suffering that is intolerable to the individual in the circumstances of his or her condition."

The emphasis was on the perceived experience of the individual rather than a physical condition. There is no science to this approach, and no external diagnosis. If followed to its logical conclusion, this so-called criteria would allow anyone to access assisted dying without any accountability whatsoever. However, by tying assisted

dying to an external medical diagnosis, it would move this process to something beyond the relative experience of the individual. This is critical to lessening the slippery slope that would inevitably exist with this legislation in place.

Every student who has taken an introductory class in politics would be familiar with the concept that laws are a social contract within Canada. When a law is struck down, it means that by extension every Canadian is in part affirming a previously banned behaviour that is now legal. It may not seem like a big distinction to limit assisted dying to conditions that reasonably could be expected to cause death, but it will in fact make a significant difference in the society we build going forward.

If we are a compassionate society that believes in protecting the vulnerable, it means that we believe society has the ability to overrule the impulses of the individual when we determine that those impulses would cause harm to the individual or harm to another person. This motive to save others is one of our redeeming characteristics as human beings. To allow this procedure to be accessed based on the subjective experience of individuals who feel they are in pain from a non-terminal condition would fundamentally alter the social fabric of our society. We are a society that contends for life. We must remain as that.

We as a Canadian society need to ensure that we do not tell those living with a disability, those who have to rely on others for the necessities of life, and those who face chronic pain with courage and determination, that their lives are not worth living. It is easy to lose sight of the broader implications to society when one focuses only on the post-modern concept of relative truth. Such an approach makes it impossible to argue with a suicidal person that his or her life is worth living. However, when we affirm objective truth, that is truth that remains true. Whether an individual believes it or not, it is so because we as a society have chosen to believe it.

● (2020)

[*Translation*]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Madam Speaker, I thank my colleague for her speech.

I get the impression that she may have lost sight of the essence of the Carter decision, which specifically referred to the right protected under section 7 of the Canadian Charter of Rights and Freedoms. This is the right to life, and the right to life also includes the right to choose what to do with one's life. That was the essence of the Carter decision.

Does my colleague think that the bill we are studying will at least honour the essence of this decision? Is it an appropriate response, or do we need to go further? Some experts have said that with this bill, Ms. Carter might not even have been eligible for medical assistance in dying.

Does my colleague think that this bill is an appropriate response to the Carter decision? Does it go far enough, or could it have included Ms. Carter in the services offered in accordance with the charter?

Government Orders

• (2025)

[English]

Ms. Rachael Harder: Madam Speaker, this piece of legislation has to do with the right to life. That is what the Carter decision was going after. Therefore, I find it somewhat ironic that we are introducing assisted dying when dealing with the right to life. We, as a Canadian society, have always contended for life. Doctors exist to preserve life. They take an oath to fight for someone's life. Therefore, at the end of the day I must ask this question. How does the Carter decision contend for life?

Mr. Arnold Viersen (Peace River—Westlock, CPC): Madam Speaker, I would like to address something that my colleague did not address. That is the ability for a doctor to be compensated in the issuing of euthanasia. I feel that this act should only be done out of an altruistic desire. Therefore, there should be no compensation or benefit to the doctor whatsoever in order for this to proceed. I was wondering if she has any comments on that.

Ms. Rachael Harder: Madam Speaker, with respect to the right of a physician to be compensated for this procedure, it certainly poses some concerns for me. A physician takes an oath that he or she will do all that is possible to contend for life, to protect life. To suddenly be compensated for assisting someone in having that life taken seems contrary to the oath that a doctor takes. To consider compensating a doctor for taking a life could perhaps contribute to abuse of this, going forward, and a lack of accountability for doctors, which means that we could have lives that are prematurely ended without that individual giving direct consent to have it done or being forced to do so.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I thank my colleague for her excellent remarks and for her great work in general on behalf of the disability community.

I want to further probe this issue of palliative care. Some members in other parties have said that palliative care is great but that we do not have to deal with it right now because this is the issue of euthanasia or assisted suicide and that we can deal with palliative care at another time. However, what we have learned from the expert panel is that there is a necessary connection between these two things. If we do not provide palliative care, people will be pushed toward euthanasia or assisted suicide even if that is not something they want. Therefore, we have to offer a robust palliative care option in order for people to genuinely express their autonomy.

What I would like to see is the actual discussion of palliative care in this legislation. I would like to see this legislation protect a right to palliative care to ensure that option is available as well. I want to know if my colleague would agree with me on this.

Ms. Rachael Harder: Madam Speaker, the Carter decision was made to protect the autonomy of individuals to preserve their choice at the end of life. Therefore, it would seem to me that, if we are to protect someone's choice, we should make all end-of-life options available to them. Palliative care is certainly an essential one.

Mr. Arnold Viersen (Peace River—Westlock, CPC): Madam Speaker, I am thankful to have this opportunity to speak on Bill C-14, an act to amend the Criminal Code and to make related amendments to other acts.

Assisted suicide is a grave matter and has serious implications for all society, in the short term and in the long term. Based on the experiences of countries like the Netherlands and Belgium, which have legalized assisted suicide, we can know with great certainty that vulnerable populations, such as seniors, youth, and those who struggle with mental illness, will inevitably be put at risk.

Legalization of assisted suicide has also greatly undermined the public trust in the medical system in these countries. That is why I am opposed to legalizing assisted suicide.

Bill C-14, in its current form, leaves segments of society vulnerable and provides no protection for professionals or institutions, and undermines the credibility of our health care system and the important work that health care providers do to help people live.

I urge members to take great care with this legislation and to weigh every word to ensure that our most vulnerable people are never placed at risk.

In the past, this House has debated capital punishment, another means in which to take a person's life. Capital punishment was rejected, in part because the risk of ending one innocent life was one life too many. Should that same principle not guide us in our debate today?

Ray Pennings, co-founder of Cardus, recently expressed the importance of this in an editorial, writing:

While every word in a legal definition matters, the language of this debate matters in a broader setting. How do we as a society understand personal autonomy and the taking of one's life? How do we distinguish between a group of teenagers on an aboriginal reserve entering into a suicide pact, after deciding that life is not worth living, from citizens with a terminal diagnosis, fearing they've become a burden to their families and society, who similarly decide that death is preferable to life?

The debate is hardly new, but there are distinctions that can be made which require care and a precision of language. It is concerning that the utilization of language is heading in the opposite direction.

Mr. Pennings goes on to demonstrate this shift in the two Supreme Court of Canada cases. In the 1991 Rodriguez decision, which upheld the prohibition against assisted suicide, the term "assisted suicide" was used 92 times. However, in the 2015 Carter decision, in which the Court came to an opposite conclusion, the term "assisted suicide" was used only 23 times, while the term "assisted death" was used 24 times.

When we look at the current legislation before us, we see that the term "assisted suicide" does not appear at all, the term "suicide" appears only seven times, and the phrase "medical assistance in dying" is used 72 times.

In 20 years, we have progressed from recognizing the value and dignity of life and making every effort to discourage people from suicide, to now offering assisted suicide as a form of health care and calling it "medical assistance in dying."

While I find many parts of Bill C-14 alarming, I want to start with this shift in the language. It is misleading to use "medical assistance in dying" in the context in which this bill does. Medical assistance in dying is not helping people choose to end their lives. Medical assistance in dying is what the medical community calls palliative care or hospice care.

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As Canadians, we are blessed to live in a country that has a great health care system, with many physicians who care deeply about helping their patients live fulfilling and healthy lives. When circumstances change and patients are facing an incurable deadly disease, these same doctors use their medical knowledge to relieve pain and suffering through end-of-life care. This is real medical assistance in death.

That is why I believe amendments are necessary to correct the hijacking of real health care. First, Bill C-14 should be amended to replace “medical assistance in dying” with simply “assistance in dying”. This would separate assisted suicide from health care.

Second, to complement the removal of medical terms from Bill C-14, I recommend amendments that allow for licences to be given to individuals through the Department of Justice that allow them to assist others in ending their life. This would eliminate the requirement of the medical community to be involved, as well as any concerns around the conscience rights of doctors. Licensed individuals, including doctors who wish to participate, could assist in the assisted suicide process and allow our health system to remain focused on its primary objective of providing health care to all Canadians.

• (2030)

Third, I believe the eligibility for assisted suicide in Bill C-14 must require that individuals seeking assisted suicide first be provided with counselling or psychological services and a legal judicial review.

There are a number of amendments that I believe are also critical for the bill, but many of them have already been raised by my colleagues. I want to return to what is truly at the heart of this debate; that is, protecting vulnerable members of our society and reducing the suffering of those who are dying.

This has been raised by many members from all sides of the House. Helping people die with dignity is not, and never will be, achieved through legislation of assisted suicide. Rather, helping die well can only be achieved through improving our focus upon palliative care. Every Canadian has the right to quality health care, and this includes high-quality palliative care.

That is why I have seconded a motion on palliative care tabled by my NDP colleague, the member for Timmins—James Bay. This member has pointed out often that there has been no real commitment by the government to palliative care.

I was recently moved by a comment from my colleague in the other House, Senator Betty Unger, a registered nurse, who wrote:

Access to palliative care is as much a Charter right as access to physician-assisted dying.... [M]ost people will acknowledge that there is something terribly wrong when a government does more to guarantee that the living can die, than to ensure that the dying can live.

I would call upon the government to demonstrate that it views palliative care as much as a charter right as assisted suicide.

Assisted suicide and euthanasia is one of the issues that influenced my decision to run as a member of Parliament. It is an issue that also concerns many of my constituents.

Earlier this year, I sent out a survey to my constituents on assisted suicide and euthanasia. Over 92% of my constituents responded that they were opposed to assisted suicide being available to children. The vast majority also took the time to express they opposed assisted suicide for all people, not just children.

My constituents also expressed concern that doctors must be given conscience protection, including Michelle, who wrote, “Doctors take an oath to save lives, they should not be asked to end them by patients or families' choice”.

Opposition to assisted suicide in my riding also crossed party lines. Amy wrote me, “As a Liberal supporter, I feel torn on these issues. I can understand both sides. However...this issue seems almost equivalent to legal murdering”.

On the issue of pain and suffering, Maggie wrote to me, “Having seen friends and family make decisions in the midst of pain and weariness, and having been through deep depression and weariness of emotional pain; I know that clear good decisions are never made in the valleys of life. I've come through wanting to end my life and experienced more joy than I [ever] thought...possible”.

My constituents also include 14 first nation communities in northern Alberta. During the special joint committee hearings earlier this year, Dr. Alika Lafontaine, who is the president of the Indigenous Physicians Association of Canada and who also works throughout northern Alberta, said:

What we are pleading for in indigenous communities is not medically assisted dying. That already exists in more ways that can be counted. What we are pleading for is medically assisted life.

Indigenous physicians want to help indigenous people live, not die.

Dr. Lafontaine also expressed that there have not been “meaningful consultations with indigenous peoples” and that “the effects of creating a literal program where patients intentionally die within the medical system will further disengage and disenfranchise indigenous patients and families”.

Earlier this year, I asked the Minister of Health about the consultations, and she admitted that the Liberal government did not consult directly with indigenous organizations on assisted suicide legislation.

Indigenous leaders tell me, “Nothing about us without us”.

I am deeply concerned about the impacts that legalizing assisted suicide would have on the indigenous communities.

Finally, the topic of suffering is often raised when discussing suicide. The argument is made that assisted suicide should be made available to all who suffer, even children. Proponents will argue that life with pain and suffering is undignified life and, therefore, assisted suicide should be available to anyone suffering pain.

I could not disagree more. People's dignity is not tied to their circumstances, but comes from the very fact that they are human.

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● (2035)

More important, our health care providers are incredibly talented at helping patients manage pain. Even when it comes to children in palliative care, doctors are not—I repeat, not—seeking assisted suicide as a solution.

Dr. Stephen Liben, director of the Montreal Children's Hospital's pediatric palliative care program, said:

There aren't these children that are asking to please die now. It never happens... The last thing I need as a palliative care physician for children is a euthanasia law—the last thing...

This would not be an extra tool for relieving suffering at all, it would only muddy the waters and make things more confusing.

I cannot support Bill C-14 at this time, but should significant amendments be made in the protection of conscience rights of health care workers and the removal of health care references, I would consider support.

● (2040)

Ms. Tracey Ramsey (Essex, NDP): Madam Speaker, the member highlighted some language earlier, such as the use of the word “suicide”. In the outline of the legislation provided by the government, there is a definition of “medical assistance in dying”. I believe that using this particular term is important. It is important for Canadians, when it comes time to make this choice, that the word “suicide” is not attached to it, because it is a choice they are making at a time in their lives when they are in great distress and pain.

I do want to highlight for the member that there are two definitions. The first one is the administration of a substance by a medical practitioner or authorized nurse practitioner that causes a person's death and the second is the one he has been referring to, which is the prescription or provision of the substance that the person then self-administers. There are two separate pieces and that is why “medical assistance in dying” has come forward.

He also mentioned the medical community. The Canadian Medical Association strongly welcomes the federal legislative and non-legislative responses that we put forward. Taken together, the proposed legislation and federal commitments to work with the provinces and territories go a long way to ensuring we reach a consistent framework in medical assistance in dying across all jurisdictions in Canada.

We find ourselves at the current juncture and it is not simply about whether we in the House feel that this legislation should be implemented. It is the rules that we are going to be putting around it.

I would appreciate it if the member would speak to the amendments that he would like to see put forward in committee.

Mr. Arnold Viersen: Madam Speaker, the member failed to recognize that the point I was trying to make is that language matters and the specific terms we use matter. She suggested that there are two different aspects to this law that we are addressing, and I will admit, I only went after the one, assisted suicide. The other term that is referenced in the law is euthanasia. I did not bring that up nearly as often. Those are the two terms she referenced. Even in the definition within the law, neither of those terms come up. It was either self-administered or a dosage administered by a health care professional.

The point of my speech was to ask, in 20 years, where has the discussion gone? We have moved along and the language has changed.

I address schools in my riding. I have been participating in a group called CIVIX. They set up something that they call meet your local elected official. When I address schools, I say that in the past when a person got up on a bridge, we told the person to come down because the individual's life had value, and now we are saying we can give them a push.

Mr. Earl Dreeshen (Red Deer—Mountain View, CPC): Madam Speaker, I have heard Liberals talk about some of the money that they may put into palliative care and that it is a commitment. When I spoke earlier, that was a concern I had. When one looks at the budget, one recognizes the fact that beyond the 6% escalator established by the Conservative government, the increases under the 3% for 2016-17 is 2.8%.

Therefore, when it comes to a commitment of dollars going to the provinces in order to ensure our health care system can handle things, what kind of faith does the member have in the government being able to put together a palliative care regime that would benefit Canadians?

Mr. Arnold Viersen: Madam Speaker, my colleague has asked me what my confidence is in the government addressing palliative care. I can look at the bill and see the lack of confidence that I have, because it has not been addressed in the budget and this bill was also an opportunity to perhaps showcase that one balances out the other. Palliative care has not been addressed in this bill or in the budget.

[*Translation*]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Madam Speaker, I am very pleased to be taking part in tonight's debate, and I would like to thank everyone for participating. The debate we are having today and will continue to have in the coming days and weeks is an important one. We need to find a solution before the deadline that the Supreme Court of Canada gave us. We got an extension so that we could get the job done in a limited period of time.

I would like to review the reasons why we are debating this issue. I think it is important to put the debate in context. We are having this debate tonight because of a Supreme Court of Canada ruling that directed Parliament to consider the matter and propose a legislative solution.

In its decision, the Supreme Court of Canada clearly struck down two Criminal Code provisions. Now it is up to us, as responsible parliamentarians, to fill the legal void that will take effect on June 6, 2016. This discussion predates the Supreme Court of Canada's decision. Rulings by lower courts led to the Supreme Court of Canada's final ruling. That is why we are here to talk about this.

It started when Ms. Carter, who is familiar to us all, and a number of other people went to the B.C. Supreme Court because they wanted the Criminal Code provisions that, until now, prevented people from aiding someone to take their own life struck down. That is what started the debate, and it ended with the Supreme Court of Canada ruling.

I would like to read a few excerpts from the ruling that indicate what our mandate as parliamentarians is. The Carter decision is historic. The first aspect that makes this decision historic is that the Supreme Court of Canada recognized that the B.C. court had the right to rule against the jurisprudence from the Rodriguez case. The trial judge decided to change the jurisprudence, because her ruling contradicted the ruling from a previous case. The trial judge's ruling also contradicted a Supreme Court of Canada ruling. Frankly, that was one of the important topics of discussion that came from this court case. Did the judge have the right to reverse the jurisprudence that had been valid until that point? It is a contentious issue. The fact that the Supreme Court of Canada validated the interpretation of the trial judge was historic. The changes that have taken place in the social context, in our society, are what allowed her to change the jurisprudence. The Supreme Court of Canada upheld the decision. It was also historic because it recognized that the right to life also includes the right to end one's life. It was the first time we had such an interpretation.

I will now quote an excerpt from the Supreme Court of Canada decision:

● (2045)

[*English*]

Here, the prohibition deprives some individuals of life, as it has the effect of forcing some individuals to take their own lives prematurely, for fear that they would be incapable of doing so when they reached the point where suffering was intolerable.

[*Translation*]

Later it states:

● (2050)

[*English*]

The prohibition on physician-assisted dying infringes the right to life, liberty and security of the person in a manner that is not in accordance with the principles of fundamental justice.

[*Translation*]

When I read these excerpts from the summary, I was surprised by the interpretation. I agreed with this interpretation, but I have to admit that, reading it for the first time, it was a surprise. That is why my colleague spoke about irony. Nevertheless, it is quite true that the right to life also includes the right to dispose of it.

I remember very well the moment when the decision was handed down on February 6, 2015. It was a Friday afternoon and I was in my riding office. The first thing I did was read the document. I was very interested in constitutional law, but also in this timely topic and the societal debate.

Quebec had a similar debate over the course of several years. I was curious to see what the Supreme Court would say. I was especially intrigued by the mandate given to us in its decision,

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namely to draft new legislation so that the right recognized by the Supreme Court would be granted to Canadians.

However, I was disappointed that the discussion did not get under way in the ensuing days. I was expecting it to happen quickly, but there were delays. I do not understand why, because it was a historic and unanimous Supreme Court decision. This decision directly involved parliamentarians, but it took a long time before things were put in place. We spoke out against that.

True, some work was done by experts. However, once again, it took too long. It is important to point out this foot-dragging. As a parliamentarian, I was disappointed that it was not the first item on the government's agenda when we returned to this place. The government quite simply did not want to talk about it. Yes, it did appoint a panel, but it quite simply refused to talk about the issue. I found that deplorable.

Now we are faced with a *fait accompli*, if I can put it that way. The Supreme Court decision requires us to make this service accessible because it is a constitutional right. As responsible parliamentarians, we cannot stand idly by. The Supreme Court gave us the mandate to ensure that this new constitutional right is accessible and given to Canadians.

As parliamentarians, we cannot just say that this is a constitutional right that every Canadian is entitled to and then turn around and restrict access to this service as much as possible. We should do the opposite.

It is important to understand the essence of the Supreme Court decision, that the right to medical assistance in dying is a constitutional right protected under the charter. As parliamentarians, we have no reason not to make this service accessible to everyone. I urge all my colleagues to support this bill in order to send it to committee and possibly improve it, so as to ensure that it respects the Supreme Court decision.

The last thing we want is to have more legal cases or more delays for those who might want to access this service quickly.

● (2055)

[*English*]

Mr. Todd Doherty (Cariboo—Prince George, CPC): Madam Speaker, I would say that my hon. colleague from Sherbrooke absolutely got it right. Over a year ago the Supreme Court rendered a decision and our Conservative government felt it was necessary that we took the time to get it right for Canadians. The gravity of the bill is such that we need to make sure we get it right.

The Liberal government has vacillated since October 20. The Liberals said that they want to get it right. They put great emphasis on this, yet this has only come to the House in the last two days. They have limited discussion. They have limited the witnesses.

This bill will be going to committee. Does the member believe there will be fair and open consultations when we have already seen, with the government's closure motion earlier today, that they are limiting debate and muzzling witnesses? Does he think we will get that fair and honest consultation at committee?

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[Translation]

Mr. Pierre-Luc Dusseault: Madam Speaker, I thank my colleague for the question.

I agree that we have to do this right. One thing we can do is invite witnesses and experts to come talk to us about this bill. Preliminary work was done by an all-party committee that discussed the issue in general and the possible avenues we might consider.

Now we are talking about very different committee work because we have a bill and its clauses. It is tangible. This is extremely important work and experts should have a say on it. In committee we have already started hearing from experts who raised significant concerns about the bill. They fear that it is not consistent with the Supreme Court decision.

This is dangerous, because if we want to craft this bill properly, as I mentioned earlier, the last thing we want is to be tangled in legal challenges for years. If we want to do things properly, we need to listen to the experts, the people who are testifying in committee, and invite as many experts as possible to testify. If we do our job properly, people will be satisfied and there will not be any legal challenges in the coming years.

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, I thank my colleague from Sherbrooke for his participation in this discussion. I know that he reads bills clause by clause, in great detail.

My question has to do with the eligibility criteria. The wording in the first three criteria of the bill seems to address all of the elements set out in the Carter decision.

However, the Liberal Party felt that it was necessary, for unknown reasons, to add a fourth criterion regarding a reasonably foreseeable natural death. I must admit that I find this very nebulous. I wonder if my colleague has managed to understand the meaning of this fourth criterion.

No one will have access to medical assistance in dying if they do not meet the four criteria. The first three are relatively objective and easy to understand. However, the fourth criterion is a monumental disaster.

Mr. Pierre-Luc Dusseault: Mr. Speaker, I thank my colleague from Trois-Rivières, who is absolutely right in saying that we have to wonder about the definition used in the bill.

I have a hard time understanding why the people at the Department of Justice who drafted this bill decided on this and where they got their definition of “enduring and intolerable suffering because of a grievous and irremediable medical condition”. That was in the Supreme Court ruling, but the bill uses a different definition. It talks about reasonably foreseeable natural death.

I have a hard time understanding how the Minister of Justice can defend her bill and say that she will have no problem testing it against the Supreme Court and the Carter decision when she is not using the same terms.

At the very least, she should have used terms similar to those in Carter. That would have prevented yet more cases seeking to overturn the law.

● (2100)

[English]

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Mr. Speaker, I want to start by saying I have had occasion to listen to much of the debate that has been going on and I want to note that for the most part it has been very civil and the tenor of the debate has been very good. It has lent itself to thoughtful consideration of what is a very challenging bill because it is a challenging issue. I have found listening to the debate helpful in terms of coming to some conclusions about this bill and about the wider issue.

We have heard a number of members refer to their personal experience, which is natural to do with issues like this. My own is somewhat inconclusive. I have had several people whom I have been close to go through longer dying processes where it was clear for a while that they were in decline and were not going to get better and were suffering severely. I would say that for me, the lessons coming out of some of those different experiences mitigate in different directions on this.

In some cases, I have seen situations that really exposed the value of making medical assistance in dying possible because of the great suffering of people who know that death is coming and would rather die with dignity and choose the circumstances of their death and be able to die surrounded by their family, and having said their goodbyes. I have also seen situations that really emphasize the vulnerability of people who are in hospital and unable to advocate for themselves, and how important it is in those situations to have family members who can do that for them. As well, I have seen how important it is to have rules, especially in the case where medical assistance in dying is available, to ensure that people are not taken advantage of in that vulnerable state.

I have also seen in those cases, and in one in particular, the fact that even prior to the Supreme Court decision, decisions about death and dying were already being made in Canadian hospitals and there were conversations already being had by families. Right now or prior to the Supreme Court decision, those conversations were about when to stop providing treatment or when to begin starving someone, frankly, who is in hospital. It is important to note that the conversation was already happening prior to the decision. Now that the decision has been made, this conversation is going to happen in new ways regardless of the decision that is taken here, because the Supreme Court has said that medical assistance in dying is something that is going to be available to Canadians. What we are here to decide is the framework under which that is provided and the rules according to which that is provided. We really cannot stress that enough.

There are two distinct sets of considerations, as far as I am concerned, that would lend themselves to making a decision on this bill.

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One set is what we could call the substantive considerations about what exactly those rules should be. When we try to set those, it is helpful to have an expression of the ultimate values that we want to see manifest in the legislation. I was searching for the words and, as it turns out, quite fittingly, in a submission to the Special Joint Committee on Physician-Assisted Dying by the moderator of the United Church, which is my church, I found that language. The submission incidentally was not a position statement by the United Church. There was at that time and, as far as I know, there is still no official position by the United Church. However, the moderator made the submission and quoted a former moderator of the United Church who said:

For Christians, life is a sacred gift from God and needs to be valued and protected. But we also know that both life and death are part of the whole created order. Life itself isn't absolute. Nor certainly is death. To speak of the sanctity of life is to affirm God's desire for abundance of life for all of creation. God is love, and the Christian affirmation is that God's love is the only absolute. "In life, in death, in life beyond death, God is with us," says our creed.

So the United Church's theological tradition is not to suggest that believing in the sanctity of life means that any attempt to end life must be prevented. Instead, what we are called to do is first listen to the struggles of those who are facing hard decisions and to make sure that they are not alone in those decisions, and second, to trust people with difficult choices about their own lives.

• (2105)

I cannot help but agree that the best decision we can make and the best policy we can implement is one that empowers people to make those decisions in their own lives and to ensure they are not alone in doing that, that it is not something they cannot consult their family or their medical professionals about and have a conversation about the right way to go about making the kind of decision that they may well be inclined to make anyway. We have heard some of the stories of terrible suffering and incidents that occur when people are denied the right to do what they intend to do with their own life.

It should not be a policy that causes people to make those decisions because other services were inadequately available or because they were under undue pressure from family or medical professionals. The safeguards in the bill actually do a fairly good job of ensuring that people will not be subject to that kind of coercion.

I worry that the lack of provision for any kind of advance directive may put people in difficult situations where they are not able to have that conversation and where it may possibly lead either to premature death because they choose to do it while they still can or to prolong a needless suffering. I would support a cautious movement toward a limited form of advance directive, because I recognize that it is a thorny issue, and it is not obvious the best way to do that, and I think it opens up a can of worms.

I agree with the cautious spirit of the bill with respect to extending this decision to minors.

I share the concern expressed by others in this House that there is no protection for the right of conscientious objection for health professionals who do not want to engage in this practice. I would hope to see amendments to this bill at committee to bring that in.

The second set of considerations that I think are very important for us in this place as legislators is to recognize that no matter what Parliament does here, medical assistance in dying will be available. That is not a decision we are making here. That is a decision that has

been made in the Supreme Court. We are here to talk about the conditions under which that service will be provided. It is crucial that the rules be the same across the country, that we have a federal framework that applies across the board, and that it does not become a hodgepodge of various regulations from province to province to province.

It is important that we give certainty to medical professionals who will inevitably be called upon to assist in certain deaths, that they know that their career will not be on the line or they will not be risking going to jail if they go ahead and engage in this. That is why it is important to make amendments to the Criminal Code to give them that certainty, and this is the place to do that.

It is important as legislators that we also strive to honour the spirit of the Supreme Court decision, and that we head off needless legal challenges. We heard in this place that whatever happens, there will be challenges. However, I think there are some obvious ones. Adding language that was not in the Supreme Court decision, like the language of a "natural foreseeable death", would preclude one of the very same women who pursued the right to medical assistance in dying in the Supreme Court. I think it is an obvious basis for challenge. It would be a mistake to send this bill out of this place if the service could not be provided to the person who the Supreme Court determined had a right to it.

In the last few moments that I have for debate, I want to say that those are the considerations that bear on this bill. However, this is happening in Canada no matter what, and we need to make sure that palliative care and other long-term care solutions are available to Canadians so that this is not a first option, a second option, or a third option, but it really is an option that comes after all other reasonable options have been explored, and that people have the support and the resources to access all of those options.

With that said, I will put on the record that I will be voting for this bill at second reading, and those are my reasons why.

• (2110)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I think the member for Elmwood—Transcona recognizes the value of what the Supreme Court of Canada has said. The nine judges came in with a unanimous decision, indicating that we needed to come up with legislation. We look forward to it heading to the committee stage.

I want to provide a brief comment, because we hear a lot about palliative care. This government, the Prime Minister, is deeply committed to this.

For those who come from the province of Manitoba, as I do, we talk about Riverview and some of the fabulous work that many of those health care professionals provide for us in palliative care.

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We recognize the importance of Ottawa working with the provinces, demonstrating leadership, and taking the initiative in ensuring that we have palliative care going forward. However, we need to get the provinces and territories engaged in the discussion. I know the member's father both as a federal MP and as a Manitoba MLA. I am sure he would agree that we need to get a higher sense of co-operation between the different levels of government in order to provide the type of palliative care that Canadians want and deserve.

Would the member not agree that Ottawa does need to continue to develop those relationships to provide quality palliative care into the future?

Mr. Daniel Blaikie: Mr. Speaker, obviously it is the case that if we are to deliver better palliative care in Canada, it will have to be done in collaboration with the provincial governments and the federal government. However, what I would say matters greatly, what matters in this place is if we are going to do that, we need to see federal leadership. That has been the problem with health care in Canada for decades now. There has been a total absence of leadership from the federal government.

We have heard members talk about introducing palliative care into the Canada Health Act. That is fine, except we cannot enforce the Canada Health Act unless we have a federal government that is actually funding health care in Canada.

We have seen the contribution of the federal government over the decades go from 50¢ on the dollar down to 17¢ in health care. It was projected to go lower under the Conservative plan. We have yet to see in the Liberal budget anything that would stop that reduction in the federal share of health care funding.

It is great for us to talk about the need for that, and I am proud to do that as a New Democrat who believes in federal leadership on the health file by putting money on the table. However, until we have a government that does that, we will not get the kinds of improvements I think we would all like to see on palliative care. As a New Democrat, I would like to see that in all aspects of the public health care system.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I enjoyed the member's speech. I do not know if we will agree quite as much on this issue as we did on the Air Canada Participation Act, but I always appreciate his contribution.

The member talked about the issue of autonomy. I would like to raise the issue in the context of the social architecture of choice, the factors that are around individuals that may shape a choice such that the choices they end up making are not the ones they would want to make under ideal circumstances.

Specifically, if we are going to genuinely protect autonomy in this case, I believe we need to have a strong system of palliative care. We need to have an advanced legal review to ensure the criteria are actually met, that a person is not being pushed into this, and someone is checking that the criteria are met. We also need some clarity that prevents people from shopping doctor to doctor with ambiguous criteria where there are vastly different interpretations.

Would the member agree with me that these proposals are not things that limit individual choice, but rather they are things that protect an individual's choice to get what they want and not be

forced into something that is not really what they are seeking at the end of the day?

Mr. Daniel Blaikie: Mr. Speaker, I would agree that people who do not have adequate resources can end up making choices they would not otherwise make. That is not a true expression of autonomy, and it is important to provide that. Providing more and better palliative care and other health care options, whether it is home care or long-term care, to people is part of ensuring they are making an actual choice and not feeling forced into that choice.

I would agree that improvements can be made to the bill. For instance, the fact that data collection on assisted deaths is left to regulation is problematic. It is important to try to get a proper reporting of this so we can have a meaningful review of the legislation after some time. There are definitely details in the bill, and I named one, that could be improved at committee.

• (2115)

Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC): Mr. Speaker, it is an honour to talk to this issue. In my 10 years here, this has likely been one of the most sensitive, most compassionate and emotional discussions I have had with my constituents in Lambton—Kent—Middlesex.

Let me start with a little background. Bill C-14 is an act to amend the Criminal Code to allow assisted dying, so we can allow someone under the law to kill someone else. It sort of catches me in the pit of my stomach, quite honestly. Section 241 of the Criminal Code talks about counselling or aiding suicide. It says:

Everyone who

a. counsels a person to commit suicide, or

b. aids or abets a person to commit suicide,

whether suicide ensues or not, is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years.

That is what Canada has been built upon in terms of the desire to not have people help people kill themselves.

In February of last year, the Supreme Court of Canada gave all the exemptions to this Criminal Code. The Criminal Code now gives an exemption for medical assistance in dying, so no medical practitioner or nurse practitioner can be charged. There is an exemption for people aiding the practitioner. If the doctor is doing it, and a nurse practitioner is helping, they are exempt from any charges.

The pharmacist who provides the cocktail, whether injected by the doctor or prepared so the patient injects it on his or her own, is exempt from any criminal charge.

There is an exemption now for a person aiding a patient. No person commits an offence if he or she does anything at another person's explicit request.

The overall is that if there is a mistake made, no charges can come forward.

I find it quite extraordinary that with the stroke of a pen, nine judges made a decision to take a criminal law in the country and turn it 180 degrees, now make something that was criminal a health remedy. We now have to encourage people to take someone else's life.

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I find it quite hypocritical that we are talking about assisted suicide, assisted death at this time. We like to use comforting words so it does not really mean we are actually giving someone the authority to kill someone else, but that is what we are doing. That is what the Supreme Court told us we have to do. At the same time, we have a national strategy on suicide prevention.

● (2120)

I am not sure where the government is on that discussion at this time, but I find the two of them are running in opposite directions. When my colleagues talked about first nations, we have all read about the issues. We are all up in arms and disturbed when we see not only individuals but groups coming together to commit suicide.

One of the key things in any long-term care is palliative care. We have heard this from just about everyone. Many of us have talked about our experiences or someone we know. I can also speak of that.

My parents died of cancer. Anyone who knows someone who has had bone cancer knows of the pain that comes with it. Maybe back then though, when my parents were suffering and succumbed to cancer, there was true palliative care. In their cases it never crossed their minds to ask for some sort of assistance to terminate their lives, let alone ask to have their doctor either provide or give them the solution to take their lives.

We talk a lot about palliative care, where it is and how it will be funded. We have the governing party saying that it is in the budget. The member from Winnipeg said it was in the budget. It has not been produced. We know it is not in the budget. If we read the preamble, we might read between the lines, if one has a visionary mind that there might be money for it. There just is not. It is not in the legislation. It is not in the budget. I am afraid it is a lone wolf out in the desert saying it.

We need to take some lessons from other countries, like Belgium and the Netherlands. Belgium started this 15 years ago. It was very secure so patients did not get on a slippery slope. However, now it is estimated that 32% of those patients never gave their consent for their euthanasia. We are told it now increases by about 47% per year.

As palliative care dollars drop, the desire to have something to take the pain away, which palliative care could look after, goes to assisted suicide.

I have some serious concerns about this. I talked about palliative care. I also do not see where there is any protection for doctors, nurses, nurse practitioners. Nor is there protection for institutions that have a moral conscience, an ethical bar that will not allow them. I have talked to doctors and nurses. A nurse had asked me if this was true. I said we would have to wait for the legislation. She said that if it were true, she would be out of it. She could not kill someone or be part of the euthanization of someone. A doctor who took an oath to protect lives said that he never took any oath to take away life.

Does the government have a vision in the future? This raises a huge issue, because on page 2 of the bill, it says:

...the Government of Canada has committed to develop non-legislative measures that would support the improvement of a full range of options for end-of-life care

...giving rise to requests by mature minors, advance requests and requests where mental illness is the sole underlying medical condition.

● (2125)

[*Translation*]

Mr. Nicola Di Iorio (Saint-Léonard—Saint-Michel, Lib.): Mr. Speaker, I thank my colleague for the sincerity and candour of his remarks in this honourable House.

I would like my colleague to explain, as concisely as possible, what steps he would have taken after reading the Supreme Court ruling to comply with the decision and take action on it.

[*English*]

Mr. Bev Shipley: I apologize that I did not get your question.

The Assistant Deputy Speaker (Mr. Anthony Rota): Perhaps the hon. member would like to repeat the question briefly, and through the Speaker if possible.

Mr. Nicola Di Iorio (Saint-Léonard—Saint-Michel, Lib.): Mr. Speaker, I thank my colleague for his speech, and the candour and sincerity with which he has expressed his views. I am simply asking him, upon reading, analyzing, studying, and reflecting on the decision of the Supreme Court, would the member share his views as to what he would have done to comply with that decision and within what time frame?

Mr. Bev Shipley: Mr. Speaker, I apologize that I did not catch the question the first time.

Clearly the objective in this country should be to encourage life, not to encourage taking life. My point would have been to make a direct commitment to make sure that we have true palliative care in this country.

Second, because of the Supreme Court decision, it needs to be clear that there will never be what is said in this document about returning to discussions on minors and those with mental illness. We need to be as tight and protective of the vulnerable, seniors, and our youth as we can, and to make explicitly sure that those who have a moral and ethical bar are not made in any way to perform a duty in which their oath as a medical practitioner was never allowed to take them until this judgment came down.

[*Translation*]

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, I thank my colleague for his presentation. While I do not agree with what he said, I found his presentation to be interesting. We can learn from our differences.

Two things stood out to me in his presentation. First, with the stroke of a pen, the Supreme Court is changing the picture in a way, while that stroke of the pen is the consequence of a changing society, in my opinion. The second thing is this type of dichotomy that he is presenting between palliative care and assisted suicide.

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I wonder if we are burying our heads in the sand a bit when we talk about palliative care. I am thinking about my father, who was deeply religious. The day he consciously agreed that my mother would receive morphine to alleviate her suffering, he knew full well that he was shortening her life. That too is medical assistance in dying. In my opinion, it is the very spirit of this bill: to ensure that any suffering that can be alleviated is, even if that has an impact on the length of a person's life.

I would like the hon. member to comment on that.

● (2130)

[*English*]

Mr. Bev Shipley: Mr. Speaker, there have been a number of times that this debate, or close to this debate, has been on this floor. As recently as 2010, this issue around assisted suicide or assisted dying was turned down, not unanimously, but almost unanimously, in this House.

When I said “by the stroke of a pen”, I actually meant that. It was never a desire of the people in the past Parliament to endeavour to move our medical people to committing suicide acts with patients. It was the stroke of a pen that would change Canada forever, because once someone is euthanized, it is irreversible.

[*Translation*]

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, I want to congratulate all parliamentarians for having the courage to participate in this sensitive debate.

According to the Supreme Court decision, it is up to the House to debate Bill C-14, which has to do with medical assistance in dying. The Supreme Court has given us the daunting task and the responsibility of establishing a framework for this. We are also having to do some soul searching about the finite nature of our lives and the lives of the people we represent.

It will be difficult and heartbreaking for me to make this decision for others, and it would also be difficult to make this decision for myself or one of my loved ones. I think that, ultimately, the law as a whole will not be perfect. It will only be acceptable, in light of all the changes it will make to the way we see life, for generations to come.

I do not want to dwell on the particularities of this bill, but I simply want to share the thoughts, feelings, and, especially, concerns that I have shared with many of my constituents in Lévis—Lotbinière.

All of us, as Canadian MPs, have the opportunity to have a close relationship with our constituents thanks to the many means of communication available. It is always a great privilege and a sign of undeniable trust to listen to heartfelt confidences.

I observed great resiliency but, at the same time, great concern about the bill. I use the term “resiliency” because, in Quebec, the debate was held over a long period of time and my constituents accepted the voice of the majority of the Quebec National Assembly, even though the decision was not unanimous.

The concern was caused by the version of the bill, which provides a broader interpretation than what Quebeckers had said they wanted. I hope that the final version of the bill will allay these concerns, if not completely eliminate them.

What was surprising was that the discussions I had with my constituents all led to another very important issue, palliative care. Unfortunately, not all Canadians have access to palliative care and that is the problem. Why not focus on life and on living with dignity, as was suggested by Sauveur Champagne, one of my constituents, and on the quality of our lives in our last days? Appropriate care could have prevented this debate.

There is medical comfort care and ethically provided adequate support that, unfortunately, not everyone can access for different reasons. Some people who are optimistic by nature shared with me that the issue of medical assistance in dying made them realize the importance of life and of fully enjoying it with their loved ones and friends. It is human nature to enjoy the best that life has to offer.

I believe that Canadians are aware that life is very fragile and that we all have the opportunity to share love and friendship, to strengthen bonds and to help one another while we can.

● (2135)

We all have to be aware of the need to strike a balance between our personal family time and the time we can generously give to others.

Other people have also talked to me about the collateral damage associated with learning that someone chose to end their life this way. This will leave scars on our society if it is not properly regulated and accepted, given that part of our population does not support this bill, since it goes against their fundamental, cultural, and religious beliefs.

With all due respect, we must consider the views of that segment of the population, which is just as important, because they are also entitled to have a say in this Parliament. Others, on a more personal level, are going through the process of losing of a child or parent right now, and they could, to various degrees, change their views on the act of choosing to end one's life.

That being said, ultimately, the decision to end one's life is up to the individual, based on his or her convictions, beliefs, and physical condition. I hope it remains a personal choice that is respected by all family, friends, and loved ones, a choice that is not influenced by any external pressures.

The question we need to ask is this: how can we be sure that this will not get out of control? It will be difficult to include safeguards in the law that will cover all of the very different individual cases. That is why many of us already feel as though this law will not be perfect; it will merely be acceptable. As medical advances allow people to live longer, what will be the appropriate degree of dignity, for those who have to decide?

For those who want to enjoy more precious moments, this may represent a tremendous opportunity to prolong their lives. For the others, the door will now be open to allow them to make a new choice, which also seems to bring hope to those who no longer want to count the days.

Personally, I would have liked to wait and do what Quebec did, to take five years to assess the impact of this type of end-of-life option. Taking that amount of time to conduct a comprehensive study would help us, as legislators, make a more informed decision. I think that would be the wise thing to do in order to make the right choices for the safety of Canadians and future generations. However, that is not going to happen, since we are obligated to make such a quick decision. In my opinion, there will always be some doubt since the law will be merely acceptable. Time will tell whether this change in direction was a good one. May God help us.

Every parliamentarian here in the House and in the Senate will make a significant contribution to this debate. We must all bring a rational and moral tenor to this debate as we align it with Canadian values and thinking in a way that respects all of our Canadian communities.

After this debate, we will all be aware that, for better or worse, the Canada we knew will no longer be the same. We will live with this new law. We have to ensure that it will be interpreted in accordance with our guidelines.

In closing, the best way for people to figure out where they stand on this issue is for all Canadians to experience the end of life alongside someone who is dying. That is the only way to understand the full import and humanity of imminent death.

• (2140)

That would also provide an opportunity to appreciate and cherish the dying person and every second of the gift of life, to learn from that person's wisdom and the rich experiences that deeply moved and changed him or her throughout life, because it is human nature to seek constant improvement and to leave a legacy to our children, our loved ones, our closest friends. Personally, that experience—

The Assistant Deputy Speaker (Mr. Anthony Rota): Questions and comments.

The hon. member for LaSalle—Émard—Verdun.

Mr. David Lametti (Parliamentary Secretary to the Minister of International Trade, Lib.): Mr. Speaker, I want to thank my colleague for his heartfelt comments. The common thread was individual autonomy. I deeply appreciate his comments.

More than 25 years ago, I had the honour of working with a justice of the Supreme Court.

His predecessor suggested that the decision to change Canada's position based on the Canadian Charter of Rights and Freedoms with the stroke of a pen was not legitimate.

Does the member share his hon. colleague's opinion?

Mr. Jacques Gourde: Mr. Speaker, I thank my colleague for the question.

I will talk about my experience and my speech. I will take this opportunity to finish the last 20 seconds of my speech.

This experience completely changed my perception, and I can say that letting go of one of my loved ones took love and understanding. Faced with the inevitable, we find the strength we need to accept it, to make our peace with it, and to find the right words to say goodbye

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in our own way with the respect and love that every one of us deserves. May God be with us.

Ms. Karine Trudel (Jonquière, NDP): Mr. Speaker, I thank my colleague for his speech.

He mentioned that he would have preferred to wait five years, in order to watch and see what happens in Quebec. It is true that in Quebec, we have paved the way on this issue. I am very proud of that, as I myself am part of the Jonquière riding in Quebec City.

Although it is late, perhaps there are people watching us this evening who are suffering and family members who are helping them. Those people cannot wait five years. Those people are suffering.

What are my colleague's thoughts on leaving those people to suffer unbearably, without making any rules with a bill like the one before us here this evening?

• (2145)

Mr. Jacques Gourde: Mr. Speaker, I thank my colleague for her question.

In our country, Canada, if the entire population had access to quality palliative care, we might not need to have this kind of debate here this evening. Quebec has already begun the process. Our country could have taken the time to assess Quebec's experience after five years. We, as legislators, could have drawn more informed conclusions after looking at the Quebec experience within Canada. Personally, I would have liked the opportunity to do that. Unfortunately, this debate is being rushed.

Mr. Bernard Généreux (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, CPC): Mr. Speaker, I would like my colleague to talk about palliative care. I will have a chance to address the House in a few moments, and I will really be emphasizing that option.

How does my colleague think that government investments or support might be provided to improve palliative care facilities and put more of these facilities in place all over Canada?

Mr. Jacques Gourde: Mr. Speaker, I would like to thank my colleague for his question.

I lost my father, who did not have the opportunity to have palliative care. Watching a loved one leave his family in small room at the end of a hallway with a badly painted chair that had probably been there for 45 years without any comfort for the family was sad beyond words.

It would be fair and equitable for all Canadians and their families to have the right to proper support and a certain degree of dignity in the final days and hours of their lives.

[*English*]

Mr. Jim Eglinski (Yellowhead, CPC): Mr. Speaker, just before I begin my speech, I would like to say to the people of Fort McMurray tonight that my heart and thoughts go to them. They are fleeing their community tonight. Eighty thousand people have to evacuate. They are fighting for their lives tonight. We are thinking of them.

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I rise in this House today to speak to Bill C-14, an act to amend the Criminal Code and to make related amendments to other acts (medical assistance in dying). The issue of euthanasia and physician-assisted suicide has been debated in Canada for a number of years. However, a resolution for this sensitive issue became critical since the decision of *Carter v. Canada*, which unanimously struck down the Criminal Code ban on assisted dying, and gave Parliament a year to come up with new legislation.

This legislation must apply to competent adults with grievous and irreversible medical conditions that cause enduring suffering and who clearly consent to ending their lives. Bill C-14 seeks to fulfill section 7 of the charter, namely the right to life, liberty, and security. The bill proposes a wide and detailed range of legislated objectives, legal notions, patient eligibility criteria, exemptions from the criminal liability, and safeguards. However, as experience shows, the question of life and death is very vague. An absolute prohibition of assisted dying forces Canadians who have grievous and irreversible medical conditions to suffer and look for medical assistance abroad to end their lives.

There have been two cases in Canada: *Rodriguez*, and *Carter v. Canada*. As well, there have been approximately six private member's bills between 1991 and 2010 that sought to decriminalize assisted suicide. None of these were successful. In *Carter v. Canada*, the Supreme Court stated:

While opponents to legalization emphasized the inadequacy of safeguards and the potential to devalue human life, a vocal minority spoke in favour of reform, highlighting the importance of dignity and autonomy and the limits of palliative care in addressing suffering. The Senate considered the matter as well, issuing a report on assisted suicide and euthanasia in 1995. The majority expressed concerns about the risk of abuse under a permissive regime and the need for respect for life. A minority supported an exemption to the prohibition in some circumstances.

It is evident by the quote that physician-assisted dying is highly divisive; people are separated across this country. Bill C-14 is a very difficult bill for me personally to wrap my mind around. I feel, like many Canadians, that we are put here on earth for a reason. The reason could be debated for days, but like all living things we strive to live by adapting to our environment. From bugs to humans, we adapt to survive, to live. All creatures eventually die—some as prey to others, some to the environment, some to the weather, some to sickness, and some to age. Most will fight for life if threatened. As humans, it is our nature to fight to live.

Our nation has experienced two world wars where our veterans fought to give us freedom and better lives. How many of them would have laid down their lives if they had known that later people would be able to take their own lives as outlined in this Bill C-14. A number of World War II veterans have told me that this is wrong. Is it wrong? This is where I personally have difficulty in finding an answer to this extremely moral question. I am honestly confused and my emotions are mixed. Allow me to explain.

● (2150)

Both of my parents died of cancer, as did both of my in-laws. I watched my father's weight decline from 190 pounds to 75 pounds when he passed. He suffered immensely, as did my mother and my in-laws, but they fought for life until the bitter end. It hurt me to watch them go that way, but they made me realize the need to fight

for life. That is what I first thought: never give up the fight until the end.

Fifteen years ago, I lost my life partner of 30 years to cancer. I hate the word "cancer". My wife, like myself, believed in fighting to the bitter end. I watched my wife battle cancer for two years. If any treatment, from radiation to chemotherapy, could go wrong, it did with her, compounding the pain and agony she suffered. I watched and assisted her as her body weakened and she lost control over its functions.

I was with her when she took her last breath. I am a strong person emotionally, but by the end, I was emotionally broken as I watched her suffer so much. I wanted to end her suffering. She was hanging on to life day after day after day, and I asked, why the suffering?

We had agreed to fight as a couple only filling out a do-not-resuscitate order. At the end, I would have done anything to put her out of her suffering and pain. Morphine finally did the same. Now I ask myself if Bill C-14 is wrong or right. During my wife's last week of living, I would have welcomed the bill to stop her pain and suffering. That was 15 years ago. I still hurt when I think of my wife suffering, yet I am so proud of her fight to live. That fight gave us an extra year together, which I am so grateful for. Do I vote yes for Bill C-14, or do I vote no? I am so personally torn on this issue.

I respect the rights of individuals and the rights that Bill C-14 may give them, but my heart says we have to fight for life. I am glad that this is a free vote. I have weighed the pros and cons and it is a difficult decision, but I cannot support this bill. There are too many grey areas. Betty Unger, an Alberta senator, said, "There is something terribly wrong when a government does more to guarantee that the living can die, than to ensure that the dying can live".

That being said, I believe the government must emphasize palliative care over physician-assisted dying. I praise those who have chosen to work in the environment and I understand that we have much to do to make palliative care better. Because of lack of staff, families often provide the primary care.

Physician-assisted dying is a difficult issue for me and it is for many sitting in the House. If Bill C-14 is passed, I ask that it include stringent safeguards to protect vulnerable populations and protect the conscience rights of workers in institutions in the health care sector. Members on all sides of the House have a variety of positions on physician-assisted dying. I appreciate our party's recognition that this is a moral issue and allowing members a free vote on this very difficult matter of conscience.

I thank all the presenters on Bill C-14 for helping me decide to say no.

• (2155)

Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.): Mr. Speaker, the member made a passionate and very personal and deeply touching speech.

The member referenced respect for individual rights and mentioned the importance of fighting for life until the very end. Why can we not respect the individual rights of those who want to fight to the very end, but also respect the individual rights of those who wish to end their lives in a dignified fashion?

Mr. Jim Eglinski: Mr. Speaker, the question comes right back to where one takes the stand. I take the stand that we fight for life. As I said earlier, I respect individuals' decisions, but I believe that we were put on this earth as creatures to fight for life and to live. That is my stand.

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, my colleague made a very heartfelt speech.

He pointed out to me and reinforced something that I learned as well as I watched my parents and my brother die, that in that process of dying, some shorter than others, those deaths, that process taught me so much about what it is to be human, not only in watching them fight for life, as my colleague said, but in helping me have a better understanding of suffering.

My colleague mentioned palliative care. Earlier today we talked about the fact that the previous government did nothing on the aspect of moving ahead to deal with the Supreme Court decision, but I want to point out again to all parliamentarians and Canadians that indeed, the external panel did an excellent job of their report. Unfortunately, the Liberal government chose not to allow any recommendations from the panel.

One of the factors that is highlighted in the report is the extreme lack of palliative care options in Canada. The report pointed out that only 51 palliative care specialists currently exist in Canada out of a total of 77,000 physicians.

I want to ask my colleague for his position on the need for better palliative care options, not only in terms of more physicians and palliative care workers being trained, but also in terms of actually constructing some hospices across Canada that would provide a dignified place for people to be cared for in a loving way.

• (2200)

Mr. Jim Eglinski: Mr. Speaker, it is very sad when we look at that report. Besides the 77,000 physicians he talked about, I believe there are only about 123 other general practitioners across Canada who specialize in palliative care. That is less than 200 across the country out of 77,000 doctors. That is unacceptable.

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That is why we need a national palliative care strategy. We need specialized funding to deal with palliative care, to help train more physicians, more medical professionals to deal with people in a palliative situation.

We need to look at hospices. We need to spend money. We talk about infrastructure. Let us take that money and build facilities that house the dying. Let us look after the dying and let them die with dignity and respect.

[*Translation*]

Mr. Nicola Di Iorio (Saint-Léonard—Saint-Michel, Lib.): Mr. Speaker, I thank my colleague for his sincerity.

I would like to know whether, after reading the Supreme Court decision, my colleague would have recommended invoking the notwithstanding clause and overriding the Supreme Court's decision.

[*English*]

Mr. Jim Eglinski: Mr. Speaker, that did not come through on my earpiece. I did not hear what the hon. member said.

Mr. Nicola Di Iorio: Mr. Speaker, if I may, I am simply asking my learned colleague if he would have raised the notwithstanding clause in the Canadian charter in response to the decision of the Supreme Court.

Mr. Jim Eglinski: Mr. Speaker, I do not believe in this particular case I would have. No.

Mr. Len Webber (Calgary Confederation, CPC): Mr. Speaker, today I rise in this House to speak to Bill C-14 and to the issue of medically assisted dying.

This is a complex issue for which there are strong opinions on both sides. Some of my comments may be new to this debate and some will echo those of others before me. However, they are all the voice of my constituents in Calgary Confederation.

As my constituent Brenda Robinson said to me in a letter, "There is no doubt that we are in a defining moment for our nation on this important issue. So many lives hang in the balance of how our leaders craft this legislation."

As I said, there are many sides to this complex issue. The people watching this debate the last couple of days, those people in the galleries, or those watching CPAC on their computers are able to pick and choose the parts of this legislation that they do and do not like, but I and all of us in the House only have the option of a yea or a nay when it comes to a vote. We know that the legislation will pass. It has to pass because the court has said so.

Members may or may not know that I am a big proponent of palliative care. My constituency assistant Lou Winthers in Calgary was the founder and executive director of Hospice Calgary. My late father-in-law was the executive chef at the Rosedale Hospice in Calgary. He spent much of his long life career as an executive chef in many hotels throughout the country. He spent his final years cooking for the dying in the hospice in Calgary.

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For many years, my family has volunteered with Hospice Calgary. Never would I have ever thought that I would be fighting for a bed for my wife one day. I saw then first-hand how critical it is that we have a good palliative care system here in Canada.

Through my experience with Hospice Calgary, I also saw first-hand how horribly underfunded this specialized care is within our current health care system. We need to improve palliative care both for the patients and their families. I cannot thank the staff enough at Agapé Hospice for the support they gave me and my family only a few years ago. I only wish that all Canadians had the access and support they need to get palliative care during one of the toughest times in one's life. We need to do better, and we can do better, but we have a long way to go.

I have received more correspondence on this issue than any other issue since being elected or during my 10 years as an MLA in Alberta. Normally, we see letters either urging an MP to support or oppose legislation. However, the inevitability of this legislation has resulted in a different kind of response. My constituents are writing to suggest how things can be improved and to express concerns with respect to very specific parts. This has made for some very emotional and thoughtful reading.

Ken, a constituent in my riding, wrote to me saying, "Even though I am personally against all euthanasia on personal, moral, and faith grounds, I concede [we] will probably have to have a law that allows it in extreme circumstances. But many of the current recommendations go far beyond, and in effect could allow this to become an 'on-demand service' that leaves many of the most vulnerable unprotected." Ken's letter is one of many that raise concern for our most vulnerable.

Connie C., another constituent who wrote to me, is passionately against any form of suicide. She said, "My father's death was a gradual decline that spanned a four-month period, it was a difficult time for him and for the family. However, we shared some very meaningful time together during those four months and I have a new appreciation for the death process. It was painful and difficult for him, unfortunately struggle is part of the human experience.... Suicide cuts short the human experience and no physician should be asked to end a human life." That is what Connie had to say.

● (2205)

On the other side of the issue, there are those who wish to have access to these medically assisted options.

Valerie wrote to me and said, "My father and others in my family have had dementia and I saw how they forgot to bathe and brush their teeth and refused to let others take care of them. My father lived his last 6 months in a nursing bed doing nothing but lay in bed. If I get dementia I know I do not want to live like that. If I do not have the option of physician assisted dying then I will opt to find a way to end my life while I am still able to make this decision. I beg you to please allow me a better option should I get dementia."

Debra Lee wrote to me, and she wrote to the Minister of Justice as well, with a perspective that few have. She worked for over 40 years as a registered nurse. She said, "I saw my share of people die, many of them with good management of their symptoms but some who did suffer a great deal—from physical as well as emotional pain. Some

people received intrusive treatments which had no hope of curing them or even easing their suffering. But for too long in my career, I observed a death denying culture—everyone from health providers, family members and individuals themselves having difficulty accepting death."

As I stated earlier, this issue is complex.

Another constituent, Catherine G., focused on some of the specific parts of the proposed legislation that she felt needs to be improved. She expressed concerns that there is not enough protection for the vulnerable. She said, "I believe that physician assisted death will leave many elderly people open to the worse form of abuse. They may feel pressured to accept it since they feel themselves to be a burden to their loved ones. We must care for the sick and elderly; doctors must never kill."

Many expressed concern for the most vulnerable in society, but some also wrote about their own vulnerability.

Tracey wrote, "Today my mother is slowly starving to death in the advanced stages of Alzheimer's. Since my grandmother also had it, there is a good chance I will as well. Without assisted suicide I will be forced to commit suicide as soon as I am diagnosed because I won't allow my children to go through what I have, nor do I wish to suffer as my mother has."

Doug James, another constituent of mine, echoed my sentiments exactly when he said, "I suggest that we are better off having what some will call incomplete legislation, rather than no legislation at all, and trust that future legislation can be passed to address any deficiencies."

It is for this reason alone that I will be supporting the bill. It is not about a vote of approval for the bill or the circumstances that brought it about. Rather, it is a vote that recognizes that when it comes to something as personal and sensitive as death, it is better to have options available, even if we do not like them, even if we do not believe in them. It is better to have some legal framework than none at all.

My decision will undoubtedly be welcomed by some and loathed by others, but I am confident that my constituents will look at my past, my experiences, and respect that in the absence of an overwhelming and clear direction from my constituents, I am voting for choice.

In closing, I want to also echo a deep concern expressed by David MacPhail, who wrote to me and said, "There should be clear conscience protections for health care workers and facilities in the legislation.... It is not right that people should be forced to participate against their deeply held convictions, either through referral or by doing the procedure." He went on to say, "It is not necessary to make dedicated physicians and healthcare workers put their careers on the line and open themselves to professional disciplinary action simply because they wish to follow their conscience".

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Finally, I want to reiterate my main concern with the dying process, and that is palliative care. I challenge all in this House to approach this issue with as much energy, urgency, and focus as we have seen on this bill.

I believe that when we all focus on a shared goal, we can achieve remarkable improvements in a very timely fashion. Let us hope that we see the same prioritization when it comes to addressing palliative care.

• (2210)

[*Translation*]

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, I listened carefully to this speech.

I hope that, once this debate is over, we will remember how much we have in common in our humanity, something that we all too often forget in the political arena.

The member who just spoke will find that my support for palliative care is unconditional. I have a question for him. I am asking myself that question at the same time because in many of the speeches that we heard today, including my own, members have been talking about their own personal experiences with death.

I think that the bill before us today requires us to look at things from a different perspective and to put ourselves in the shoes of the person who is dying.

Just before my mother died, she was taking such high doses of morphine that she was almost completely unaware of what was happening around her, but those drugs prevented her from suffering. I am trying to put myself in her shoes and think about whether she would have liked to leave when she was conscious, surrounded by her loved ones, knowing that medical assistance in dying was available to her.

[*English*]

Mr. Len Webber: Mr. Speaker, through my experience and through my family's experience, it was very much a relief when my wife finally passed, because of the pain and suffering she went through. I cannot talk much about my experience because I will end up in tears here, and I said to myself that I would not do that.

We have all sat back over these last months and thought about the loved ones we have lost. I know all of us have a very difficult decision here, and I respect everyone's decision. This just happens to be where I stand on it, and that is how I am going to vote.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, this is more of a comment than anything else.

I want to thank our hon. colleague from Calgary Confederation for stepping forward today and sharing with us in this discussion. The emotions are obviously very raw, and I want to thank our hon. colleague for his comments tonight.

• (2215)

Mr. Len Webber: Mr. Speaker, I want to thank the member for his kind comments.

Mr. Garnett Genus (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I thank my colleague for his remarks, and I want to ask the hon. member about the issue of advance review.

There are some attempts at safeguards in this legislation, but without any kind of legal process, any kind of review involving anyone with legal authority beforehand, there is no clear way of ensuring that the criteria will be followed. This is a big concern of mine.

I wonder if the member would agree that a simple change to this legislation that would institute some system of advance legal review, maybe replacing the role of one of the witnesses with someone with competent legal authority to make that assessment, maybe requiring a judicial hearing, would be an important substantive improvement to this legislation and go a long way to protecting vulnerable people.

Mr. Len Webber: Mr. Speaker, I would agree that there is a lot of work with this legislation. It is just a matter of time before it ends up in the courts again, with particular people demanding certain changes to this legislation. It is going to take time. There is no doubt in my mind that the Supreme Court will have future decisions to make in this area.

Right now we have been told by the Supreme Court, by the Carter decision, that we must move ahead with this legislation. That is what we are doing.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Mr. Speaker, it might be safe to say that this is the most important issue that will be debated in this 42nd Parliament. We are proposing a change in how we provide end-of-life care for Canadians, but it goes beyond that.

If the bill passes, we will give new authority to agents of the state to take someone's life away. That is a sobering responsibility, the one that I hope none of us is taking lightly. What is proposed is a fundamental shift in Canadian society and how we see ourselves as humans. After only a few hours of debate, we will be asked to change the viewpoint of centuries. We will be asking doctors, who have sworn an oath to not play God, to instead do just that and be the agents of death for some patients.

We are doing this without consultation, without asking doctors, nurses, and pharmacists if they want that responsibility. This is not what they were trained to do. This may not be what they want to do, but Parliament is planning on telling them to do it.

The haste with which we are being asked to overturn centuries of thought and practice is unseemly. I understand the Supreme Court, in setting this deadline, is only doing what it perceives as being proper. I am sure the justices of the court are well-meaning men and women, genuinely concerned with the plight of those who are terminally ill, in pain, and who wish to end their lives but are physically unable to do so.

I am sure that I am not alone in receiving calls, letters, emails, and submissions from people opposed to this legislation. Many have come from those who take a religious approach to this issue. From what I can see, people of faith, Christian, Muslim, or Jewish, are united in their belief in the sacredness of life, and feel that in endorsing so-called assisted dying, the state is intruding into areas that should be beyond its jurisdiction.

Government Orders

It seems to me that we, as a nation, should be having a full and lengthy debate on how we approach life and quality of life, a debate perhaps done under more objective circumstances than when a loved one is suffering from an incurable illness. We are being asked to make profoundly disturbing choices and ordered to do it now. It does not take much talent to predict that in the aftermath of this legislation there will be confusion.

However, if killing patients becomes an option, for whatever supposedly good reason, how long will it be before that reason becomes more flexible than rigid? What about those with no family who are a drain on hospital resources? Would it not be in the financial best interests of society to end their lives?

How are we going to prevent families from pressuring their aged ones, urging them to request death so that the next generation of the family will be financially better off? There are so many issues that are still unresolved. We are acting in haste, and it seems to be almost guaranteed that we will get it wrong.

This brings me to this hastily drafted piece of legislation that we are considering tonight. Apparently the government has decided that the idea of assisted suicide is not itself worthy of debate. It seems to be a foregone conclusion that despite the objections of people of faith and many other Canadians, medically assisted dying is a done deal. Laying aside any debate on the merits or lack thereof on the concept of assisted dying, we need to examine this bill and deal with its flaws.

I am extremely concerned about the safeguards, or perhaps I should say the lack of safeguards, that this legislation provides for those who, in good conscience, do not wish to take part in aiding someone's death. Simply put, the bill does not go far enough in protecting those people.

• (2220)

What happens when a physician, in good conscience, declines to end someone's life? We do not know. We are told that there will be protection of conscience rights, but that is not spelled out in the legislation. Apparently, that will be left for the provinces to figure out, or for someone else to make the rules, and who, we are not told.

If I were a physician, I would be feeling very uneasy right now. The legislation spells out how doctors would not be subject to prosecution for ending someone's life if they requested aid in dying. What would happen to health care professionals who decline to end a life? What penalties would the state impose on them if they wish to abide by their conscience, or would the state not allow them to follow the dictates of conscience and insist they become killers?

Supporters of the legislation, I am sure, will tell us that, of course, no one would be forced to perform actions they consider to be unethical. If so, where is that in the legislation? Health care professionals cannot be faulted for being uneasy when they are told, "Trust us".

We might not be discussing this issue if we were doing a better job as a nation in assisting those approaching the end of their natural life. Where is the commitment of the government to increase funding for palliative care, which was an election promise unfulfilled in budget 2016?

Three billion dollars was promised for long-term and palliative care, but nothing was delivered. Should we not, as a nation, be considering how to improve the quality of life for those facing serious illness, or is it just cheaper to encourage them to end their own lives to save money for the health care system? Access to proper palliative care would be an essential part of end-of-life decision-making and, in many cases, would encourage people not to take their own lives.

When we are talking about conscience in these matters, the concept goes beyond the rights of individuals. It also strikes deep at the nature of our health care system. Has the government given any consideration to the fact that many of the hospitals in our country were founded by religious organizations and are still run by them, groups whose members would not look favourably on the idea of being ordered by government to assist in providing services to which they are philosophically opposed? Is that something, again, to be left for the provinces to work out?

Is it the government's intention to require hospitals run by Roman Catholics or the Salvation Army to administer procedures that run counter to their deeply held beliefs? What right is more important, and how does the government choose? What sort of coercion would be applied to force individuals and organizations to abandon deeply held beliefs?

The legislation before us is deeply flawed. It should not be supported unless it is greatly improved, especially in providing protection for freedom of conscience for both individuals and institutions in the health care system.

• (2225)

[*Translation*]

Ms. Karine Trudel (Jonquière, NDP): Mr. Speaker, I would like to thank my colleague for his speech.

I will be brief. In his speech, my colleague mentioned that there was not enough time to make a decision and that we do not have enough time to study the bill. I would like to remind him that when they were in power, the Conservatives did nothing for months after the Supreme Court decision was handed down. As a result of their inaction, we did not have time to hold consultations, carry out studies or just simply debate the issue in the House.

I believe that now is the time to do this because there are only so many days left. I keep thinking about the people who are suffering and who do not have the means to alleviate their suffering, and I am also thinking about the families.

Therefore, I believe that it is important to pass this bill at second reading so we can amend it and create a good, well-structured bill, that will protect both the people who are suffering and those who are most vulnerable.

[*English*]

Mr. Ziad Aboultaif: Mr. Speaker, basically, what we have seen here is that the previous government did not have enough time. That is why it was left for more time, for more consultation, for getting better opinions, for getting Canadians on board, for getting professionals on board, so we could get the best legislation.

Government Orders

This is something that comes once in a century, and we must be very careful in providing the best law, that if we are going to have a law in place not to have a six-month window. We are confident that, if the government wanted to ask the court for an extension of time, it could get it. Why force it? What is the rush? We should study it well, and we should come up with the best legislation we can.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I thank the member for an excellent speech and for his excellent work. He is my neighbour in the Edmonton area, and I sometimes feel he knows more people in my riding than I do.

I want to ask about a specific case that builds on some of the comments he made. Dr. Nancy Naylor is a case I have mentioned before. She is a family and palliative care physician in Ontario who has said that she is leaving the profession because of the absence of conscience protection in the Ontario College of Physicians and Surgeons' policy and in this legislation.

This is a huge issue of access for her patients, for the people in her community. Why would we push people out of this profession who are currently providing compassionate, loving, and necessary palliative care when we already have a shortage? Why would we push people out of it who want to provide care? Let those who want to provide euthanasia provide it, but let us protect those who want to provide palliative care and allow them to remain in the profession so they do not have their conscience infringed and they are not forced to leave.

Mr. Ziad Aboultaif: Mr. Speaker, the member speaks my mind basically, because really, I do care and worry about the professionals out there, the physicians who spend their lives studying and going to school, who will be forced to do something they do not want to do. It is as if someone is giving them a gun and saying "shoot me". Then they have to commit a crime just because they were told to do so. That is not what we want here. We want legislation next to perfect. Hopefully we can get that if we have more consultation and give it more time.

Mr. Sean Casey (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I have a couple of questions for my colleague. First, he said if he were a doctor he would be worried because they are going to be forced to do something. I would ask him to point to the passage in the legislation that forces doctors to do anything. There is absolutely nothing there in that regard.

I would also refer him to the position of the Canadian Medical Association, which has been strongly supportive of the legislation.

However, I want to come back to the issue of not enough debate. The decision was on February 6, 2015. We brought forward a motion on February 24. The government defeated it. That motion would have had the committee's work done by July. Between the day of the decision on February 6 and the election, the previous Conservative government did nothing. How can Conservatives now say we do not have enough time?

• (2230)

Mr. Ziad Aboultaif: Mr. Speaker, to answer the first part of the question, the bill is not clear. There are a lot of vagaries. I am not going to represent myself as a member of Parliament and say

someone told me so, or the Medical Association told us so. This is not the way we legislate. This is not the way we think.

We need more time. We need to absorb. We need to understand because our conscience has to play in making this decision, and we must do that carefully and thoughtfully.

Mr. Brad Trost (Saskatoon—University, CPC): Mr. Speaker, let me start tonight by thanking my constituents who have written to me on this issue. It is approaching 12 years that I have been a member of Parliament in this place and, unlike some other members, there are issues on which I have received more correspondence. However, I have received a fair bit of input from my constituents and, not surprisingly, it varies. I want to express my appreciation because the democratic process only works when everyone is engaged, when citizens speak what they feel are the fundamental principles involved.

I also want to give a special shout to one of the high school classes at Bishop James Mahoney High School, which I was at last week. We discussed these very profound issues. The young people in a grade 11 class had thought about it deeply. They had read the legislation. They had gone through it, unfortunately I might say, more thoroughly than some of the parliamentarians who may be voting on this in the future. The students had come to some very clear conclusions and understandings about what this is, because however a member will vote on what we are speaking on tonight, this is a moral issue for however we deal it. Not that most, if not all, issues do not have a moral component, but this one in particular is fairly clear.

As has been said by other members, this is also a fairly personal thing. Each and every one of us will have to deal with death at one time in our lives.

I was on the phone earlier today with my mother, and she reminded me that it was exactly a year ago today when she called me and said to go down to the nursing home because my grandma was passing away. She did not pass away that day, but she knew she was dying. I held her. It was one of those times when we begin to think about the consequences.

There had been the previous court ruling. One has responsibilities to family, to country, to everything. As a member of Parliament, I feel that all members of Parliament, even those who cannot speak to this debate, have a duty to tell their constituents how they stand.

The first point I wish to make tonight is one that people need to understand. The law is a blunt instrument. The law is not something that can easily distinguish fine and distinguishable cases. The law is something that is very difficult to implement in very specific situations. In a situation like this where we are dealing with a law that involves the protection of life, we must give the absolute greatest caution and protections to life.

Pollsters ask questions. They ask people how they would vote in this situation or that situation. However, to be perfectly blunt, no pollster can encapsulate the complexity of even one unique situation. Yet we as legislators are asked to make a decision, to come to some sort of conclusion. That is part of our job.

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Because the law is such a blunt instrument, because the law cannot distinguish in the most subtle cases, and because human beings are valuable, we must give whatever protections we can to life. It is for that reason that, whatever the restrictions that have been suggested by other members tonight, I will be supporting that. I suspect that I will be in the minority in this House in that I will not be supporting the legislation, because I do not support the underlying principle of the legislation. I suspect that I will be in an even smaller minority in that I would be prepared to support the notwithstanding clause to override the Supreme Court's decision.

However, it comes down to that basic and fundamental understanding that the purpose of civil society and the purpose of government is to protect life—life, liberty, and the protection of property. Those are the things that we are to do.

Yesterday, I was at an event where we had a speaker talking about freedom and about the issues involved. He noted that throughout history there have been different forms of government, but mostly they have come down to three basic styles: familial, clan-style government like those in many African tribal societies and like the clan system of northern Scotland; a hierarchical system, such as dictatorships and the system in the Middle Ages when they had the emperor, the king, the serfs, etc.; or a covenantal system, where all members of society agree, sometimes to some degree compelled by law but often through their own decision, to their own actions and their commitment to morality, to be covenanted to be part of and supportive of their neighbour.

• (2235)

That is one thing we need to understand. The basis of constitutional government is a system where we covenant to each other, to support each other, and not because we are forced to through a hierarchical power structure. Yes, there are police, laws, and ways of dealing with wrongdoers. However, each and every one of us has a particular commitment to our fellow citizens throughout our lives, even until the end of our lives. That needs to be thought about in each and every situation as we debate this legislation. That commitment to each other, at the bare minimum, is a commitment to defend the lives of our fellow citizens and fellow human beings.

Earlier last month, in the popular press, there were stories about some doctors in Quebec. I hope this is a mistaken story as these things are often exaggerated, but the story was told that some doctors had refused to treat people who had attempted suicide, even though they were very treatable. The college of physicians and surgeons in Quebec had to set a guideline to say that if people go into the hospital, doctors must treat them and not just assume that because they have attempted suicide, they have given an indication that they want to die. If the people are not covered under either the Quebec law or the Supreme Court ruling, they must be treated. Doctors have a responsibility, a covenant, to protect the life of a human being and that is the job of a doctor in an emergency ward.

When I read that article, I thought to myself that we need to understand that this is one of the consequences of passing this legislation. There are people, regardless of how many protections there are, whose lives will be taken because of this legislation. Again, I hope the story in Quebec was incorrect, but if it was true, there were people who attempted suicide, cried out for help, and

unfortunately, were successful, but whose lives could have been saved.

Because of this debate politically, because of the ruling of the Supreme Court, and because of previous legislation by one of the provinces, there is a very real possibility some doctors did not interfere. When we hear about and discuss the suffering that people are concerned about—and in many cases, it is the fear as much as the suffering that people want to end as they come to the end of their lives—we need to understand that each and every one of us, even as we approach the end of our lives, still has that covenant with our fellow man. The question of how much suffering for one human life is one that we are very practically applying today in this legislation.

We need to understand that and ask ourselves how much suffering and fear we want to deal with and how much we want people to take in exchange for a human life. We make those decisions. We have to in society. It is not a morbid question; it is a realistic question. We set speed limits. We do these things. We know there are consequences to actions. We cannot live in a perpetual bubble.

The point I am making is this. Even at the end of life, if one has fear or pain—and I do not doubt the sincerity, the depth, and the agony of people who go through this—the decisions people make as they approach the end of their lives will impact others. There will be others who, because of the changes in this law and the reasons that are given for the law, will be pressured and will lose their protections such as in the cases I referred to in the province of Quebec. That is something we cannot forget. The ultimate duty of civil society and of government is to protect life. We must do it at all costs.

I again want to thank my constituents and my fellow members of Parliament, but to have a clear conscience, I must vote against this legislation. I can do no other.

• (2240)

Mr. Sean Casey (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I thank the hon. member for a very thoughtful speech. Obviously we have come down on different sides of this issue, but certainly what he put into that speech is something that was clearly thought out and very well delivered and expressed.

The member talked so passionately about the sanctity of life. If others in this chamber come down on this issue at this time in the same manner as the hon. member, we will be left on June 6 without any criminal law with respect to medical assistance in dying, and the safeguards that are built into Bill C-14 will not become the law of the land. There will not be a requirement for two doctors to pass opinion on a patient. There will not be a requirement for two independent witnesses. There will not be a requirement for a signed request.

We are in a situation in this Parliament where the question before us is not whether, it is how, and the how that has been put forward is one that contains these safeguards that will be lost if this legislation is not advanced to committee.

Given the member's deep-felt thoughts on the sanctity of life, could he respond to the ramifications that arise out of a defeat of this legislation on June 6?

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Mr. Brad Trost: Mr. Speaker, I appreciate my hon. colleague's comments. I understand very much where he is coming from, and I suspect that is one of the reasons why he will carry the majority opinion of the House.

As I stated earlier, and again I have no doubt that I am in the minority, my underlying preference would have been an absolute rejection and use of the notwithstanding clause, either as a temporary measure to give this House two or three years, whatever time the House deemed appropriate, to deal with this issue, or as a permanent matter.

I would say to the hon. member, there are applications for extension. I realize the Supreme Court would not look all that favourably on it, but it would be necessary. A temporary piece of legislation to say for one or two years the notwithstanding clause would be put in and then other legislation put through later in this Parliament would be another option. Those are various options that I think the House could look at.

Again, I am realistic enough to understand and suspect my opinion is in the minority.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I think it needs to be acknowledged that the timeline we have is to a substantial extent manufactured by the government. The Liberals removed the direction to the expert panel to provide legislative recommendations, which would have sped up the process. They had an opportunity, as soon as the special joint committee reported, to bring forward legislation. They delayed and delayed, and now they want us to be concerned about the timeline.

They should propose a better piece of legislation. They should fix the problem and then we can work together to get it passed quickly, but there are no clear criteria. It uses phrases like “reasonably foreseeable”, which are neither medical nor legal terminology. This legislation provides no clear criteria. If it does not do the job that the court asks us to do, which is to create a system of robust safeguards, then what is the point of passing the bill? What is the value of passing a bill that does not actually, in any substantial way, improve on the absence of the bill.

Let us reject the bill and give the government a chance to try again.

Mr. Brad Trost: Mr. Speaker, I thank the hon. member for his comments, and since it was really more of a comment than a question, I will say I very much understand where he comes from and we have very similar views on this issue. Since this is my last time to raise a comment, I just want to make one last comment before debate resumes.

I did not mention my support for conscience rights, and I want to add one small thing to that. We often speak about conscience rights as if they are conscience rights based upon religion. Conscience rights should be for everyone. It does not matter what our background or what our basis is, atheist, religious, irreligious, whatever it is and for whatever reason.

For the trauma that a person could feel if he or she helped to assist someone else to die, for just that personal reason, even if one supports the principle of the legislation, there should be no

restriction on this conscience legislation, whatever we put with the bill.

● (2245)

Mr. Scott Reid (Lanark—Frontenac—Kingston, CPC): Mr. Speaker, I thought that rather than giving my rationale and telling people how I will vote at the end, I would do the opposite.

I want to say, first of all, that I will be voting yes at second reading to this bill, so that it can be sent to committee where it can be discussed in principle, and perhaps be amended to make it better than it currently is.

At third reading, I will be guided in my voting by the instructions of my constituents. I am mailing out what I call a constituency referendum. It is effectively a survey designed to ask them in as impartial a way as possible how they would have their member of Parliament vote. The reason I am doing this is that I believe, when it comes to a profound issue of conscience like this, the consciences of my constituents are every bit as good as my own conscience, that of the other members of Parliament, or the people on the Supreme Court of Canada. They will guide me at third reading.

My comments today are, therefore, about the underlying issue that I think is at stake here as we, meaning Parliament, the courts, the policy-makers here in Canada and frankly in every country in the world, must face as we deal with the realities of life and death at this particular moment in time.

Right now, and this is not something that has always been true in our history, life is expensive, maintaining life is expensive, and death is cheap. This is something that has not been true throughout our history.

Anybody who reads the novels of the Brontë sisters is aware of the fact that in the mid-19th century, and in every century before that, life was relatively inexpensive to maintain, in part because the ability of medical technology to keep people alive was so limited. The doctor would arrive, perhaps bleed someone if they had a simple fever, and then, at least this is how it happens in the novels, advise the relatives to prepare themselves. The financial difference between life and death was very limited.

That is no longer true. I want to make this point in the context of a health issue that has nothing to do with euthanasia or the assisted suicide or assisted dying debate, but it really illustrates just how expensive life is in a world of improved technology and pharmaceuticals.

This month, May is cystic fibrosis month. I know somebody who has cystic fibrosis, and I have become very passionately involved in this. Every year, I encourage members of Parliament to wear a rose, and we will all be doing this next Wednesday, in honour of those who have cystic fibrosis. I wear the cystic fibrosis pin today.

Now there was a drug introduced in 2012, called ivacaftor, trade name Kalydeco, which, for the 4% to 5% of cystic fibrosis patients who have the delta-F508 mutation of the gene with the CFTR protein, for that small segment of cystic fibrosis sufferers, this drug effectively turns what would otherwise be a terminal disease into a manageable illness that is problematic but not fatal.

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It is available at a very high cost to them, their families, or the public health care system, depending on where the patient lives. The cost to get access to Kalydeco is approximately \$300,000 American per year. The patents on drugs are typically about 20 years long. Presumably at the end of that 20-year period, the cost will drop dramatically, but right now it is \$300,000 per year. Members can do the math, \$300,000 times 20 means that it is \$6 million to keep one individual alive.

It is well worthwhile, but the fact is that life is expensive, whereas denying them this care, and some provinces do not give public funding for the drug, is cheap. That costs very little. I do not mean to suggest that the drug company is charging unreasonably, or any of these other subsidiary questions. It cost \$458 million for Vertex, the company that developed this drug, to bring it to market. My observation is simply that life is very expensive and maintaining life is expensive. Death is cheap.

Now, turning to palliative care, of course it costs a great deal less than this to keep people alive on palliative care at the end of their lives. However, the fact is that denying care is less expensive. This is exclusive of the Supreme Court ruling. It is exclusive of whatever is in Bill C-14 or should, or should not, be in Bill C-14. This creates a dynamic in which there is a strong financial incentive for policy-makers to promote the less expensive option, as there is in everything.

• (2250)

In this case, it means that the incentive to do what is necessary to allow the life option as opposed to the death option is reversed or weakened. This means the incentive to not provide palliative care is going to be very strong.

In this situation, the Supreme Court of Canada ruling in *Carter v. Canada* is likely to have tilted the dynamic in favour of death as a solution to the high-cost problem of maintaining lives that are deemed to be not worth living.

To make the point about how this is relevant, I want to quote from what the health minister said on the Friday before the break, in her speech on the issue. I had the good fortune to be able to question her afterwards about this. She said:

Today, Canadians are aware, and have a general understanding, of palliative care. However, some studies have [shown] that the overwhelming majority, perhaps 70% or more of us, do not have access to it, particularly in rural and remote areas. Many providers are not well trained to provide palliative care services.

I think she was just presenting what she regards correctly, as a fact. However, read this a different way and a more sinister meaning becomes evident. We lack the funds, or the provinces lack the funds, for palliative care, but death is the less expensive way to ensure that no one lives an unbearable life.

Again, I do not think she meant this in a sinister way. The implication was simply there to be found, and taking her words and reading them a little differently, we see that implication.

Faced with this problem, the problem brought upon us by the fact that we can extend life in a way that never could before but with limited funds and, inevitably, there are not enough funds to deal with all the life needs that are out there, the wrong move taken for a

reason that seems noble but is poorly thought through could have disastrous consequences.

To make this point, I want to turn to one of the best books on public policy I have ever read, *Lectures on the Relation between Law and Public Opinion in England during the Nineteenth Century*, by the great Albert Venn Dicey.

Writing about Lord Shaftesbury, the well-meaning philanthropist and statesman, he writes something that I think could well be applied to the Supreme Court's ruling in *Carter v. Canada*:

...the natural desire of an ardent philanthropist to save from immediate suffering any class of persons who are unable completely to protect themselves against oppression, and to do this by the means which lie nearest to hand, without deeply considering whether action which gives immediate relief to [these] sufferers...may not possibly in the end produce evils of untold magnitude.

In response to this, the danger is that we will do what Dicey warned about Parliament reacting. He was talking about the British Parliament. He was writing of a different century, but this is a warning that is well taken by any Parliament dealing with this kind of situation.

He said:

...laws passed to meet a particular emergency, or to satisfy a particular demand... produce, in the long run, more effect on legislative opinion than a law which openly embodies a wide principle. Laws of emergency often surreptitiously introduce or reintroduce into legislation, ideas which would not be accepted if brought before the attention of Parliament or of the nation.

This legislation is being introduced in haste in response to an artificial deadline, and it is an artificial deadline, set up by a Supreme Court which has a noble goal in mind but which has not, in my view, looked at all the implications of what it is trying to do. In dealing with a highly atypical set of cases, all of our jurisprudence in Canada at the Supreme Court level is based upon suffers of ALS who, on that bell curve of different ways in which people can die, either fully in charge as ALS sufferers are of their wills and their minds but not of their bodies or, at the other extreme, like Alzheimer's sufferers perhaps in reasonable physical health but not in possession of their faculties, and everybody in between. We have used that set of cases that have come before us because that is the way the court system works. Only the mentally capable can get their cases to the court and the court has generalized in a way that leads, potentially, into a hasty reaction that could lead to a principle being introduced into our law which may have, as Dicey says, unfathomable consequences.

I ask us all to move very cautiously and to seriously consider the possibility of amendments to this legislation in the coming weeks, as we go into committee.

• (2255)

Mr. Sean Casey (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I would like to ask the member about what he describes as an “artificial” deadline.

The Supreme Court has imposed a deadline of June 6. This is a deadline that was imposed after we asked for a later deadline. On June 6, there will be serious ramifications if a law is not passed. I am at a bit of a loss to understand what is artificial about what the Supreme Court has said.

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Surely this is not a reflection of disrespect for the court, but it must mean something. However, I am very unclear as to what it means, because I think the court was pretty clear.

Mr. Scott Reid: Mr. Speaker, I could have used the word “arbitrary”, and perhaps I should have said that instead of “artificial”.

It is arbitrary. There is nothing special about June 6 other than the fact that the Supreme Court said that was the day on which this part of the Criminal Code would simply cease to be in force or have effect.

The court could have acted as the American court would have done and simply said that this law had no force or effect right now, period. It could have done that, which would have produced a different legislative reaction. We would not have reacted in the haste to get legislation rammed through by a certain date if it were not for the fact that the law was not being struck down until a future specific and relative approximate date. Therefore, in that sense, it is highly arbitrary and artificial.

Throughout my comments, I have tried to indicate that I am not trying to be disrespectful either of the court or of the drafters of the current legislation. I am simply observing that we are potentially, as a system, responding in a very much sub-optimal way to the great health care issue of our time, which is the fact that we can save many lives, but we do not have the financial means to save all lives in the way we might choose to do. That is an issue that is going to confront us over and over again.

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, there have been a number of references throughout the day to some very vague promises, whether it is relating to palliative care or conscience protection for doctors, which is referred to somewhat vaguely in the preamble.

I would like to ask my colleague if he feels that these are adequate promises for Canadians to hang their hat on in expecting a palliative care program when there has been nothing in the throne speech, nothing in the budget, that would actually show any type of follow through.

I believe some amendments should be made to the bill to make that a requirement, at least a consultation, and then consultation could be followed up by actual accessible and affordable palliative care. Also, there should be some clear language that would give health care workers and health care institutions a guarantee that they would not be required to participate in any way in physician-assisted suicide.

Mr. Scott Reid: Mr. Speaker, earlier today I discussed with my hon. colleague for Kitchener—Conestoga his suggestion that a mandatory palliative care consultation ought to be required prior to the process that is contemplated in the law to physicians or nurse practitioners signing-off on an assisted death request. That is an excellent proposal.

We do have a shortage of these practitioners in Canada. The fact is that I can get a prescription right now electronically from someone who is not in the same room as me. Some kind of provision could be made for this. A budget could be provided for it. Right now, zero dollars have been provided for it, and I do not think the palliative

care initiative that the government has talked about deals with this kind of consultation, which would be preferable.

In many cases, it might be a conclusion that it is not available in one's area, but at least no one would die uninformed. Also, I think it would create pressure from relatives to start making better or more widely accessible palliative care. It is an excellent idea. If it is not incorporated into the legislation, then it should be incorporated in a later bill, which would amend the act.

With regard to the issue of conscience rights, here is the problem. The right to request that one's death be caused, the right to end one's own life as a part of the right to life in section 7 of the charter, now that the courts have interpreted that right this way, imposes an obligation on others who are in a position of being state actors or semi-state actors. This would require them to assist a person. They cannot withhold this right from a person. Seeing as doctors are people who have a monopoly over health care because of their position, which is created by the state, they may be forced, unless there is a specific provision in the law, to provide that care. That is the danger, and I hope it will be corrected in amendments to the bill.

• (2300)

Mr. Kelly McCauley (Edmonton West, CPC): Mr. Speaker, before I start, I would like to thank my friend from Yellowhead for his kind words on Fort McMurray. The devastation there is overwhelming. I would like the people there to know they have my prayers, and I am sure the thoughts and prayers of everyone in the House today.

I used to work in Fort McMurray. In fact, the very first hotel I managed just burned down. I know the people there will be counting on our support, and the people there know everyone in the House will be supporting them.

I rise today to discuss Bill C-14. This is obviously a very difficult issue for many people in the House, and I appreciate the views expressed here today and in yesterday's debate. Members oppose the bill on faith-based grounds, legal grounds, ethical grounds, and for other reasons. Others praise and support the bill.

I truly respect each member's personal contribution to the parliamentary debate. I would like to express my gratitude to the members of the Special Joint Committee on Physician-Assisted Dying. It is probably one of the most difficult, if not the most difficult, issues we are going to face in this Parliament.

We all know someone who has died in pain, a loved one, a child, a colleague. We have all seen the ravages of disease on the body of people we once saw only as the embodiment of life and hope. I have lost two of my most beloved uncles to cancer. One of these uncles was a lifer in the Royal Canadian Navy, who finished his career in service to Canada as base commander at CFB Esquimalt.

Commander Larry Dzioba, as any commander would be, was ready for his battle that would come. He fought cancer to the end and was still living independently, in relatively good health, up until the final two days before he passed away. I credit his strong Ukrainian stock for his strength and always think that he viewed pain as something to be tolerated.

Government Orders

Another uncle of mine, Michael McCauley, passed away after years of chemotherapy and radiation. In the end, he passed away at home in his bed surrounded by his family. He maintained his dignity until the very end.

Another very close friend of mine, my dear friend Peter, died of lung cancer a few years back. Peter and I worked together at the famed Deerhurst Resort in Muskoka, pre-gazebo days, and later together in Edmonton. Peter went from diagnosis to death in just three months, but his family and friends will forever be grateful to the wonderful staff at the Cross Cancer Institute in Edmonton, who ensured that Peter lived his final days as comfortably as possible and with dignity.

Unfortunately, however, far too many Canadians suffer due to inadequate palliative care. A 2015 study shows that anywhere from 15% to 30% of Canadians have access to adequate palliative care, and even at the highest levels of the spectrum, it is nowhere near enough.

This is where my concerns with Bill C-14 begin. From the bill's preamble, I quote the following:

Whereas it is desirable to have a consistent approach to medical assistance in dying across Canada

The government wishes to have a universal approach to assisted suicide in Canada, but does not state the need for universal access to palliative care across Canada. Members of the House have repeatedly commented on access to broadband Internet as a human right, yet there is nothing about a human right to palliative care. The government commits to broadband expansion in its 2016 budget, but if we search "palliative" in budget 2016, we get the message "no matches were found". It is disgraceful and shameful.

The health minister has said that \$3 billion will be committed over four years for palliative care across the country, but there are no details on this. It is not listed once in the budget. There is no information on how it will be rolled out or how it will be paid for.

In fact, the \$3 billion is probably the same \$3 billion that the Liberals promised in their election campaign for increased home care services. It is not specifically for palliative care, which they are stating now, but for home care services.

Alarming, the health minister said in January, just before meeting with provincial health ministers, that "more money isn't necessarily the only solution". The \$3 billion is promised, yet it does not seem to exist anywhere in the budget and, according to the government, may not be necessary. I would argue that virtually every doctor who treats terminally ill patients would disagree.

It is paramount that the government states immediately how it will ensure equal access to proper palliative care across this country. It is unfathomable that the government would introduce assisted dying legislation without announcing a detailed strategy to prevent terminally ill Canadians from believing doctor-assisted suicide is their only option.

The government has a moral obligation to outline such a strategy and provide adequate funding immediately. It is not enough to simply spout off a few talking points, get in a few good sound bites, and then hope it is later forgotten.

● (2305)

The government has not done nearly enough to think through this bill in its haste to meet the Supreme Court's deadline. It has not begun to consult with the provinces on many of the responsibilities that will be downloaded onto them. For example, Alberta has been working on this for five months with no apparent consultation with the government.

I believe assisted suicide is not the answer to the complex problem of human suffering, whether it be physical, emotional, or even spiritual suffering. Medical advances specifically in pain management drugs have gone a long way in helping the suffering bear pain and keep their dignity. What is really needed above and beyond the medical advances and improvements in palliative care is a willingness to be involved in the lives of those who suffer. The reasonable answer to suffering is love, companionship, and hope for the better, hope for tomorrow, for hope allows us to continue on.

In addition to the philosophical objections that I have to this bill, there are many practical concerns. One is the lack of education on the matter of alternative methods for care of the terminally ill. For example, a survey of pre-licensure pain curricula in the health science faculties of 10 different Canadian universities showed that many would-be doctors receive less training in pain management than their counterparts in veterinary medicine. Meanwhile, a survey of over 1,100 doctors and nurses showed that those who treat fewer terminally ill patients, therefore knowing the least about symptom management, are most likely the ones in favour of assisted suicide, whereas those with the most experience with symptom management and end-of-life care tend to oppose it.

Dr. Max Chochinov, a noted specialist on palliative care, explains that the will to live is directly inverse to the amount of pain and that loss of dignity drives wanting to die and treatment of pain can improve sense of dignity.

I realize that we will have doctor-assisted suicide in Canada. The courts have decreed it, and society appears to demand it, but we in this House must ensure that we are doing everything to ensure we protect the vulnerable and enshrine the belief that all life is precious before we introduce a new law.

There are holes that must be addressed before Bill C-14 becomes law. Like many others in the House, I am disappointed that there are no provisions to protect the rights of doctors, nurses, and other medical practitioners who object to participating in assisted dying or referring on conscience grounds. We must protect their rights regarding referrals as well.

My own doctor stated on the issue, "not selling you a drug but sending you to a street corner for drugs where you are murdered makes me just as complicit in your death." I enjoy the bluntness of my doctor.

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It is not enough to simply leave it to the provinces or to say that there is no problem because so far no health professional has been forced against his or her conscience to perform certain acts. The rights of health care professionals must be respected and must be enshrined in federal law. It has always been our society's custom to assist the suffering, to be by their side, and not to kill them. This practice must be reaffirmed, and a respectful approach to human life must be upheld, one that recognizes that the intrinsic worth with which every human being is endowed is not eradicated by suffering.

Life is precious and I believe that our nation's laws must reflect this fact. In the *Gospel of Life*, Pope John Paul II wrote very eloquently about the issue of assisted suicide. He stated that assisted suicide is a crime which no human law can claim to legitimize. However, he further stated that elected officials “could licitly support proposals aimed at limiting the harm done by such a law and at lessening its negative consequences at the level of general opinion and public morality. This does not in fact represent an illicit cooperation with an unjust law, but rather a legitimate and proper attempt to limit its evil aspects.”

Doctor-assisted suicide is already a reality in Canada. While I acknowledge that Bill C-14 reflects many of the safeguards of the dissenting report put forward by my Conservative colleagues on the special committee, it is still a flawed piece of legislation. It does not include an obligation to provide all possible palliative and pain management options to terminally ill patients. It does not mandate that funding be given and then maintained for end-of-life care. It does not guard the conscience rights of medical professionals. Beyond this, Bill C-14 does not offer a legitimate and proper attempt to limit the evil aspects of suicide. It is for these reasons that I will not be supporting this bill.

• (2310)

[Translation]

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, discussions on this topic are always interesting, even this late at night.

Once again, my colleague caught my attention with his comments about medications that exist to alleviate suffering during the palliative care stage. We cannot ignore the fact that these medications precipitate death and that quite often, they make the patients disconnected from reality. The drugs may alleviate the patients' physical suffering, but they also affect their consciousness.

I think this bill is an opportunity for us to take a different perspective. Instead of taking the perspective of a caregiver supporting someone at the end of their life, let us look at this from the perspective of someone who is dying and who could, with this legislation, make an informed decision to die, fully conscious, surrounded by loved ones. I would venture to say that this dying person would truly be able to enjoy the love of his or her dear ones in those last moments of life. I think that is the objective, or one of the objectives, of this bill. I would like to hear my colleague's thoughts on that.

[English]

Mr. Kelly McCauley: Mr. Speaker, I do not find a lot to disagree with in my colleague's comments. The issue is we do not have proper palliative care. He is talking about a situation where in a utopia proper palliative care is offered and all other options are

offered and available, as opposed to what we have right now in Canada where only a very tiny percentage of people have that option available: “I can die now peacefully with my full conscience, my full mind, because I have no choice because I don't have the proper care waiting for me in a month”.

I do not disagree with my colleague on that. Where I believe we have to go is to full proper palliative care for all Canadians.

[Translation]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Mr. Speaker, I thank my colleague for his speech.

I am concerned about the possibility that a health care institution as a whole could refuse to provide medical assistance in dying, which is now a charter-protected right. What is the danger in an entire institution taking that stance? Patients at that institution would be denied their charter right.

Is my colleague concerned about this too?

[English]

Mr. Kelly McCauley: Mr. Speaker, it was very clear in my speech. My concern is that the bill does not address conscience rights for health care providers. It has to be paramount in the bill before it goes forward. Doctors, nurses, and medical practitioners should not be forced against their conscience and beliefs to perform assisted suicide.

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, I have a quick question on the whole issue of protecting the vulnerable. Certainly there are some elements in the bill that give the impression of protection for vulnerable people, but there is no system of prior review to ensure that the independence of the doctor or the witnesses is actually supported. I wonder if my colleague would comment on the need for a prior review to ensure the protection of the vulnerable from coercion and to ensure the independence of the witnesses.

Mr. Kelly McCauley: Mr. Speaker, I, too, believe that we need a much better oversight written into the law, both for conscience rights and for independence of people making this decision. I implore the government to work hard. We recognize that this assisted dying or suicide bill will eventually go through. I implore colleagues across the way to ensure that these rights for patients and an independent overview are put into the law.

• (2315)

[Translation]

Mr. Bernard Généreux (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, CPC): Mr. Speaker, if I may, before beginning, I would like to join my colleagues in sending my thoughts and prayers out to the people of Fort McMurray, Alberta, and all Albertans. We know that a number of Quebeckers are working in Alberta. The media are reporting an incredible tragedy that is taking place as we sit here in the House. I want everyone there to know that we are thinking of them.

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I thought long and hard before speaking to this important issue tonight, not because I did not want to talk about it or because the subject was not important to me, but because this is a hugely complicated issue. It took Quebec more than six years of work, thought, and study to reach a consensus, and even after all that work, it was not unanimous.

The proof is that most of the palliative care facilities in Quebec have not begun offering this option to their clients within their facility. I am going to focus on that in my remarks.

The joint committee recommended making more resources available for palliative care to improve access across Canada. I agree with that recommendation.

I had the opportunity to tour a palliative care centre last year when I visited my brother-in-law, who was dying. This evening, before speaking to the House, I also called an acquaintance who sits on the board of directors of a foundation that helps fund these types of homes in my riding. This person confirmed what I had noted last year. The mission of these homes is to take care of the dying and not to take their life. These homes support patients in their final weeks, days, and hours of life. The services and support that the individuals themselves and their families receive at these homes are essential so that they can live their final moments in dignity.

I believe it is important, as we prepare to pass such a law, to have the time to study it and put it in place. I do not believe that it is appropriate to move so quickly on such important issues as life and death.

My acquaintance also told me that she had lost a colleague a few weeks earlier. Her colleague knew that he was sick and that she was connected to the administration of the home. He told her that he wanted the opportunity to make use of the new Quebec law on end-of-life care and that he very much wanted to have access to such care. The weeks passed, and it came time for him to enter the home, where he could end his days in peace, with the idea of making use of the new Quebec law.

My acquaintance had the opportunity to visit him before he passed, and this man told her that he no longer wanted that option because he appreciated the care and attention he received from the staff and volunteers in the home so much that he wanted to live until his last breath. He probably talked about that option because he was afraid of suffering, of losing control, of making his family suffer. All of his fears were legitimate.

This example shows that it is possible for someone to live with dignity, surrounded by family members, in settings tailored to their needs, with attentive and, above all, competent people around for this extremely important stage in any human being's life.

I am giving these examples, not because they are something I experienced, but because they illustrate some of all the different possibilities and situations that could arise.

My colleagues who sat on the joint committee worked very hard to ensure that certain provisions would be included in the bill, and I would like to talk about those provisions now. They are all equally important and they represent an essential minimum in the bill before us today.

We identified five important points and we insisted that they be included in the bill. The first is that medical assistance in dying should be available only to adults. It should not be made available to minors. Medically assisted dying should not be made available to people who are mentally ill. The conscience rights of doctors must be protected and consent to the termination of life may be given only at the end of a person's life. Finally, palliative care needs to be improved.

• (2320)

In my opinion, that last point is an important aspect of the bill. Services like those offered by Maison Desjardins in Rivière-du-Loup, which is in my riding, should be available all across Canada, given how important these facilities are to those who work there and those who use them. The government should therefore invest in these types of services and facilities across the country. In the absence of any evidence to the contrary, the government has no plans to do that at the moment.

Another person I know in Montmagny has been receiving cancer treatment for many years. She decided to start up a palliative care facility in the Montmagny and L'Islet region, where she has been working tirelessly for many years. An army of volunteers are helping her and supporting her in her illness and in setting up the facility. My hope is that when her time comes she will be able to benefit from all of the effort she put into that facility. In order to ensure that these types of facilities are available, the government needs to create the proper conditions to help communities take matters into their own hands and offer places across Canada where people can live out their final days with dignity.

What we are really talking about in the House tonight is human dignity. It is crucial that all future decisions be made in a way that ensures that end-of-life care is available all across Canada. That is crucial.

In closing, in my riding next Friday, my colleague from Louis-Saint-Laurent and I are organizing an evening of discussion to promote a better understanding of this very serious issue. Knowing that we were elected on October 19 and given how quickly everything is happening right now, I feel as though we are caught in a trap and working against the clock, which means we cannot make informed decisions. In spite of everything, I will be voting in favour of this bill at second reading, so that the bill can go to committee and we can examine the committee's recommendations.

This does not mean that I will vote in favour of the final bill. I am committing to making a decision after listening to my constituents. I think this is a fundamental decision. There is absolutely no doubt in my mind: as the representatives of our constituents, we must listen to them and allow them to share their views. We do not have much time to respond to this bill. I was listening to my colleagues earlier and it occurred to me that June 6 is an arbitrary date. There will be a June 6 in 2017, a June 6 in 2018, and so on. I think we should be taking the time to really think about this legislation and make it as complete as possible.

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, I listened closely to my colleague.

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I know what he means about confronting death. Many people, who are well supported in palliative care homes decide to see things through to the end. Both the Quebec legislation and the Canadian legislation we are currently studying provide for the right to withdraw a request up to the last minute.

I would like my colleague's opinion on the following. There is a major difference between the Quebec legislation and the proposed Canadian legislation. Under the Quebec legislation, a health care professional must be present until the very end. However, under the Canadian legislation, a health care professional could give the patient the lethal drug and then leave the patient alone. That seems unthinkable to me. We cannot talk with so much compassion for hours and then imagine that under this bill, someone could be given the drug he needs to end his life without anyone by his side throughout the process.

I would like to know what my colleague thinks about that.

• (2325)

Mr. Bernard Généreux: Mr. Speaker, I totally agree with my colleague.

The Quebec law was thought out over a period of six years. During those six years, there were studies and discussions between the parliamentarians and with the public, and working groups were set up. We have roughly six months to do as much here in Canada.

The legislation as presented has some extremely dangerous grey areas. We must review this legislation properly to ensure that we have it right. Our responsibility as legislators is to take every precaution to ensure that the legislation is the best it can be.

[*English*]

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, my colleague made the comment that he would be happier if we could take six years to create this legislation. I wonder if he would like to comment on what would happen in the interim. I have already had one of my constituents choose to end his life through legal means, before we had this discussion here, because that is what he has available to him through the Supreme Court decision. I wonder if the member would like to comment on that.

[*Translation*]

Mr. Bernard Généreux: Mr. Speaker, with respect to time, let us go back to the moment when Quebec legislators decided to introduce a bill. If they had decided to work faster because people could not have access to end-of-life care, I do not think that would have been the right approach.

The right approach is to take the time to get this bill as close to perfect as possible. That is not the case right now. In answer to my colleague's question, I think we should take as much time as we need. Time is a space. We need the opportunity to discuss this with each other and with Canadians because we know that people's opinions about this bill vary widely across Canada.

Quebec was very innovative in its approach to this kind of legislation, and it is important for us to enable openness around this law and understanding across Canada.

[*English*]

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, because of the procedural direction now being taken by the government, I think this will probably be one of the last speeches in this debate.

I want to recognize the tone of the debate that has taken place. I know members have spoken politely, softly, and respectfully. This has been the tone on all sides. However, I wonder if I may stretch that tone a little bit.

This is the most important issue that Parliament will deal with, I suspect, in a very long time. Without resorting to personal attacks, this is an issue to get angry about, if there ever was one.

The mistakes that we stand to make in this legislation mean that men and women may die who would not have otherwise, who will be missed because of the absence of advance review, who will be pressured forward because of the lack of palliative care, and who will be matched with willing physicians because of allowances for doctor shopping, even if they have been identified as not meeting the criteria by their own and other physicians.

Tonight, we should be angry. Canadians should be angry. While speaking softly and politely about the need to talk about death and the need to listen, the government is proceeding to shut down debate after only two days. The invocation of closure in this case will not in any way affect the timeline of this bill. We know that.

It is already being studied at the justice committee, and even days of additional debate would not prevent the justice committee from proceeding on the timeline it has already set. A vote would not change that. It would not affect the timeline at all, and yet the government is proceeding to shut down debate with its notice of closure motion coming forward tomorrow.

Canadians who care about this issue from all sides, Canadians who care about the important role we have as legislators to examine and debate legislation in this House, these Canadians should be angry about what is happening on this legislation.

The absence of meaningful debate increases the significant chances of error when it comes to shaping legislation that is, in my view, already riddled with problems. An error on an issue this important will mean unnecessary loss of life.

I have already spoken about my substantive concerns on this bill, but by way of quick review, this legislation contains no meaningful safeguards because even the exceptions in it are riddled with holes. The written consent provision excludes those who cannot sign. The waiting period can be routinely waived. Mental illness is not at all clearly excluded.

The requirement that death be reasonably foreseeable is too ambiguous to effectively exclude anyone. The requirement that two doctors sign off merely encourages doctor shopping. Even if the already-ambiguous criteria are not followed, people who kill an unwilling patient can be let off the hook if they claim a reasonable but mistaken belief that the criteria applied.

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I have said that we have here a perfect storm: ambiguous criteria and a reasonable but mistaken belief clause, which means that it would be nearly impossible to prosecute anyone who kills a patient, even without consent. We have heard the data from countries with similar systems and the impact they have on patients who do not consent.

All of these problems could be fixed through amendments. A requirement for advance review by competent legal authority would ensure that those who do not consent are not pushed forward against their will. Provisions on palliative care and conscience protection would better protect the autonomy of patients and would also protect the autonomy of physicians.

We could discuss these changes. We could make these changes. We ought to.

Tonight, I want to also do what other members in this House have done, and that is to share stories about life and stories about death.

My story starts around the turn of the last century in Germany, with a Jewish doctor named Rudolf Kuppenheim, the first person in his family who was able to get a university education. One day in the course of his practice, a young child named Gertrud was brought to him for treatment for diphtheria. At the time, the usual treatment was to make a small slit in the throat that would allow the afflicted child to breathe. The child's mother, however, resisted this treatment. Her mother refused to allow Dr. Rudolf Kuppenheim to make the necessary incision, because it would leave a scar. The mother believed that the scar would prevent her daughter from getting married.

● (2330)

Rudolf became angry, very angry, and justly so. He berated the woman for putting her daughter's life at risk. Notwithstanding the social pressures and the challenges that a young woman might face in that culture and time, this girl's life, her value, her dignity, were not dependent on whether or not she could find a husband.

As it happened, that girl not only got married, but she later married that doctor's son. That couple had a daughter who was born Ursula Lilly Kuppenheim, and Ursula Lilly Kuppenheim was my grandmother.

She grew up in a society that denied her dignity as well. As a half-Jewish child, she lived through the horrors of the Holocaust, only able to leave Germany after the war. Her mother had her dignity denied because she might have been hard to marry off. She had her dignity denied because of her Jewish heritage, but the shifting vagaries of social attitudes never changed who these women were: human beings.

Rudolf Kuppenheim and his wife tragically took their own lives when the Gestapo came to their home. Suicide is always a tragedy, but I understand that they were in a position where they felt that they had no other choice: suicide or tortured death in a concentration camp. No just society forces people to make that choice, but at the time my grandmother lived.

In 2006, my grandmother, or Oma as we called her, died of cancer. Everyone dies, but not everyone truly lives. Across continents, from persecution to extensive contribution, my grandmother truly lived.

She always told us that she wanted to die like Abraham, Isaac, and Jacob did. They did not suffer or get sick, at least at the time of their death. They just realized that they were about to die, called their families together, and said goodbye. That is what she wanted, but it did not happen that way. She did suffer very much.

Suffering is a part of the human condition. It is just and right that we seek to minimize it. It is also just and right that we understand that a human who suffers does not cease to be human, to have value, to have dignity. She had dignity from the moment she was born to the moment she died, whether her dignity was denied because of her Jewishness or because of her illness.

Members here have to understand that the so-called dying with dignity movement is shaped by a very dangerous view of humanity. It views human beings as instrumental or experiential creatures, valued for what they do or for the quality of their experiences, but that is not what we are. We are in fact creatures with intrinsic value.

We value the dignity of human beings, not principally because they are useful, because they are having a good time, or because they want to be valued. We value human beings because of what they are. We understand intrinsically the difference between human rights and animal rights, rights for creatures which have feelings and experiences only, and rights for creatures that have value intrinsically. This movement, this presumption that the ill or disabled lack dignity could not be more wrong.

I want to conclude with a final appeal to all members. If they have grave concerns about this legislation, stand up and vote against it at second reading. I know some members are worried about the possibility of a legal vacuum, but this legislation replaces ambiguous criteria with other ambiguous criteria. It does not create any kind of review mechanism. Fundamentally, it replaces one vacuum with another.

There is a better way. If members vote down this legislation or even ensure that the vote is closer, the government can, will, and indeed must come back with a more serious bill, and if it does a better job of incorporating certain specific proposals we have made, then we can all work together to ensure a quick passage of a better bill.

Alternatively, if we go along just because we want to proceed, we will have entrenched a piece of legislation that will cause real problems, life and death problems, problems that will be very hard to fix.

It is disgusting, but we have a proposal to invoke closure on an issue so vital, on an issue of life and death, after only two days of debate. We must stand up to this. We must make our stand. I have made mine and I ask members in the House to make theirs.

● (2335)

Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.): Mr. Speaker, my friend spoke of intrinsic and instrumental value, and I want to get at that muddled philosophy of intrinsic value. If we respect the intrinsic value of an individual, we respect the individual's choice. That individual's choice matters if we respect that individual as having intrinsic value.

I wonder what the member thinks of autonomy, of the individual, and of liberty if he thinks intrinsic value of the individual is so fundamentally important.

Mr. Garnett Genuis: Mr. Speaker, let me say two things.

First, the idea of autonomy is built on a foundation of intrinsic human value. If one believes that humans have value, that has consequences, obviously, for one's desire to give them choices. Also, however, a belief in intrinsic human value with dignity can limit choices if individuals wish to, in a dramatic way, harm themselves in a way that denies their intrinsic value. The basis of autonomy is this respect for intrinsic human dignity in all cases, in all circumstances, which must be preserved.

The amendments that I have proposed are not ones that in any way derogate from autonomy with respect to euthanasia or assisted suicide. There are things like advance review, a guaranteed offer of palliative care, conscience protection for physicians, and more robust criteria, which will actually ensure that people who have suicidal ideations for short periods of time do not access this so-called service when, in fact, their longer-term desires are to live. These are things that protect a more robust notion of autonomy in all cases.

Clearly, whatever one thinks of the underlying question, let us marshal our energies in the direction of fixing these problems in the bill to protect both human dignity and values of autonomy.

• (2340)

[Translation]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Mr. Speaker, my colleague is proposing to improve the bill, but he just asked all members to oppose it at second reading. I do not understand how he can reconcile those two statements.

On the one hand, he wants to improve the bill, and on the other hand, he is asking us to vote against it at second reading, in order to scrap it and allow the government to come back with a new bill. That is exactly what he said at the end of his speech.

Does my colleague think it is possible to improve the bill and thus prevent the legal vacuum that would exist on June 6, the one that he referred to?

In order to prevent that vacuum, we need to at least pass the bill at second reading to try to improve it. Then, at third reading, we can assess it again, and if my colleague wants to vote against it, he will be free to do so. However, at second reading, we need to be responsible and examine it more thoroughly, in order to make changes like the ones he just suggested.

If the majority of members reject the bill at second reading, the government will have to start from scratch and come back with a new bill. It will be even more difficult to meet the June 6 deadline.

[English]

Mr. Garnett Genuis: Mr. Speaker, that is a good question. It is an issue of timeline. If this bill passes overwhelmingly at second reading, it goes to committee, it comes back with virtually no time left. If the government chooses not to make necessary amendments, it will leave members of Parliament with a much narrower set of options.

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I suggest we take a stand against the government, with its bullying effort of closure. Let us take a stand against the big problems in this bill and reject it at this reading stage. There is plenty of time for the government to bring back a new bill if it works to achieve substantial consensus among members of Parliament. However, if we support the legislation at second reading and the bill passes at this stage, we will lose necessary time to do a more fundamental review.

Of course the bill can be amended at committee, but the various things I have advocated are substantial enough that we are better off rejecting it and asking the government to come back with something that is substantially better. It is the only way to send a clear message that the absence of protections for the vulnerable are necessary to ensure that people do not die who should not die. The absence of those protections in this bill is so fundamental that we must vote this bill down until we can be sure they will be included.

Mr. Harold Albrecht (Kitchener—Conestoga, CPC): Mr. Speaker, we have heard many extremely poignant statements over the past few days in this chamber. Here are a few of them, not necessarily word for word, but the essence is there: This is by far the most crucial question we have faced in this chamber in the past 10 years. We are experiencing a fundamental shift in society. Centuries of thought are being overturned. Thousands of years of the understanding of the sacred gift of human life are being discarded.

The Liberal member of Parliament for Winnipeg Centre stated:

Perhaps this is just another step on the road of moral relativism that we are in nowadays, but even our judiciary cannot serve as a balance between the different societies making up Canada. We are in a sorry state. We have truly entered a new age, one of the throwaway culture where all boundaries are starting to crumble.

He goes on to say:

From an indigenous perspective, I look at this bill and I cannot support it, because it leads to a place where I do not believe we are looking out for the interests of all people within our society. It is not allowing us to fully comprehend the needs of everyone who makes up Canadian societies, but really, it is taking us down a path that is very dangerous, and we do not know where it ends.

This comment is true not only for our indigenous communities, but also for the overwhelming majority of all Canadians who are informed by their faith, whether that be Jewish, Muslim, Sikh, or Christian.

I want to read from a very insightful blog that I came across today.

...from its very first sentence the bill sounds the final death-knell, for all public purposes, of Abrahamic faith. The Carter/C-14 doctrine of autonomy is a clear repudiation of that kind of faith and the establishment of a new faith in man as utterly independent of God. One does not need to be Abrahamic to understand this. If the Parliament of Canada recognizes personal autonomy as extending a moral right to determine the manner and timing of one's own death, and to take one's own life or another's life, it necessarily recognizes the person—and [Parliament] itself as a deliberative body of persons—as lying outside of all putative divine authority in such matters. In short, the C-14 preamble is the final repudiation of the Charter preamble. "The principles of fundamental justice"... now operate independently of any reference whatsoever to the supremacy of God. The link between "the supremacy of God and the rule of law" is decisively severed.

He then goes on to quote Nietzsche:

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What were we doing when we unchained this earth from its sun? Whither is it moving now? Whither are we moving? Away from all suns? Are we not plunging continually? Backward, sideward, forward, in all directions? Is there still any up or down? Are we not straying, as through an infinite nothing? Do we not feel the breath of empty space? Has it not become colder? Is not night continually closing in on us? Do we not need to light lanterns in the morning? Do we hear nothing as yet of the noise of the gravediggers who are burying God? Do we smell nothing as yet of the divine decomposition? Gods, too, decompose. God is dead. God remains dead. And we have killed him.

Over the past few days in the House, we have heard from many members with a wide variety of positions. Let me first say that I am very thankful that the government decided not to follow through with all of the recommendations made in the Liberal-dominated special joint committee report and decided rather to incorporate many of the comments of the dissenting report created by me and other members of the Conservative Party.

While Bill C-14 is a huge improvement from the very permissive, wide-open regime recommended by the joint committee, the legislation falls far short in protecting some of our most vulnerable Canadians, and as a result, I cannot support it.

• (2345)

First, there is no firm commitment to conscience protection for doctors and other health care workers who for a variety of reasons may not want to participate in any fashion in physician-assisted suicide. This includes the need to make a referral to a participating doctor.

While the preamble states boldly that it is “desirable to have a consistent approach to medical assistance in dying across Canada”, and later refers to “respect the personal convictions of health care providers”, there is no section in the actual clauses of Bill C-14, no clear, unequivocal statement that no doctor or health care worker would be under any obligation to participate.

Just as important, what about health care institutions and hospices which, because of the core values they embrace, may not want to have physician-assisted suicide available in their institutions? What about a hospice which raises upward of 50% of its own revenue from private donations and which relies largely on armies of volunteers and donors who believe in the inherent and intrinsic dignity of human life? My fear is that if any of these institutions are forced into situations in which they are obligated to engage in physician-assisted suicide, the community may face the very real possibility of losing those volunteers and donors, and ultimately, may in fact lose the very institution itself. This would be a tragic unintended consequence of not guaranteeing conscience rights to doctors, health care workers, and institutions.

These changes must be included in Bill C-14 if we are to respect the professionals and institutions that provide excellent quality of health care every day.

There also needs to be a clear commitment to providing palliative care as a real and viable option. To offer physician-assisted suicide without a meaningful offer of available and palliative care is to provide no option.

Let me quote Dr. David Baker:

Without a right to palliative care, Canadians will soon be receiving publicly funded physician assistance to die because it [palliative care] is not available. This

will infringe their s. 7 Charter right to life, liberty and the security of their persons and their section 15 equality rights as Canadians with disabilities and seniors.

Another important amendment that is needed is to have a system of prior review. There needs to be a legal system in place to ensure that no coercion occurs and to ensure that the two independent witnesses are in fact independent and that the two independent doctors are in fact independent.

Dr. Trudo Lemmens, the chair on health law and policy at the faculty of law at the University of Toronto stated:

...some eligibility criteria are inevitably quite open to interpretation, which makes it all the more problematic that an assessment of competency and informed consent by two physicians is seen as sufficient to ensure compliance. I continue to support a prior review system as reflected in the Vulnerable Person Standard, which is supported by a wide and inclusive coalition of patient and disability advocacy groups, health professional organizations, health care institutions and individuals with a wide variety of ideological and religious affiliations.

While I am fundamentally opposed to the taking of human life at any point, if we are to adopt legislation as a House of Commons, if we are going to go down this road, we need to be sure that we have far more stringent safeguards included in the bill.

• (2350)

[*Translation*]

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP): Mr. Speaker, I would like to thank my colleague for his speech and his long-standing work on this issue.

I was wondering if he could acknowledge this evening that a hypothetical new law would provide freedom of choice. People who are dying or whose health is very fragile will always have the option of accessing medical assistance in dying, which is now protected under the charter. These people will always be able to choose that option or continue to live out their days as they do at this time.

Does he acknowledge that, even with a new legislative regime, this does not change the fact that every patient who is dying will always be able to choose whether or not to access this service? Therefore, this respects the conscience of the individuals and their families, but also the freedom of choice and the rights of patients who might want to use this service. Does he acknowledge that under a new legislative regime, patients will always have choice and people will not be forced to use these services?

[*English*]

Mr. Harold Albrecht: Mr. Speaker, it has been pointed out by a number of my colleagues that while freedom of human choice is a freedom we personally have, when we implement a regime like we are considering here, we are not just choosing for ourselves but we are choosing to have a person, a medical practitioner of some sort, obligated in some fashion to participate in our choice. It is on those points that the House has struggled over these past few days.

The one clear commonality among the concerns that we have expressed is the concern that we need to protect the conscience rights of those medical practitioners who for one reason or another may not wish to participate at all, either directly in implementing a physician-assisted suicide act or in referring to a person who would in fact carry out the patient's wishes.

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• (2355)

Mr. Mel Arnold (North Okanagan—Shuswap, CPC): Mr. Speaker, the member mentioned that we were going down a path that we may not be able to turn around. He spoke about eligibility as open to interpretation. I wonder about some of the definitions in the bill. What really bothers me is the lack of definitions and the lack of clarity. I would like to know if the member would like to comment on this.

At what point does the suffering become too much? Is it at a point when no one else is suffering worse? By removing or aiding in the assistance of the death of those people who are suffering, does that level of suffering and intolerance become a speeding train which we cannot stop, to where it will be ever increasingly different and we will not be able to control it?

Mr. Harold Albrecht: Mr. Speaker, my colleague in the Liberal Party, possibly the member for Winnipeg Centre but I am not sure, made a comment the other day, that in the first nations tradition, they always take into consideration how the decision they make today will impact seven generations from now. I thought there was a lot of wisdom in that perspective. Often we look at a decision and we make it lightly without thinking about the long-term consequences. Each of us in this room has made the mistake of making a short-term decision without adequately considering the long-term consequences.

I am very concerned about where we are going with this bill. Many of my colleagues, on both sides of the House, have given illustrations from other jurisdictions that have implemented a regime similar to the one we are considering, in fact in some cases more restrictive than the one we are considering. Yet over time, those jurisdictions have seen an incredible widening of the door, while thinking at first they had adequate safeguards, and in a very short time moving from a smaller number of people accessing physician-assisted suicide to an increase within a period of 15 years, for example, in Belgium I believe, it went from 330 to over 2,200 last year.

If we are to extrapolate those numbers to Canada with a population of three times that of Belgium, we are looking at potentially over 6,000 Canadians dying by physician-assisted suicide in one year. In my opinion, that would be a national tragedy.

Mr. Robert Oliphant (Don Valley West, Lib.): Mr. Speaker, I have one concern for the member. I just noticed the member for Kitchener—Conestoga and the member for Sherwood Park—Fort Saskatchewan have now spoken repeatedly on this. I am concerned that the members on the other side have begun to run out of steam and are repeating themselves. Maybe the Conservatives do not have enough speakers to continue this debate any further. I wanted to bring it the attention of the House that perhaps the members could talk about the problem of getting new speakers on this subject.

The Speaker: I am not sure that is a legitimate question in relation to the debate we are having, but I am going to turn to the hon. member for Kitchener—Conestoga, who seems to wish to respond.

Mr. Harold Albrecht: Mr. Speaker, I am more than happy to address that question because I know many members in our party still want to speak to the bill. It just so happens that because of the procedural games that were put in today, there was a question of whether anyone would be able to speak tonight. However, now that we have that opportunity, we have had to do some changing around, but there are still more people who want to speak to the bill.

If members look at the comments I made tonight and the comments of my colleague, they will see that we are not repeating ourselves. We are simply telling members about the concerns we have had, and we certainly would not have had time in the 10 minutes that were available to us earlier.

I appreciate the opportunity to speak again tonight to this very crucial issue. There is no issue that this Parliament will be seized with that is more fundamental, not only to this generation but to future generations of Canadians that will follow. I for one want to be able to stand, look my children, my grandchildren, and my great-grandchildren in the eye and tell them that with the information I had available to me I made the decision that was right for Canada.

• (2400)

[*Translation*]

The Speaker: It being midnight, pursuant to order made Tuesday, May 3, 2016, the debate is deemed adjourned and the House stands adjourned until later this day at 2 p.m., pursuant to Standing Order 24(1).

(The House adjourned at 12 a.m.)

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