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Speaker: The Honourable Anthony Rota



CONTENTS

(Table of Contents appears at back of this issue.)

HOUSE OF COMMONS

Friday, October 9, 2020

The House met at 10 a.m.

Prayer

GOVERNMENT ORDERS

• (1005)

[*English*]

CRIMINAL CODE

Hon. David Lametti (Minister of Justice, Lib.) moved that Bill C-7, an act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

He said: Madam Speaker, I am pleased to speak today about Bill C-7, an act to amend the Criminal Code regarding medical assistance in dying, MAID. The bill before the House today is identical to former Bill C-7, which I was proud to have introduced in February following significant consultation among Canadians and experts. I believe this bill reflects a consensus among Canadians and I call on all of my colleagues in this place to support its timely passage.

As members will recall, this bill proposes a legislative response to the Quebec Superior Court's ruling in Truchon and Gladu, in which the court ruled that it is unconstitutional to limit MAID to persons whose death is reasonably foreseeable. That declaration of invalidity, which applies only in Quebec, was initially suspended for six months and subsequently extended by four months, such that it would have come into effect on July 12.

We were all working toward that deadline when this bill was initially introduced. As with many other aspects of our lives, the COVID-19 pandemic disrupted our usual parliamentary activities and it became impossible to meet the July deadline. As Attorney General, I asked for a further extension, which the court granted, until December 18, 2020.

[*Translation*]

Even though the ruling in Truchon and Gladu was suspended, Quebecers who are experiencing intolerable suffering and who meet all the eligibility criteria except that of reasonably foreseeable death can apply to the court for an exemption that would allow a practitioner to provide medical assistance in dying despite Parliament not yet having amended the legislation.

Six exemptions have been granted since Justice Baudouin handed down her ruling in September 2019, and others are under review. The availability of exemptions limits the impact of the suspension of the ruling in Quebec.

I would like to take a moment to note the passing of Mr. Truchon, one of the plaintiffs in the case that led to these important changes to our medical assistance in dying regime. Like many Canadians, Mr. Truchon was concerned about the impact of the pandemic on his quality of life in addition to the suffering caused by his medical condition. He wanted the option to obtain medical assistance in dying, which he did in April. I would like to express my deepest condolences to his loved ones.

[*English*]

The bill before members today, four years after the enactment of Canada's first medical assistance in dying provisions in 2016, proposes a significant change to Canada's MAID regime in broadening eligibility to persons whose natural death is not reasonably foreseeable.

The 2016 amendments were, themselves, a historic change in our criminal law. They created exemptions to some of the most serious criminal offences, which aim to protect one of our most fundamental values, that of human life. These exemptions sought to protect and promote another of our most cherished values, individual freedom, and more specifically, the freedom to decide when enough medical suffering is enough and to choose when and how one's life should end.

Health Canada's first annual report on medical assistance in dying in Canada released this past July indicates that since then nearly 14,000 Canadians have received MAID. In 2019, MAID accounted for 2% of deaths in Canada.

The requirement for reasonably foreseeable natural death was part of a MAID regime that was adopted in 2016. However, we decided not to appeal the Truchon and Gladu decision because we agreed that medical assistance in dying should be available as a means to address intolerable suffering outside of the end-of-life context. To ensure the consistency of criminal law across the country, we committed to amending the Criminal Code.

Government Orders

• (1010)

[*Translation*]

Before amending the Criminal Code, we conducted an extensive consultation with Canadians. We gathered responses from 300,000 people through an online questionnaire. My colleagues, the Minister of Health and the Minister of Employment, Workforce Development and Disability Inclusion, our parliamentary secretaries and I also held round tables across Canada with over 125 experts and stakeholders. The summary of these activities can be viewed on the website of the Department of Justice.

Based on these consultations and other sources of information, the bill proposes adjusting both the eligibility criteria and the procedural safeguards to respond to the decision rendered in Truchon and Gladu. The bill also proposes allowing patients to waive the requirement to give final consent in specific circumstances so that they do not lose their access to medical assistance in dying.

We know that Canadians are also concerned about other issues that are not addressed in this bill. I am thinking, in particular, of access to medical assistance in dying on the basis of mental illness. I am also thinking about advance requests for medical assistance in dying for people who are not yet suffering but fear they will be after they have lost their ability to request this assistance and who want to making their wishes known before that happens.

The upcoming parliamentary review of the medical assistance in dying regime and of the state of palliative care in Canada will provide an opportunity to give these complex issues the time and attention they deserve. It is up to Parliament to determine the scope of this review and when to conduct it.

COVID-19 has delayed this important review, but I am confident that Parliament will undertake it as soon as possible. That being said, our government's top priority is to meet the deadline set by the Quebec Superior Court in the Truchon and Gladu case.

[*English*]

Before I discuss the contents of the bill in more detail, I would like to note the important concerns of many individuals in the disability community about changing Canada's MAID policy from a way to avoid a painful death to a means of relieving intolerable suffering. It is crucial that these concerns not be forgotten as we resume our debate. In the view of many disability groups, a MAID regime that does not limit eligibility to those whose death is already reasonably foreseeable enshrines in law the erroneous view that disability itself is a valid reason for ending life. We have also heard from individuals living with disabilities, like Mr. Truchon and Ms. Gladu, that autonomy in how they choose to live and die is paramount. These are complex and nuanced points of view.

Let me be absolutely clear. Our government supports the equality of all Canadians without exception and categorically rejects the notion that a life with a disability is one that is not worth living or worse than death itself. I believe the fundamental principle that all lives have equal and intrinsic value can be balanced with other important interests and societal values, in particular, the importance of individual choice for Canadians. This balance is at the heart of the bill's objectives, which are to recognize the autonomy of individuals to choose MAID as a means for relieving intolerable suffering,

regardless of the foreseeability of their natural death, while at the same time protecting vulnerable persons, recognizing that suicide is an important public health issue and affirming the inherent and equal value of every person's life.

[*Translation*]

I will now go into the specifics of various elements of the bill.

The bill proposes to expand eligibility for medical assistance in dying by repealing the criteria for a reasonably foreseeable natural death. Medical assistance in dying would therefore be available to people suffering unbearable pain, who have a serious and incurable disease, infection or disability, and whose medical condition is characterized by an advanced and irreversible decline in their capacity.

• (1015)

[*English*]

This removal of "reasonable foreseeability of natural death" from the eligibility criteria would mean that some persons whose only condition is a mental illness could be eligible for MAID. However, the bill proposes to exclude mental illness on its own as a grounds for MAID eligibility.

Our consultations and the report of the Council of Canadian Academies that studied this issue indicated that the trajectory of mental illness is more difficult to predict than that of most physical illnesses, that spontaneous improvement is possible, and that a desire to die and an impaired perception of one's circumstances are symptoms, themselves, of some mental illnesses.

This means that it would be very difficult to determine when, if ever, it is appropriate to grant someone's request that their life be ended solely on the basis of mental illness. In no way does this suggest that persons with a mental illness necessarily lack the decision-making capacity to consent to MAID, or that the suffering associated with a mental illness is of a lesser degree than the suffering associated with physical illness.

During second reading debate of former Bill C-7, some members noted their support for this exclusion while others raised concerns. This issue requires much more thought and debate. We feel the parliamentary review of the MAID legislation would be an appropriate forum for this.

[*Translation*]

The bill also proposes changes to the safeguards, since the existing safeguards were designed to protect persons whose death is reasonably foreseeable.

Government Orders

Expanding eligibility requires changes to the safeguards, since many experts believe there are greater risks in assessing applications for medical assistance in dying from individuals whose death is not reasonably foreseeable.

The bill therefore proposes two sets of safeguards. Each applies whether natural death is reasonably foreseeable or not. This is the only role that the concept of reasonably foreseeable death would play in the new regime. It would no longer constitute grounds for refusing a request for medical assistance in dying.

[*English*]

Reasonable foreseeability of natural death, or RFND, refers to a temporal but flexible connection between the person's overall medical circumstances and their anticipated death. It allows for clinical judgment, as it requires a comprehensive individual assessment that does not have a result in a specific prognosis and clearly does not require death to be imminent.

Individuals may decline towards death along trajectories of greater or lesser predictability. As such, RFND is not defined by a maximum or minimum prognosis, but it does require a temporal link to death in the sense that the person is approaching the end of their life in the near term.

We kept the RFND standard because it provides flexibility in relation to the difficult and imprecise exercise of anticipating when natural death might occur. A natural death that is expected within six to 12 months certainly meets the RFND standard. That was made clear when Parliament adopted Bill C-14 as an end-of-life regime. It did not impose a six- to 12-month prognosis requirement to preserve flexibility, but it still considered such timelines to be within the meaning of RFND.

A person's death may also be foreseeable in the temporal sense over longer periods, depending on the particular circumstances under consideration. However, having an illness that will cause death several years in the future would not normally meet the condition of RFND.

[*Translation*]

Safeguards for those whose deaths are reasonably foreseeable are based on safeguards that currently exist with two changes. First, the 10-day reflection period would be eliminated. Second, the request for medical assistance in dying will no longer require the signature of two independent witnesses, just one.

A person paid to provide health care services or personal care who is not involved in the assessment of the person's eligibility for medical assistance in dying can now act as an independent witness.

During second reading of former Bill C-7, some hon. members expressed concern about removing some of the safeguards.

Allow me to assure hon. members that these changes are based on the comments we received during our consultations and follow through on them.

For those whose natural death is foreseeable, many of whom spend a long time seriously thinking about what they want to do, the 10-day reflection period might unduly prolong their suffering.

• (1020)

We also learned that people who live in long-term care facilities or in remote regions may have difficulty finding two independent witnesses. These difficulties are exacerbated by the pandemic. The independent witness confirms the identity of the person, but does not participate in assessing their eligibility for medical assistance in dying. Only one person is required for meeting that safety objective.

[*English*]

Newly eligible persons whose death is not reasonably foreseeable would benefit from additional safeguards, the purpose of which is to ensure that sufficient time and expertise is devoted to the assessment of their MAID request. Where death is not reasonably foreseeable, the suffering motivating a MAID request may be due to a broader range of sources that warrant greater attention before someone's life is prematurely ended, to reduce the risk of providing MAID when there is a possibility of alleviating the person's suffering.

Specifically, the bill proposes a minimum 90-day assessment period, which would require that at least one of the practitioners assessing eligibility has expertise in the condition that is causing the person's intolerable suffering. A formal specialization or certification by a medical college would not be required. The bill would also require that a person whose death is not reasonably foreseeable be informed of and offered available means to relieve suffering, such as mental health and disability supports. In addition, the practitioner would have to be satisfied that those other means of relieving suffering have been seriously considered.

These are clarifications to the existing requirement of informed consent. It is our hope that these steps are already taken in all cases, but the Criminal Code would explicitly require them for those whose death is not reasonably foreseeable.

[*Translation*]

In addition to changes in response to the decision in Truchon and Gladu, the bill would let a person whose natural death is reasonably foreseeable and who has been deemed eligible to receive MAID to waive final consent if there is a risk they will lose the capacity to consent before the date on which they chose to receive MAID.

Government Orders

At present, the Criminal Code requires that, immediately before providing MAID, the practitioner must ensure that the person has given express consent to MAID and that they have the opportunity to withdraw their request. This safeguard, which attests to the irreversible nature of death and the importance of obtaining consent at the point of ending life, simply cannot be met if the person has lost the capacity to consent. This seems unfair when a person has been deemed eligible and was awaiting the procedure. In such cases, the rule could push some individuals to obtain medical assistance in dying earlier than they wanted to.

[*English*]

Under the amendments proposed in the bill, a person whose death is foreseeable, who has already been assessed and approved for MAID and has decided they want to receive it, could make an advance consent arrangement with their practitioner, setting out the date for the provision of MAID and their consent to MAID if they no longer have the capacity to consent at that later point.

According to round table participants and experts who looked at this question for the Council of Canadian Academies' 2018 reports, providing for advance consent in this way presents relatively little complexity or risk, and some practitioners have indicated they would be relatively comfortable providing MAID under such circumstances.

The bill does not propose to permit advance requests in contrast to what I have just described as advance consent. Advance requests are documents that may be provided at some future unknown date, if and when a set of expected circumstances materializes and when the person is no longer able to give consent. This issue is significantly more complex and challenging, and it will be examined during the parliamentary review.

Finally, the bill would enhance the monitoring regime, which is crucial for accountability and transparency. I have examined the bill for charter compliance and I am confident that it responds to the Truchon ruling in a way that respects the charter. I will soon table a charter statement that sets out key considerations about the bill's potential impacts on charter rights and freedoms.

• (1025)

[*Translation*]

In conclusion, these important amendments seek to guarantee that medical assistance in dying—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We must now proceed to questions and comments.

The hon. member for St. Albert—Edmonton.

[*English*]

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, needless to say, this is an incredibly complex area. While Bill C-7 purports to respond to the Truchon decision, it goes considerably beyond the scope of Truchon, and in so doing, removes a number of safeguards that Parliament, in its wisdom, passed four short years ago. In so doing, it would pre-empt a legislative review, where there would have been an opportunity to thoroughly examine all of the issues before experts and to take into account the comprehensive reports of the Council of Canadian Academies.

Why would the government choose to pre-empt a legislative review and instead proceed in a rushed way, in the face of the expiration of a stay on the declaration of constitutional invalidity effective December—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. minister.

Hon. David Lametti: Madam Speaker, I thank the hon. member for his participation and concern, over the last four years, with respect to this issue.

As the hon. member has pointed out, we are responding primarily to the Truchon decision, but we used the opportunity to make a certain number of other modifications where there was a clear consensus among Canadians. We consulted widely with MAID service providers and with families who had gone through the process. There was a universal conclusion that the 10-day waiting period was only a source of suffering, that people who decided to have MAID had made the decision and the 10 days only prolonged suffering. I continue to hear that. The witness requirement was actually becoming an impediment for people in regions and in long-term care facilities to access MAID, so we decided to change that now.

[*Translation*]

Ms. Christine Normandin (Saint-Jean, BQ): Madam Speaker, I thank my colleague for his exhaustive overview of the bill before us today. We are pleased to be able to work together on this bill, which speaks to the very needs of Quebeckers and Canadians.

I would like to hear the minister's thoughts on how he expects all members in committee to work together so that we can meet the December 18 deadline for the final legislation. I hope that our work will be constructive and that we will thoroughly examine the issues. We must not forget that the objective is for fewer people to suffer while awaiting a final piece of legislation.

Could the minister tell us how he hopes this will work and how he plans to make it happen? I believe we have chosen not to include mental illness for the time being. There is not necessarily a consensus on this issue. I would like to hear what he hopes to see from parliamentarians.

Hon. David Lametti: Madam Speaker, I thank my hon. colleague for her question.

Issues relating to minors, mental health and advance requests are complex ones. We will give these issues the consideration they deserve in a parliamentary review, which was already set out in the 2016 legislation.

I hope that we will have the co-operation of our colleagues in this chamber and in the other place. There is clearly a strong consensus across the country, including in Quebec, for measures like the ones we are proposing. We will ensure that parliamentarians work together to meet the deadlines.

Government Orders

• (1030)

[English]

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, I want to start by thanking the minister for the cooperative and open dialogue that he and I have maintained on the bill and many other matters in the justice area. I also want to thank him for bringing the bill back promptly, because the concern of the New Democrats has always been that we not inadvertently prolong suffering for those who are at the end of life and for their families.

I do have a concern that the minister seems to have dropped the review off the edge of the agenda here. We are talking about the bill, but the work we need to do also includes the broader review. I placed an order on the motion paper today suggesting that we establish a special committee to deal with these broader issues. The minister made many references to the review without talking about a schedule or how we would accomplish this review.

Hon. David Lametti: Madam Speaker, I thank the hon. member for his work and his collaboration. I think there is a question in there, which I am going to try to answer.

I will look at the motion. I am open to discussing the parameters of the review with my parliamentary colleagues from all sides of the House and, indeed, the other house. I am certainly open to discussing the parameters of the review as we move forward.

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I wanted to touch on the consultations that took place around the country, some of which I was privileged to take part in, along with some of the other parliamentary secretaries assisting the ministers working on this file. I want to ask the minister if he could comment on the influence of the Audrey Parker case, and what that means in the context of persons who would have been approved of a proceeding but not had the time to wait until they can give that final consent. What does that do in terms of this issue of people availing themselves of MAID prematurely?

As a second point, I would ask the minister to clarify whether this new bill would affect at all the conscience rights of medical practitioners, in terms of their being compelled to provide medical assistance in dying.

Hon. David Lametti: Madam Speaker, I thank my hon. colleague for his work on this and various other aspects of our file.

I will answer the second question first. Conscience rights were protected in the bill. They were protected in 2016 in the original bill. They were reinforced by parliamentary committee, and they are maintained in the current bill.

With respect to Audrey Parker's amendment, colleagues will remember that this is the case of a woman in Halifax who had been evaluated and approved for MAID, but was at the end of her life and afraid of losing her capacity, so instead of being able to spend another Christmas with her family, she opted to take MAID earlier. We have incorporated what is, in effect, Audrey Parker's amendment into the legislation. There was widespread support for it across Canada, and I described it in my earlier remarks.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, the minister's comments about conscience protection are totally false.

He knows, or should know, that the College of Physicians and Surgeons of Ontario policy, which pre-existed this, in combination with the law the government brought in, effectively requires physicians to either provide or refer for euthanasia in certain situations. He also should know that hospices, including one in B.C., are being forced to close, reducing the number of palliative care beds because of their lack of desire to provide euthanasia. So much for protecting patients' autonomy. If patients want to receive care in an environment that does not include euthanasia, they should have the freedom and autonomy to do so.

In addition to that, I want to ask the minister quickly about the 10-day reflection period. The member for Richmond Hill, from the minister's own caucus, said that the 10-day reflection period is necessary. The minister knows as well that this reflection period can be waived in certain extraordinary circumstances already.

Why not leave the reflection period in place, as members of his own caucus are calling on him to do, recognizing that it can already be waived in certain extreme situations?

Hon. David Lametti: Madam Speaker, with respect to the 10-day period, once again, we heard in our consultations across Canada from families, from people who have experience with MAID and from MAID service providers that all the 10-day waiting period did was add to people's suffering. It was characterized as inhumane, and we are taking it out.

I would also properly characterize the issue, which I feel my hon. colleague has failed to do. This is a charter right. It was held in the Carter case that this was a charter right, and the 2016 legislation enforced the charter right. A medical service provider is never forced to participate in this himself or herself.

The member is correct. He underplayed the words "under certain circumstances", but those are, in fact, crucial. Under certain circumstances, where the person's charter right to access the service would be endangered, a medical practitioner has to give a reference. However, that is the extent of it, and that is entirely in balance with our charter provision. I would humbly submit that the hon. member's mischaracterization is erroneous.

Government Orders

• (1035)

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, I am pleased to rise to speak on Bill C-7, an act to amend the Criminal Code respecting medical assistance in dying.

At the outset, I will say that the subject of medical assistance in dying is perhaps one of the most complex issues that could come before Parliament. Profound moral, legal and ethical questions are raised. Medical assistance in dying raises questions of individual autonomy, the need to respect the sanctity of life and the need to protect vulnerable persons, among other considerations.

It is no wonder that Canadians have such profound, deeply held and diverse views on this subject matter. After all, when we are talking about physician-assisted dying, we are talking about issues that literally concern life and death. When we, as parliamentarians, give consideration to an appropriate framework that provides safeguards, we must do so with regard to the fact that we are talking about a procedure that, when carried out, is irreversible. The patient dies. It is indeed a weighty subject of profound importance.

I am certainly informed of the complexity of the issue through my experience of having, in the last Parliament, served as the vice-chair of the Special Joint Committee on Physician-Assisted Dying. This committee was tasked with reviewing the Carter decision of the Supreme Court, which struck down the blanket Criminal Code prohibition and tasked Parliament and the committee with putting forward recommendations for a legislative response. I then sat on the justice committee, which studied Bill C-14, the government's legislative response. In that regard, I am in the unique position of having been through the process from start to finish, from the study of the Carter decision of the special joint committee through to the passage of Bill C-14 in June 2016.

The bill before us purportedly responds to the Truchon decision of the Superior Court of Quebec, which struck down an important component of Bill C-14, namely, that in order to qualify for medical assistance in dying, one's death must be reasonably foreseeable. When the Truchon decision was issued in September 2019, we on this side of the House in the official opposition called on the Attorney General to do the right thing and appeal the decision. We did this for a number of reasons.

To begin with, it is the responsibility of the Attorney General to uphold laws passed by Parliament. The law passed by Parliament was Bill C-14. I would note that the law had been passed a mere three years prior to the issuance of the Truchon decision. It was passed after a comprehensive review of the Carter decision and a comprehensive review of possibilities for a legislative framework. Therefore, in the end, Bill C-14 was a carefully thought-out and debated piece of legislation. One would think that in the face of that, the minister would have appealed the decision.

• (1040)

In addition to that, when one, having respect for this place and the laws passed by Parliament, actually looks at the Truchon decision and the reasoning of Madam Justice Baudouin, it should be all the more apparent the need to appeal the decision. Madam Justice Baudouin, in concluding that the reasonable foreseeability criterion contravened section 7 and section 15 of the charter, was driven, arguably, by a restrictive interpretation of the purpose of the law. In-

deed, Madam Justice Baudouin reached her conclusion by singularly focusing on one objective of the law, namely, to protect vulnerable persons from being induced in a moment of weakness to ending their life.

However, that was not the only objective of the legislation. When one looks at the preamble of Bill C-7, it expressly provides for other objectives, including the sanctity of life, the dignity of the elderly and disabled, and suicide prevention, yet the judge in Truchon focused exclusively on only one of those objectives.

What Parliament sought to do in providing for a reasonably foreseeable criterion was to respond to what the Supreme Court called upon Parliament to do, namely, to strike a balance between individual autonomy and the need to respect vulnerable persons.

The Attorney General, moments ago, stood in this place and said that the government chose not to appeal the decision because it agreed with the substance of the decision. That is quite interesting because only four years ago, three years before the minister decided not to appeal the decision, ministers on that side of the House emphasized how critical the reasonably foreseeable criterion is to provide and ensure effective safeguards to protect the most vulnerable.

To that end I would quote the former health minister, Jane Philpott, who, on June 16, 2016 stated:

We are concerned with the Senate's recommendation for the removal of the clause that recommends that this be considered only in the face of natural death being reasonably foreseeable because of the fact that people with mental illness, among others, would not be adequately protected.

Then there are the comments of the then attorney general, the hon. member for Vancouver Granville, who introduced Bill C-14 and stated:

There are other compelling reasons for there to be a requirement that the person's natural death be reasonably foreseeable. First, it provides a fair way to restrict eligibility without making assisted dying available to almost everyone. Second, restricting eligibility in this way is necessary to protect the vulnerable.

In the face of those objectives, it is quite a departure and quite convenient for the minister to say that he was going to effectively abdicate his responsibility as attorney general to uphold the laws passed by Parliament by allowing a single decision of a single lower court judge in one province of this country to stand. The Attorney General acknowledged, and we should make no mistake about it, that the effect of Truchon and its codification, by way of this piece of legislation, significantly transforms the medical assistance in dying framework in Canada.

• (1045)

At the time of the Carter decision and when this House, four short years ago, debated Bill C-14, medical assistance in dying was thought to be an exception to the rule, not the rule. It was thought to be appropriate in certain circumstances in an end-of-life context, where one who was suffering intolerably could, upon providing clear consent, hasten their death.

With this legislation, it would now be appropriate to terminate human life even in the absence of a terminal illness and even in circumstances where the suffering is medically manageable. That is a radical transformation, and it creates a number of complexities around issues of suffering that might be psychological or existential and outside of an end-of-life context. When one removes the reasonably foreseeable criterion, all that is left is that one must have a serious disease, illness or disability, be in state of decline, and be suffering physically or psychologically as a result.

When one removes an end-of-life, or reasonably foreseeable, component, that already arguably subjective test becomes a whole lot more subjective, and that has the potential to put vulnerable persons' lives at risk. One can see that with those broad parameters, persons with degenerative disabilities could have their lives terminated, notwithstanding that they may have years, if not decades, to live. That has caused enormous concern in the disability community across Canada.

One month after the Truchon decision was issued, some 72 organizations from across Canada, representing a cross-section of the disability community, wrote to the Attorney General and pleaded with him to appeal the Truchon decision. They did so out of concern that persons with disabilities could be put at risk and have their lives prematurely ended.

The writers of the letter noted that the legislation could arguably contravene article 10 of the UN Convention on the Rights of Persons with Disabilities, which provides that persons with disabilities should be treated equally under the law. They note that persons with disabilities could be treated unequally because one could have medical assistance in dying made available to them for no other reason than they happen to be disabled.

It should be noted that the UN rapporteur on the rights of persons with disabilities sounded the alarm when she said she was, "extremely concerned about the implementation of the legislation on medical assistance in dying from a disability perspective." From a disability perspective, that plea fell on deaf ears on the part of the Attorney General in terms of his failure to appeal the Truchon decision.

• (1050)

In light of what a significant change this legislation means, it is unfortunate that it has come to this, because appealing the decision would have allowed for time. It would have allowed time for Parliament to take into consideration the significant complexities associated with this change, a mere four years after Parliament had legislated a comprehensive regime, and it would have provided clarity in terms of informing Parliament about the scope of the framework upon which Parliament can legislate.

However, instead of taking the appropriate time to ensure that any legislative change respects the charter, because respecting the charter, including life, means protecting vulnerable persons, we are here with a profoundly significant piece of legislation being rushed. It is being rushed in the face of the expiration of the stay on the declaration of constitutional invalidity, effective this December.

While the Attorney General and the government emphasized the Truchon decision, it must be noted that this legislation goes well

Government Orders

beyond the scope of Truchon. It removes important safeguards, including the 10-day reflection period. It removes the requirement that there be two witnesses to confirm that a person made the request of their own free will and that the request reflected their true consent. It provides for a complex advanced consent regime, one of those complex areas when it comes to medical assistance in dying policy, and it does all of this pre-empting what Parliament had determined, called upon and legislated in Bill C-14; namely, a legislative review that was supposed to take place this spring, but is not going ahead.

Now we are in this rushed process, instead of having an opportunity for members of Parliament to come together to hear from expert witnesses, to review the state of the law, to give consideration to the comprehensive reports of the Council of Canadian Academies and to receive diverse feedback on all of these issues. It need not have been this way. It should not have been this way, and it is regrettable that the government has so recklessly put us in this position by rushing through legislation that, arguably, could put vulnerable Canadians at risk and remove critical safeguards.

• (1055)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I agree with the importance of the legislation and the issue at hand. The intent of the government back in February was to ensure there would be more debate and the opportunity for us to explore the matter at hand further. No one anticipated what was going to happen with the coronavirus, and that has changed all aspects of our society. The legislation is before us because a court is obligating us to move as quickly as we can on it.

Would the member not agree that in many ways, during the first debate we had years ago on the legislation, there was still opportunity for us to have critical input? Does he have amendments that he would like to bring forward on this legislation?

Mr. Michael Cooper: Madam Speaker, to answer the question from the parliamentary secretary to the government House leader directly: The issue of amendments will be studied at the justice committee, and it is possible amendments could be brought forward.

With respect to the court decision, I will say this. Nothing in the Truchon decision necessitated this rushed legislation. The government could have appealed it and chose not to. What is more, the government has legislated on matters that the court in Truchon, and Madam Justice Beaudoin was very explicit, confined to the question of being reasonably foreseeable.

[*Translation*]

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Madam Speaker, I thank my colleague for his speech.

The Bloc Québécois is in favour of the bill, as are the NDP and the government, obviously. However, we still do not know whether the Conservatives will support this bill.

Statements by Members

In Quebec City, we saw a good example of how all the parties decided to pass a bill without resorting to partisanship and attacking each other. Unfortunately, I get the feeling that this bill will not pass unanimously in the House.

Does my hon. colleague agree that the bill will not be passed unanimously because of the many religious lobbies that are putting pressure on some Conservative members?

[English]

Mr. Michael Cooper: Madam Speaker, In response to the hon. member for Lac-Saint-Jean, I simply reject the premise of his question. I have to say I have never viewed this as a partisan issue. This is a complex legal, moral and ethical issue.

I had the privilege of serving on the special joint committee with my friend, the hon. member for Louis-Saint-Laurent, and the late hon. member for Langley. We had different philosophical views on a number of issues, but we came together to follow the law and put forward what we thought were the best possible recommendations for safeguards to do what the Supreme Court called on us to do, which was to protect vulnerable persons while at the same time respecting individual autonomy. That is exactly how I will approach Bill C-7.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The member will have a little over five minutes of questions after Question Period.

We will now go to Statements by Members, and the hon. member for Newmarket—Aurora.

STATEMENTS BY MEMBERS

• (1100)

[English]

FIRE PREVENTION WEEK

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Madam Speaker, from fighting fires to providing rescue services, medical responses, public education and fire safety inspections, there is no doubt that firefighters are true heroes in our community.

This week, Fire Prevention Week, I had the honour to visit Central York Fire Services to ask our local firefighters how they have coped with the COVID-19 pandemic, and to thank them on behalf of the government for their service, especially during these difficult times. Today, I am proud to acknowledge these men and women in this House for their bravery, but also for their commitment to and compassion for those in need in our community.

I am proud to say that my brother Joe, who has served as a firefighter for 35 years, continues to train his troops. On the eve of fire service recognition day, I want to thank the firefighters of Newmarket—Aurora for their continuous commitment to keep our community safe.

COLLEEN MASON

Mr. Michael Kram (Regina—Wascana, CPC): Madam Speaker, it is with a heavy heart that I rise to mark the passing of my former campaign manager Colleen Mason, taken too soon from her friends and family at the age of 47. Colleen had a passion for politics from a young age and grew to become something of a legend in Canadian politics, well known to many of us on both sides of the House.

She literally wrote the book on Conservative campaigning, having contributed to the party's first campaign manual. She worked for dozens of provincial and federal campaigns across the country, most of them successful, and many of them, including my own, beating the odds. During her years of service as a Hill staffer, she was known for her collegial approach to building friendships and relationships across the aisle.

Outside of politics, she was a loving and devoted daughter, sister and aunt. Her red hair reflected much about her personality. She was a fiery and passionate spirit, and sadly her candle has burned out too soon. Colleen Mason will be greatly missed.

* * *

WORLD FOOD DAY

Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.): Madam Speaker, nearly 690 million people suffer from hunger, and COVID-19 could add up to 132 million more. On World Food Day, I would like to recognize our food heroes.

The World Food Programme has been awarded the 2020 Nobel Peace Prize. Its extraordinary teams, like the one led by Martina Iannizzotto in Cox's Bazar, Bangladesh, are fighting hunger around the world. Many others face extremely challenging conditions, like farmers working through the California wildfires.

Heroes also serve here at home. Through a \$100-million emergency fund, our government supports local leaders working tirelessly to tackle food insecurity for the most vulnerable in our midst. To Food 4 Kids Mississauga, the ISNA Canada food bank, the Compass food bank and all food heroes: I thank them.

World Food Day is followed by the International Day for the Eradication of Poverty. The theme is acting together to achieve environmental and social justice for all. Climate change increases poverty and poverty causes hunger. These crises are linked and we must—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Cowichan—Malahat—Langford.

OPIOIDS

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, two days ago, yet another overdose alert was issued by Island Health for the Cowichan Valley. These advisories are a symptom of the opioid crisis that continues to ravage our communities, leaving a trail of shattered lives in its wake.

This is our new normal. We are living through two epidemics. In B.C. alone this year, we have already lost 1,000 lives, five times more than have been claimed by COVID-19. Despite these statistics, the Liberals only gave the opioid crisis a passing reference in the throne speech. The government continues to avoid declaring a public health emergency, continues to ignore experts who are calling for decriminalization, and continues to fail the communities bearing the brunt of this crisis.

My communities are calling out for help. Small businesses, front-line workers and local municipalities are all overwhelmed. The time for timid policies and half measures is over. We must do better.

* * *

NOVA SCOTIA CHAMP

Ms. Lenore Zann (Cumberland—Colchester, Lib.): Madam Speaker, a champion is someone who fights in spite of the unexpected challenges life throws at them and never gives up. A champion is someone like a young gymnast who has the courage to face a leg amputation with grace and grit and “give ‘er,” because, Like Terry Fox before her, the osteosarcoma she once battled has suddenly returned.

This champ is #MaiaTheMighty from Truro, Nova Scotia. CHAMP also stands for child amputee. My niece, Maia Zann-Roland, is a rock star. At just 16, she is the bravest person I know.

I want to thank the surgeons and staff at the IWK children's health centre in Halifax, her coach Kim, the Truro Spartans and gymnastics teams across Canada for the support they have shown our champ. Thanks as well to Maia's many friends and our incredible community for the love and support. Just two weeks after surgery, Maia looks forward to rocking her bionic leg.

● (1105)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Calgary Shepard.

* * *

HEVRIN KHALAF

Mr. Tom Kmiec (Calgary Shepard, CPC): Madam Speaker, I rise to remember the life of 34-year-old Kurdish democracy activist Hevrin Khalaf, murdered last year in October by Turkey-backed militia along the M4 highway in Syria.

Khalaf was an engineer by trade and rose to prominence as a powerful diplomatic voice in the Syrian civil war. She was a dedicated peace broker between Muslims, Kurds and Christians in the region. Khalaf established civil society organizations and encouraged dialogue between all parties in the name of peace.

Statements by Members

On October 12, 2019, the vehicle she was travelling in was targeted by Turkey-backed forces south of Tal Abyad. Khalaf would be dragged out of her vehicle, savagely beaten, tortured and executed. Her body would be mutilated and defiled by militiamen of the opposition Syrian National Army.

Hevrin's extraordinary life serves as a poignant example of the struggles Kurdish people face throughout the region. May she rest in peace.

* * *

PAUL QUIRK

Mr. Greg Fergus (Hull—Aylmer, Lib.): Madam Speaker, I rise to celebrate the life of Paul Quirk, who passed away early Monday morning. We first met in the 1990s when Paul ran the print shop for the Liberal Party, a job he held until he took his retirement four short years ago.

St. Francis said to preach the gospel every day and if necessary to use words. Through his actions, Paul was the Liberal Party for me and for countless others. Paul was recognized by his peers as the best print man in town. No matter what impossible print order we asked the night before, Paul would have it done the next morning.

Most important, Paul was kindhearted and a great storyteller, whether it was about growing up in Aylmer and getting into all sorts of mischief or his adventure in federal politics. His print shop, better known as the “Quirkenbunker”, was a place to find out what was really going on.

Paul leaves behind his wife Marlene, their son and daughter, and four grandchildren. To all of them, please accept our deepest condolences. May Paul rest in peace.

* * *

NICK TAYLOR

Ms. Anita Vandenberg (Ottawa West—Nepean, Lib.): Madam Speaker, I rise today to pay tribute to former Senator Nick Taylor, who passed away at the age of 92.

I first met Nick Taylor when he was leader of the Alberta Liberal Party, which he led from 1974 to 1988. He was a senator from 1996 to 2002. He was also a successful entrepreneur and innovator in the oil and gas sector, where he was always pushing, even into his later years, to make the industry more environmentally sustainable.

Nick embodied the very frontier spirit of Alberta. He was also the funniest man that one would ever meet, as long as one was on the right side of his sharp wit. He was kind, fearless, intelligent, creative, had fierce determination and an unparalleled passion for his province and his country.

Statements by Members

He and his wife Peg had just celebrated their 71st wedding anniversary. They had nine children. Nick used to say, when he went to the cattle show, that they would bring the prize bull to come to look at him.

There will never be another man like Nick Taylor. We will miss him.

* * *

INTERNET SERVICE

Mr. Gerald Soroka (Yellowhead, CPC): Madam Speaker, in my riding, many constituents are not able to get Internet service and for those who have Internet, some cannot afford it. Internet is not a luxury; it is an essential service for everyday life.

My riding has a population density of 1.3 people per square kilometre. In such a rural riding, there are many remote households. Those fortunate enough to have high-speed connections in cities do not realize how Internet is an integral part of everyday life.

I am hearing from parents in Rocky Mountain House with children in school, saying they cannot afford the cost of Internet, and seniors in Grande Cache, trying to stay connected but being let down by the reliability and cost.

A recent report showed that Canada ranked 146 out of 155 countries in terms of highest Internet costs.

I urge the government to make Internet more accessible, reliable and affordable for all Canadians.

* * *

WINDSOR INTERNATIONAL FILM FESTIVAL

Mr. Irek Kusmierczyk (Windsor—Tecumseh, Lib.): Madam Speaker, I am honoured to speak in the House today to recognize the Windsor International Film Festival. WIFF is the largest volunteer-run film festival in Canada. Last year, it sold 42,000 tickets and showcased 165 movies over 10 days.

WIFF also screens the most Francophonie films of any festival in Canada, while at the same time serving as a champion of indigenous and LGBTQ2 pieces, helping spark important community conversations in Windsor—Tecumseh.

Under the bold leadership of Vincent Georgie, WIFF quickly adapted to COVID, transforming Festival Plaza on the Detroit River into WIFF Under the Stars, the only drive-in movie theatre in the world on an international border. Eighteen hundred vehicles and 4,000 film lovers and families took in the movies.

The Windsor International Film Festival is the premier film festival of the Great Lakes region. I congratulate WIFF and thank the 300 volunteers who make it a huge success.

* * *

• (1110)

UNION OF CANADIAN CORRECTIONAL OFFICERS

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Madam Speaker, the Union of Canadian Correctional Officers, UCCO-SACC-CSN, represents over 7,300 members working on the

front lines in federal institutions across Canada, hundreds within my own riding.

Correctional officers face significant but avoidable challenges during the worst of the COVID-19 pandemic brought on by unprepared leadership, inconsistently applied or non-existent protocols and a serious lack of personal protective equipment for inmates and officers alike. This was especially true in my riding, where Mission Institution holds the dubious honour of hosting the largest COVID-19 outbreak at a federal correctional institution.

UCCO-SACC has been in contract negotiations with the federal government since before the last election. While COVID-19 slowed down talks for a time, they have since resumed.

I call on the Liberal government to show our correctional officers the respect they deserve and to table a legitimate offer which reflects the important public safety role they play and the risks officers take to keep us safe.

* * *

[Translation]

FIGHT AGAINST COVID-19 IN PORTNEUF—JACQUES-CARTIER

Mr. Joël Godin (Portneuf—Jacques-Cartier, CPC): Madam Speaker, I want to thank the people of Portneuf—Jacques-Cartier who have taken action to minimize the impact of the fight against COVID-19.

I want to single out certain individuals whose loved ones brought their actions to my attention. These people may think they are ordinary but, to me, they are extraordinary.

Here are my heroes.

Thank you to Nicole Hamel for the help she has given her mother and others.

Thank you to Suzie Paquet for everything she has done for her community.

Thank you to Sylvie Plamondon for her commitment to distributing food.

Thank you to Ginette Plamondon Lambert for her dedication to the members of her choir.

Thank you to Marie Claire Lesueur for changing her business's production approach.

Thank you to Mélissa Bouchard for her involvement with seniors and the wonderful care she has given them.

Thank you to Manon Chénard for her virtual musical performances.

Thank you to Cyrille Leblanc for his involvement with the CHSLD.

Ladies and gentleman, keep up the good work.

* * *

[English]

INTERNATIONAL DAY OF THE GIRL CHILD

Ms. Rachel Blaney (North Island—Powell River, NDP): Madam Speaker, this Sunday, October 11, is International Day of the Girl Child.

On this occasion, I want to highlight a young woman from my riding named Cailyn. Cailyn was frustrated by the increasing acts of racism she was seeing in the news, including in the Comox Valley where she lives. She knew that she wanted to contribute something positive to the conversation.

As an avid runner, she organized a virtual race against racism, where participants could sign up and run a 5K route of their choice and at the same time raise awareness and funds for Black Lives Matter Canada and the Black Solidarity Fund.

Girls like Cailyn are leading social change in our communities today. They refuse to stay silent when they see injustice. However, women in the House continue to be under-represented. We need to work to change this and to encourage and make space for girls like Cailyn, because the society they are wanting to build is a better one for us all.

* * *

[Translation]

JEANNINE AND FRANÇOIS MARION

Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Madam Speaker, Jeannine Marion and François Marion were inducted as honorary members of the Grand Sainte-Agathe chamber of commerce, and I would like to add my voice to those celebrating their contribution to our community's development.

In my opinion, honouring the two of them together is an acknowledgement of the value of teamwork. Building on a strong foundation of loyalty and devotion, they created some amazing initiatives for our community.

For decades, they have dedicated themselves to their fellow citizens, embracing a variety of causes to improve the lives of vulnerable members of society, youth, community groups and the next generation of entrepreneurs.

Nobody can deny that they set the standard in our community. To this day, they are making a difference in the lives of so many people.

I want to thank Mr. and Mrs. Marion on behalf of the entire community of Sainte-Agathe.

Statements by Members

• (1115)

[English]

INTERNATIONAL DAY OF THE GIRL CHILD

Ms. Jag Sahota (Calgary Skyview, CPC): Madam Speaker, Sunday is International Day of the Girl Child. As the shadow minister for women and gender equality, I am proud to celebrate the strides Canada has made thus far in empowering and protecting girls.

While we still have a long way to go to overcome gender inequality, sadly, the present government continues to fail Canadian girls during this pandemic by cutting funding to organizations such as the London Abused Women's Centre, an organization that protects and helps girls in instances of abuse or human trafficking.

Women and girls can be assured that under a Conservative government, Canada will always defend, encourage and advocate for girls as community building students, leaders and entrepreneurs both today and tomorrow.

Let us all remember all the women and girls in our communities and support them in achieving their goals. Let us remember this momentum and carry it with us all year long. When girls succeed, Canada and the world succeeds.

I wish everyone a happy International Day of the Girl Child.

* * *

HALTON WOMEN'S PLACE

Mr. Adam van Koevorden (Milton, Lib.): Madam Speaker, we know that women have been disproportionately impacted by the effects of COVID-19. Staying home does not mean staying safe for women and children affected by domestic abuse and men's violence against women.

Halton Women's Place is an essential organization in Milton that offers shelter and crisis services for women and their kids. From the very first day of this pandemic and for many years prior to it, Halton Women's Place has recognized what the pandemic means for women facing abuse and it has been there to help.

Throughout the last week of September, I participated in the Halton Women's Place "Hope in High Heels" event, where men and boys walk in pink high heels to raise money and awareness to end this gender-based violence.

One of the youngest walkers in Milton was my friend, nine year-old Raheem, who raised over \$1,000. Raheem is a great example for all men. We need to end men's violence against women and to achieve that, men need to be better allies for women everywhere.

I thank Diane, Carm, Heather and Laurie and everyone at Halton Women's Place for the incredible work they do every single day.

*Oral Questions***ORAL QUESTIONS***[English]***HEALTH**

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, this morning, provinces are reporting a record number of new coronavirus cases, and a second closure of restaurants is likely imminent. Around the world, experts are using frequent COVID tests to provide results within 15 minutes to prevent business and school closures, but not in Canada. The Prime Minister has failed to get these rapid, easy-to-get tests, and it is possible that 33,000 restaurant workers in Toronto alone could lose their jobs in this second lockdown.

We do not have job-saving rapid tests. Why?

Hon. Patty Hajdu (Minister of Health, Lib.): Madam Speaker, again we see the member of the opposition present false information to the House of Commons. In fact, we do have rapid tests in Canada. They are deployed in rural and remote communities, in areas where there are vulnerable populations and a fragile health care system. We have also approved a number of rapid tests recently. As the member opposite knows, there is no one silver bullet to managing COVID-19 outbreaks.

We will be there for provinces, territories and indeed restaurateurs as they manage this new wave of COVID together.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, I would challenge somebody watching this in Toronto who is worried about their business closing to go out right now and try to get a rapid test with results in 15 minutes and see who is presenting the right information here. That answer was very deceptive and incompetent. Rapid tests keep restaurants open, because they mean we can isolate those who are infected rather than shutting everything down.

When are we getting rapid tests?

Hon. Patty Hajdu (Minister of Health, Lib.): Madam Speaker, I invite the member opposite to take the briefing with Health Canada so that she can understand the complexity of rapid tests and how they can actually make situations even more precarious for communities. In fact, testing is one component of managing COVID-19.

We know that we will be there for provinces and territories as they manage COVID-19 outbreaks. We will continue to be there with additional resources. This is a complex area. In fact, many jurisdictions that have used rapid tests in that way have seen a worsening of their outbreaks.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, if a woman watching this today has been laid off because of COVID restrictions or her kid's school has been shut down and she tried to get a rapid, frequent COVID test or her kid's school tried to do that, they could not. That is the reality in Canada.

Rapid tests keep schools open. Rapid tests keep day cares open. Rapid tests keep women in the workforce. Yet, we do not have those here in Canada.

Why has the Prime Minister failed Canadian women and failed to get them rapid tests?

• (1120)

Hon. Patty Hajdu (Minister of Health, Lib.): Madam Speaker, around the world there are very high-profile examples of how rapid tests have actually added confusion and increased the risk of infection. They are not a silver bullet. It is very important that whatever tools we bring to the Canadian market are going to make it easier for communities to manage COVID-19, including in sectors like the restaurant sector.

We will be there for Canadians no matter what it takes, but the member opposite clearly could use the briefing from Health Canada.

[Translation]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Madam Speaker, how unfortunate to see the government trying to give us lessons again.

The reality is that problems are cropping up across Canada due to the fact that we do not have rapid testing. In Quebec, for example, 1,000 classrooms are closed today. The executive committee of the Association québécoise du personnel de direction des écoles says that it now takes twice as long as before to get the results. If the government had done its job and evaluated the rapid tests in a timely manner, we would not be in this position today.

Why did the government drag its feet?

[English]

Hon. Patty Hajdu (Minister of Health, Lib.): Madam Speaker, all across Canada, we have seen an increase in COVID cases. We have been working with provinces and territories to make sure they have the tools they need. I work closely with the Province of Quebec, with the Province of Ontario, in fact all provinces, to make sure that whatever we add as a solution together is going to actually help with the outbreak of COVID-19.

The members opposite seem to think that we can test our way out of COVID-19. In fact, that is not true. We need to test, we need to contact trace, we need to isolate and we need to support business and industry, as well as Canadians who have lost their jobs either because of shutdowns or because of infections. We will be there for Canadians.

[Translation]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Madam Speaker, that is precisely the problem.

Every step is important. The Quebec premier has urged Quebecers to download the COVID Alert app. I did it, and if I can do it, anyone can. The problem is that it is all well and good to have this technological tool, but we need to have rapid testing for it to work properly.

Once again, my question is very simple: Why did the government drag its feet for six months and fail to properly evaluate the rapid tests that all Canadians need today?

[English]

Hon. Patty Hajdu (Minister of Health, Lib.): Madam Speaker, around the world, countries are anxiously awaiting new technology that is going to add to our ability to contain COVID-19. In fact, researchers and technologists around the world are looking for new products and new approaches to testing that will help.

We remain firm. We will be there for provinces and territories as long as it takes for whatever it takes to manage through this next wave of COVID-19. We know that testing is part of the solution, but certainly not all of it. I continue to be there no matter what a province or territory needs.

* * *

[Translation]

REGIONAL ECONOMIC DEVELOPMENT

Ms. Christine Normandin (Saint-Jean, BQ): Madam Speaker, Ottawa is investing \$295 million to retool the Ford plant in Oakville, Ontario, so it can build electric vehicles.

That is good news, but let's not forget that the expertise in transportation electrification is in Quebec, not Ontario. We are the ones who know about clean electricity, battery technology and charging stations.

In the Speech from the Throne, the government says it wants to make Canada a world leader in clean energy. Does the government recognize Quebec's expertise, and will it refocus its investments on Quebec's industrial cluster?

[English]

Mr. Ali Ehsassi (Parliamentary Secretary to the Minister of Innovation, Science and Industry (Innovation and Industry), Lib.): Madam Speaker, yesterday we announced that Ford will invest \$1.8 billion to set up battery electric vehicle production in Oakville, which will include federal and provincial assistance. This is about Canada and it is about Quebec, but it is part of a start. It is only a beginning of what we hope is a significant focus on a sustainable and greener economic recovery all across Canada. We see leading actors in this space across the country: in Quebec, Lion Electric; in Nova Scotia—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Saint-Jean.

[Translation]

Ms. Christine Normandin (Saint-Jean, BQ): Madam Speaker, the Bloc Québécois is concerned because Ottawa is not an ally of specific economic sectors in Quebec.

We have expertise in naval construction, yet the Davie shipyard, Canada's largest shipbuilder, was completely shut out of a \$100-billion bonanza in federal contracts. We have expertise in aerospace, yet there is no federal assistance for a sector that is one of those hardest hit by COVID-19 and no policy for the future of the industry.

Oral Questions

Will the government commit to investing in Quebec's electrification industry instead of moving our expertise to Ontario?

• (1125)

Hon. Pablo Rodriguez (Leader of the Government in the House of Commons, Lib.): Madam Speaker, while the Bloc Québécois airs its concerns, we are taking action. We know that investing in the electrification of vehicles is good news for everyone. It is good news not only for the environment, but also for all Canadians. This will also benefit businesses in Quebec. In fact, we are already investing in electrification in Quebec.

Again, this is not about pitting Quebec against the other provinces. We can work together in our country, Canada.

* * *

[English]

TAXATION

Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, Canadians are struggling to get through this pandemic. Small businesses are closing and families are losing their homes, yet Canada's billionaires have increased their wealth by over \$37 billion. Canada's web giants have profited enormously during this crisis, yet they pay the same in taxes as Donald Trump pays in the U.S. We need action.

Why is the Prime Minister so weak on having the wealthy pay their fair share, and why is the government not putting into place immediately an excess profit tax to ensure that those who profit from this pandemic pay their fair share?

Hon. Mona Fortier (Minister of Middle Class Prosperity and Associate Minister of Finance, Lib.): Madam Speaker, our government recognizes that for far too long Canadians have fallen further and further behind, even while those at the top have gotten further ahead. Over the last four years, we have improved tax fairness by closing loopholes, eliminating measures that disproportionately favour the wealthy and cracking down on tax evasion so that every Canadian has a real and fair chance at success.

We have also committed to taxing extreme wealth inequality, including by concluding work to limit the stock option deduction for the wealthy—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Rosemont—La Petite-Patrie.

[Translation]

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Madam Speaker, the Liberals clearly lack the guts to go after the uber-rich who are profiting from the current situation.

Oral Questions

Many small businesses have been suffering since the beginning of the pandemic, but some businesses are raking in huge profits. Companies like Netflix and Amazon have seen their profits soar, or even double. What do these big companies have in common? They do not pay taxes here.

These capitalist behemoths do not contribute to our collective efforts to pay for health care and schools. The NDP has a very simple question. When will the Liberals have the guts to—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. minister.

Hon. Mona Fortier (Minister of Middle Class Prosperity and Associate Minister of Finance, Lib.): Madam Speaker, our government recognizes that for too long, middle-class Canadians have been falling further and further behind, while the rich get richer.

In the past four years, we have made our tax system fairer by eliminating loopholes and measures that disproportionately favoured the wealthy. We also committed to taxing extreme wealth inequality, for example, by following through on our plan to limit stock option deductions for the wealthiest Canadians.

I look forward to working with the opposition member to grow—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Chicoutimi—Le Fjord.

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COVID-19 EMERGENCY RESPONSE

Mr. Richard Martel (Chicoutimi—Le Fjord, CPC): Madam Speaker, the Canadian Federation of Independent Business reported yesterday that 80% of business leaders are worried about the potential impacts of the second wave of COVID-19.

For our businesses to survive, we have to make sure we do not leave any of them behind. We are still waiting for programs to be adapted. For instance, businesses that have until October 31 to apply for the Canada emergency business account still do not have the updated form.

When will this government finally announce how these programs are to be updated?

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Madam Speaker, we have been there for our entrepreneurs since the beginning of the pandemic. We have helped more than 763,000 businesses across the country through the Canada emergency business account.

I invite my colleague and all members of the House to listen to the today's announcement from the Minister of Finance about how we will be there for our businesses in the second wave of the pandemic.

* * *

[English]

PUBLIC SERVICES AND PROCUREMENT

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Madam Speaker, the minister of procurement originally claimed that the government publicly listed all of its contracts and suppliers for PPE

online. The parliamentary secretary then rebuked the minister by admitting they have been using the national security exception to keep contracts secret.

Canadian companies cannot be competitive for government contracts if they do not know who got what and for how much. Taxpayers deserve to know how much they are paying for non-medical disposable masks.

Can the minister tell us how many times she has used the national security exception for pandemic-related contracts since March 15?

● (1130)

Hon. Anita Anand (Minister of Public Services and Procurement, Lib.): Madam Speaker, on July 31, we disclosed supplier names and contract values for all of the contracts that Canada has entered into for PPE and other supplies, except certain commodities that have been proven difficult to obtain and where additional procurements may be needed. When we see case numbers rising, it is extremely important for us to protect our supply chains in order to ensure that we can continue to secure PPE for Canadians now and into the future.

* * *

ETHICS

Hon. Pierre Poilievre (Carleton, CPC): Madam Speaker, the government blacked out hundreds of pages of WE scandal documents requested by the finance committee, so we raised a question of privilege with your table saying, "Could you please help in getting those documents un-blacked out?"

The Speaker said that the finance committee should take that issue up. Yesterday it did, at which point Liberals said, no, that it was a matter for the Speaker. When we explained the contradiction, the chair of the committee jammed his fists in front of the camera and suspended the meeting altogether, so here we are back in front of the Speaker.

Madam Speaker, can you help us get these documents un-blacked out?

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): As the member is aware, the Speaker does not answer questions during Question Period. Seeing no member arising to answer the question, please go to the next question.

The hon. member for Carleton.

Hon. Pierre Poilievre (Carleton, CPC): Madam Speaker, I feel like I have just called the CRA and they have transferred me from one agent who says they have to transfer me back to the other agent, who says to go back to the first agent, and then when I get back to the first agent the line just goes dead altogether.

We have blacked-out documents and a dead line, and we have been transferred from agent to agent. How the heck are we supposed to get at the truth?

Hon. Pablo Rodriguez (Leader of the Government in the House of Commons, Lib.): Madam Speaker, our colleague has been here for a while. He knows that the committees make their own decisions and do their own jobs.

I encourage the opposition to work with us with Canadians to help them as we are facing COVID and these economic challenges. As they concentrate on politics and the committees, we concentrate on our work and efforts for Canadians.

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GOVERNMENT PRIORITIES

Mr. Warren Steinley (Regina—Lewvan, CPC): Madam Speaker, last week I rose from my seat and took the government to task for hiring a storyteller position in the PMO for up to \$90,000 a year. I was mistaken. Today I can correct the record. We recently learned that it was not one but two storytelling positions they desperately need to fill.

Can someone on the government side please stand and explain to Canadians why the Prime Minister needs to spend \$180,000 of taxpayers' money on storytime to attempt to repair his damaged image?

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I think it is really important that as a government we have focused our attention on the coronavirus. All Canadians want this, not only from the national government, but also from provincial governments.

We would ask the Conservatives to do likewise as the government continues to work on programs, from the CERB program that helped Canadians from coast to coast, to the wage subsidy program which is helping employers. There is a lot more work to do. Hopefully, the Conservatives will come on board with other levels of government and support Canadians from coast to coast to coast.

• (1135)

Mr. Warren Steinley (Regina—Lewvan, CPC): Madam Speaker, another sad story from the member for Winnipeg North.

Here is a true story for the Liberals. In my riding of Regina—Lewvan, the hard-working members of USW Local 5890 at Evraz steel mill are facing layoffs. That means a thousand families will be sitting around their kitchen table this Thanksgiving trying to pencil out how to pay their bills. Does the government realize what a slap in the face it is to Canadians everywhere to see it prioritize two storytellers, for a combined \$180,000 a year, to attempt a desperate makeover of the Prime Minister's tarnished image?

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, as the government, obviously we are very much concerned about any job layoffs. That is one of the reasons why we have been so focused on providing the programs that are absolutely essential

Oral Questions

for Canadians to be able to get through this coronavirus. The wage subsidy program and the CERB are programs that are reaching the pockets of Canadians and saving jobs. That is what this government is focused on. I would ask the members of the Conservative Party to get on side and start working co-operatively in order to combat the coronavirus.

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[Translation]

FORESTRY INDUSTRY

Mrs. Marilène Gill (Manicouagan, BQ): Madam Speaker, this is another slap in the face for Quebec's forestry industry. Yesterday, the government announced \$68 million to combat an insect that is ravaging the forests in western Canada, the pine beetle. This is in addition to the \$200 million that Ottawa had already invested.

In the meantime, back home, we are having the same problem with the spruce budworm. We are not as lucky as western Canada. The federal government has not invested one cent to help Quebec protect its forests.

When will the government collaborate to combat the spruce budworm problem?

Mr. Paul Lefebvre (Parliamentary Secretary to the Minister of Natural Resources, Lib.): Madam Speaker, I am very pleased to answer my colleague's question.

We are very concerned about this situation and we are having ongoing discussions with the Government of Quebec to see how we can support Quebec's forestry industry and the workers in Quebec. The spruce budworm is certainly a very important challenge, but we must continue to innovate and support the forestry sector in Quebec and across Canada.

Mrs. Marilène Gill (Manicouagan, BQ): Madam Speaker, somehow they have no problem interfering in provincial jurisdictions.

Why not help the Maritimes' forestry industry, since that has not happened in a few years? It has been luckier than Quebec, too.

Ottawa invested \$75 million to fight the spruce budworm, but Quebec did not get a penny of that. It is a special federal fund to help Maritime barons like Irving protect their private forests at taxpayers' expense.

The government also invested \$75 million in New Brunswick. Quebec got nothing even though more acreage on the North Shore alone, where I am from, is infested than in all of New Brunswick. I am not making that up.

When will Ottawa stop giving Quebec's forestry industry the short end of the stick?

Oral Questions

Mr. Paul Lefebvre (Parliamentary Secretary to the Minister of Natural Resources, Lib.): On the contrary, Madam Speaker, we are working with the Province of Quebec on forestry issues. I had the opportunity to go to Quebec to announce measures in support of the forestry industry and the good jobs it creates all the way from Chibougamau to Témiscamingue.

I am very happy to continue working with the sector and the Government of Quebec to support workers and this industry, which is extremely important to Quebec and Canada.

* * *

[English]

HOUSING

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Madam Speaker, last month the Liberals made yet another housing announcement, \$1 billion to be spent in six months to purchase 3,000 units.

There has been nothing rapid about the government's previous housing commitments, and without a public plan and application process, it is hard to see how this will be different.

When can we expect the application information in full, and will the minister commit to providing this House with a regional breakdown and running list of all projects approved? Canadians deserve the transparency.

Mr. Adam Vaughan (Parliamentary Secretary to the Minister of Families, Children and Social Development (Housing), Lib.): Madam Speaker, the rapid housing initiative, which the member speaks of, is an innovative and fundamentally necessary \$1 billion investment at the front lines to help fight homelessness as we deal with the COVID-19 pandemic.

The member asks for transparency, and of course there will be transparency. There always has been, right along, all the way, with all of the projects that we have announced, publicly posted through CMHC and reported back to the House. That is part of the national housing strategy requirement.

The money will be made available within the coming days, with new criteria, for people to apply. The \$55-billion national housing strategy works alongside the rapid housing initiative to make sure Canadians get the housing they need, and the safety and security they need to make sure the pandemic is endured properly.

* * *

COVID-19 EMERGENCY RESPONSE

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, restaurant owners across the country have been some of the hardest hit by this pandemic. The government's rent support program was needed, but it did not work because there was no incentive for landlords to participate. Now the government is intending to ban single-use plastics, which the restaurants are currently using to keep us all safe.

When will the Liberals stop punishing businesses, and when will they introduce a rent program that works?

• (1140)

Mr. Terry Duguid (Parliamentary Secretary to the Minister of Economic Development and Official Languages (Western Economic Diversification Canada) and to the Minister of Environment and Climate Change (Canada Water Agency), Lib.): Madam Speaker, we have been there for the small business community throughout the pandemic.

We have a comprehensive plan, as well, to address plastic pollution. The proposed ban for six single-use items will be phased in, so businesses and individuals have time to switch to alternatives. Virtually all jurisdictions that introduce bans provide early notice to allow alternatives, and we will do the same.

* * *

PUBLIC SAFETY

Mr. Bob Saroya (Markham—Unionville, CPC): Madam Speaker, over the past two weeks there have been over 20 shootings in Toronto, and 13 people have been injured or killed. Those numbers do not include the rest of the GTA. The Liberals have had years to act on rising crime and they have failed miserably.

Why will the Liberals not get tough on crime and support stricter sentencing?

[Translation]

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Public Safety and Emergency Preparedness, Lib.): Madam Speaker, I thank my colleague for his question.

Stronger gun controls, especially for assault weapons, are particularly important to the Liberal Party of Canada. That is why we brought in a ban on military-style assault weapons, which have no place in our society. That is also why we have invested in the RCMP and our law enforcement agencies.

Although the Conservatives may talk tough, they spent a decade cutting budgets to the RCMP and our intelligence services, which work together to combat gun violence. We will continue to do that work.

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[English]

NATURAL RESOURCES

Mr. Gerald Soroka (Yellowhead, CPC): Madam Speaker, the NOVA Gas Transmission pipeline was to start construction this summer across most of my riding, but on May 19, after cabinet already took the maximum 90-day limit to review, it received notice that the Governor in Council extended the timeline by as much as 150 days because of COVID-19. The end of 150 days is near and thousands of jobs are on the line.

Will it get approval or is this another pipeline that does not get built because of the government?

Mr. Paul Lefebvre (Parliamentary Secretary to the Minister of Natural Resources, Lib.): Madam Speaker, in the face of COVID-19 and at the request of several indigenous communities, our government extended the deadline for a decision on the NOVA Gas pipeline project in order to safely and meaningfully consult and address outstanding concerns as appropriate.

As the House knows very, very well, good projects only get done when we take the time and do the hard work to meet our constitutional duty to meaningfully consult with potentially impacted indigenous communities. We have learned that, and we are going to make sure that projects get built where there is meaningful consultations with—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Vancouver East.

* * *

HOUSING

Ms. Jenny Kwan (Vancouver East, NDP): Madam Speaker, Canadians are struggling to find housing they can afford. In fact, 2.5 million families are paying more than 30% of their income on rent. In Vancouver East, the homeless population continues to grow. Empty Liberal promises and announcements will not put a roof over people's heads. Meaningful action is required now. While Canadians struggled to pay their rent in a pandemic, the wealthiest walked away with \$37 billion in profits.

Will the government step in for Canadians, tax excessive corporate pandemic profits and invest in housing for everyday people?

Mr. Adam Vaughan (Parliamentary Secretary to the Minister of Families, Children and Social Development (Housing), Lib.): Madam Speaker, since this government took office in 2015, we have been consistently stepping up and making substantial investments in providing housing to Canadians from coast to coast to coast. A \$56-billion national housing strategy is just part of that. Additionally, reaching home, for example, the program that serves front-line housing work in this country, has been increased to almost \$1 billion this year. We just announced \$1 billion for rapid rehousing. These are real dollars helping real people.

While the NDP's focus is on getting people's names into petitions, we are focused on getting people into housing. Our work is not finished. We will finish this job with a good, strong budget this fall. We are committed to housing Canadians—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Hamilton Centre.

* * *

• (1145)

SENIORS

Mr. Matthew Green (Hamilton Centre, NDP): Madam Speaker, throughout this pandemic, seniors have lived in appalling conditions in long-term care homes, and many have died there too. Eighty per cent of the COVID-19 deaths are tied to LTCs, and while Conservative and Liberal governments built a for-profit system that places shareholders ahead of staffing and seniors care, Ontario's NDP leader, Andrea Horwath, has announced a plan to actually fix long-term care in Ontario.

Oral Questions

With the second wave upon us, Canadians are demanding national leadership. Will the Liberal government finally put people ahead of profits and take the profits out of Canada's long-term care homes?

Hon. Patty Hajdu (Minister of Health, Lib.): Madam Speaker, I share the devastation of the member opposite about the severe lack of protection for some seniors in long-term care homes all across the country. That is exactly why the safe restart agreement included \$740 million to provinces and territories to strengthen their infection prevention control processes to protect seniors where they live, no matter what province.

The Speech from the Throne also committed to creating national long-term care standards for provinces and territories, and we are not wasting any time. We will be doing that very shortly.

* * *

[Translation]

COVID-19 RESPONSE

Mr. Marc Serré (Nickel Belt, Lib.): Madam Speaker, I have heard the concerns coming from parents, families, school boards, teachers, bus drivers and support staff throughout my riding, Nickel Belt, regarding the current school year.

Many students have returned to in-person classes. It is crucial that everyone continue to follow all public health measures.

[English]

Can the hon. Minister of Families, Children and Social Development share what our government has been doing to support our provinces to ensure the safety of students and staff members during this pandemic?

Mr. Adam Vaughan (Parliamentary Secretary to the Minister of Families, Children and Social Development (Housing), Lib.): Madam Speaker, I want to thank the member for Nickel Belt for his excellent advocacy and strong work on this file.

Oral Questions

For the past few months, we have been acutely aware of the challenges facing families, children and teachers in the education system. It is why we worked so hard over the summer to advance \$2 billion as part of the safe school reopening program to help schools acquire PPE and cleaning materials and do the changes necessary to keep families and children safe. We have also increased the Canada child benefit. We have also made investments in broadband to make sure distance learning is possible for more kids across this country.

The member is right: There is work to be done here, but working with provinces, territories, indigenous governments, municipalities, school boards and, most importantly, families and children, we will make sure the school year is done as safely as possible with federal investments.

* * *

INFRASTRUCTURE

Mr. Marty Morantz (Charleswood—St. James—Assiniboia—Headingley, CPC): Madam Speaker, the St. James Civic Centre in Winnipeg is home to countless programs and events in my community. Its long-proposed expansion project includes new space for the St. James Assiniboia 55+ Centre. This critical project will benefit so many in my community, including seniors, yet the government will not provide any clear commitment.

I emailed the Minister of Infrastructure weeks ago but have yet to receive an update. Seniors cannot wait. When will the minister provide answers? It is time to get this project done.

Mr. Andy Fillmore (Parliamentary Secretary to the Minister of Infrastructure and Communities, Lib.): Madam Speaker, what this difficult time has shown us is that every dollar we invest in public infrastructure can and must do triple duty. First, our government is investing in infrastructure projects that are creating thousands of jobs across the country and growing our economy. Second, we are investing in infrastructure so that everyone gets a fair shot at success wherever they live in Canada. Third, we are investing in infrastructure that makes our communities cleaner and more resilient.

Over the next two years, our government is committed to creating a million new jobs and building strong communities through investments in infrastructure, including community centres like the member has mentioned.

* * *

HEALTH

Mr. Dean Allison (Niagara West, CPC): Madam Speaker, CosMic Plants is a small agriculture business in my riding that produces products for major grocery chains. It is planning to expand and hire more people, but to do that, its current staff needs essential training by professionals on the new equipment purchased from the Netherlands. Unlike many other countries around the world, Canada has no plans for COVID testing, so business travel has stopped.

Does the minister understand that the government's failure on rapid testing is jeopardizing jobs not only at CosMic Plants, but in my riding and around the country?

Hon. Patty Hajdu (Minister of Health, Lib.): Madam Speaker, every step of the way, Health Canada has been there for industry,

for provinces, for territories, indeed for Canadians, approving product as quickly as possible within guidelines that keep Canadians safe.

It is very important that the member opposite know that not only have we been approving rapid tests, but we have been reaching out to manufacturers of these tests to ensure that they apply to market these technologies in Canada. We will stop at nothing to make sure that we have the tools Canadians need.

● (1150)

Ms. Nelly Shin (Port Moody—Coquitlam, CPC): Madam Speaker, Jacqueline is a single mom with three children and each one has cystic fibrosis. They take 30 pills and spend two to three hours in chest physiotherapy every day. Jacqueline's life is overwhelmed by appointments and close calls, and her ability to work is limited.

Trikafta is a drug that can significantly help CF patients, including children, but just as with COVID rapid testing, Canada is lagging behind on approvals. Trikafta saves lives and should be approved, just as it has been with our allies.

Why do Canadians have to lose hope because of the government's delays and inaction?

Hon. Patty Hajdu (Minister of Health, Lib.): Madam Speaker, the premise of the question implies that the member opposite does not realize that Vertex has not applied to sell Trikafta here in Canada. In fact, we have reached out to the corporation to ask it to apply. We have assured it that we will expedite the review of Trikafta.

I met with Cystic Fibrosis Canada folks last week and talked about this very thing. It is very important that Vertex know that Canada is anxiously awaiting an application to ensure that Trikafta is available to Canadians as well.

* * *

[Translation]

TAXATION

Mr. Bernard Généreux (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, CPC): Madam Speaker, without any warning, Anne Perron Arsenault and other Canadian osteopaths were ordered by the Canada Revenue Agency to collect GST, because the government decided overnight that they were no longer recognized as real health care workers.

These businesses owners just took on additional costs to open and comply with health regulations, so why did the government choose now to slap this new tax on them and their clients in the middle of a pandemic?

[English]

Mr. Francesco Sorbara (Parliamentary Secretary to the Minister of National Revenue, Lib.): Madam Speaker, the excise tax dictates that manual osteopathic services are taxable since they are not regulated by any province or territory. Only osteopathic services provided by a physician are exempt from the GST/HST. The agency has not changed its interpretation of the act in any way.

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[Translation]

CANADA POST

Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Madam Speaker, I am taking a page from your pharmacy and talking about Christmas before Halloween is even over. Canada Post has already warned that it will not be able to handle Christmas deliveries. Two months to go and it has already thrown in the towel, instead of learning from the delays during the pandemic and making improvements. We do not need Canada Post complicating our Christmas plans, on top of COVID.

How will the government force Canada Post to make its deliveries on time?

Hon. Anita Anand (Minister of Public Services and Procurement, Lib.): Madam Speaker, I thank my colleague for her question.

It is very important to think about these things before Christmas and before the end of the month.

[English]

First of all, I would like to thank the employees of Canada Post for their extremely hard work during the pandemic. They have risen to the challenge, and they are essential workers.

I want to assure the member opposite and all members of the House that we are in touch with this independent Crown corporation to ensure that it will do its very best for Canadians, as it has done throughout this pandemic.

[Translation]

Mr. Michel Boudrias (Terrebonne, BQ): Madam Speaker, mail delivery is an essential service. During the first wave of the pandemic, when Canada Post was plagued by major delays, the Government of Quebec had the great idea to consider creating Quebec Post. The more time goes by, the more timely and necessary the idea seems.

The federal government's careless attitude toward postal services as a whole and postal management is forcing all of our businesses to turn to Amazon and other private courier services. Our businesses and retailers are paying the price for the mistakes of the Liberal government, which is shirking its responsibilities.

When will we force them to—

Oral Questions

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. Minister of Public Services and Procurement.

Hon. Anita Anand (Minister of Public Services and Procurement, Lib.): Madam Speaker, I thank my colleague for his question about Canada Post, once again.

It is vital to understand that Canada Post has been dealing with consistently high volumes of mail during this pandemic.

As I said earlier, the employees of Canada Post are working extremely hard to continue delivering mail to Canadians and Quebecers throughout this crisis.

We appreciate their dedication.

* * *

• (1155)

[English]

INTERNATIONAL TRADE

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Madam Speaker, the ink is barely dry on CUSMA and now another Canadian industry may be facing tariffs, blueberries.

The U.S. is investigating if Canadian blueberry exports are negatively affecting its industry. Ninety-five per cent of fresh blueberry exports from British Columbia go to the United States. These potential tariffs will be devastating for blueberry farmers in places like the Fraser Valley and Nova Scotia.

When will the minister resolve this issue and give certainty to our blueberry farmers?

Ms. Rachel Bodayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Madam Speaker, we will always stand up for our farmers and our hard-working exporters across the country. Obviously Canada is extremely concerned about the decision of the United States to investigate the export of blueberries. We expect the United States to fully respect all the terms of the new NAFTA.

Canada will defend its exporters, including the farmers and producers of blueberries, right across the country.

Hon. Kerry-Lynne Findlay (South Surrey—White Rock, CPC): Madam Speaker, blueberries are Canada's largest fruit export both in terms of value and volume.

Hard-working blueberry producers in my riding, like Surrey Farms and Pacific Organic Blueberry, have seen crops decrease by 25% year over year. COVID-19 and CERB have already made it tough to find workers and now our farmers learn that U.S. tariffs may be on the horizon. Tariffs would be crippling. They need protection.

What exactly is the Liberal government going to do?

Oral Questions

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Madam Speaker, let me be very clear. The reality is that our exports of blueberries do not infringe on any of our agreements and we will continue to defend our exporters of blueberries. We will continue to defend the entire agri-food industry from coast to coast to coast. We will stand up for our exporters.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Madam Speaker, I have been visiting important members of the agriculture industry in my riding and countless Canadian farms have been the victim of coercive diplomacy by China.

When can our farmers expect a return to normal and when will the diplomatic games end, so that our farmers can focus on feeding our families?

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Madam Speaker, when it comes to our trade policy with China, let me be very clear. As we have said before, the conditions for Canada to pursue a free trade agreement with China are not present at this time. Our priority does remain the immediate release of the two arbitrarily detained Canadians. We will continue to stand up for our two arbitrarily detained Canadians and push for their immediate release.

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HEALTH

Mr. Yvan Baker (Etobicoke Centre, Lib.): Madam Speaker, my question is for the Minister of Health.

In Etobicoke Centre, we are mourning the loss of 43 residents of the Eatonville Care Centre due to COVID-19. In May, the Canadian Armed Forces disclosed horrific and beyond reprehensible conditions at a number of long-term care homes, including at Eatonville. That is why since May a number of MP colleagues and I have been advocating for the federal government to work with the provinces to establish national standards for long-term care. I was so pleased to see in the throne speech that the government had committed to do just that.

Could the minister share with us what the next steps are to establish national standards for long-term care in Canada?

Hon. Patty Hajdu (Minister of Health, Lib.): Madam Speaker, I thank my colleague for his passion and commitment to ensuring that every senior has the right to live in dignity and safety no matter what province they live in.

We are deeply concerned about the outbreaks of COVID-19 that are growing in long-term care again despite the \$740 million that we have provided to provinces and territories to strengthen protections for seniors in these facilities. I will be working with the Minister of Seniors on a path forward to ensure that long-term care homes have national standards and that they adhere to those national standards, so we can protect seniors from coast to coast to coast.

[Translation]

THE ENVIRONMENT

Hon. Steven Blaney (Bellechasse—Les Etchemins—Lévis, CPC): Madam Speaker, the second wave is upon us, our restaurants are closed, and now we have the Liberals playing Don Quixote.

Alliance Polymères Québec says the Liberals are sweeping the problem under the rug by not focusing on managing end-of-life plastics, which can potentially be recycled using new technologies.

What is going on in the Liberals' minds? Did they get permission from Public Health to launch such a half-baked initiative, even though it is perfectly possible to recycle plastic?

• (1200)

[English]

Mr. Terry Duguid (Parliamentary Secretary to the Minister of Economic Development and Official Languages (Western Economic Diversification Canada) and to the Minister of Environment and Climate Change (Canada Water Agency), Lib.): Madam Speaker, once again, we have been there for our small business community throughout this pandemic and we will continue to be.

We have a comprehensive plan to address plastic pollution and a proposed ban for six single-use items that will be phased in. Therefore, restaurants like the member mentioned will have time to adjust. Virtually all jurisdictions that introduce bans provide early notice to allow alternatives to be introduced. We have seen this in many of the provinces, and we will follow that path forward.

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PUBLIC SERVICES AND PROCUREMENT

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Madam Speaker, Canada has a time-limited opportunity to preserve jobs and expertise in the aerospace industry.

Canadian manufacturers like Arnprior Aerospace are relying on being part of the fighter aircraft acquisition procurement supply chain to bounce back from the pandemic shutdown of the economy.

Could the Minister of National Defence assure Canadians that buy Canadian is non-negotiable as are Canadian jobs?

Ms. Anita Vandenberg (Parliamentary Secretary to the Minister of National Defence, Lib.): Madam Speaker, we are committed to making sure that the men and women in the Canadian Armed Forces have the tools and all the supports they need to protect Canadians.

We also are very pleased that we are in the process of acquiring 88 fighter jets to replace our CF-18 fleet through an open and transparent competition, something the Conservatives could not do in 10 years.

Last summer we reached an important milestone. We received proposals from three suppliers, which we are now evaluating. This competition will ensure we get the right aircraft at the right price, while creating job opportunities for Canada's middle class.

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TELECOMMUNICATIONS

Mr. Jamie Schmale (Haliburton—Kawartha Lakes—Brock, CPC): Madam Speaker, in budget 2019, the Liberals promised Canadians that by 2021, 90% would have reliable Internet access. However, the CRTC recently reported that less than 41% of rural communities can connect. Failure to plan was cited in a report by the Auditor General as the reason why the Prime Minister had botched delivering rural Internet access.

The people of Buckhorn and Apsley are being left behind by five years of empty promises and planning fiascos. Does the Prime Minister honestly think Canadians believe him anymore?

Hon. Maryam Monsef (Minister for Women and Gender Equality and Rural Economic Development, Lib.): Madam Speaker, I would like to correct the record. Budget 2019 and the year 2019 were important for Canadians. We brought forward the first strategy to connect all Canadians to high-speed Internet, something that our hon. colleagues on the Conservative side of the House failed to do appropriately when they had 10 years to do it.

We have connected four times more households and invested to connect more than fourfold Canadian households and businesses to high-speed Internet in less than half the time. We are not done yet, and I hope our colleagues across the aisle will support our efforts to connect Canadians.

* * *

HEALTH

Mr. Michael McLeod (Northwest Territories, Lib.): Madam Speaker, in cities across the country we are seeing the number of COVID-19 cases rise. We know that first nations, Inuit and Métis face unique challenges combatting the spread of COVID-19.

Could the parliamentary secretary to the Minister of Indigenous Services update the House on how the government is supporting indigenous people living off reserve and in urban centres?

Ms. Pam Damoff (Parliamentary Secretary to the Minister of Indigenous Services, Lib.): Madam Speaker, we understand that indigenous people living off reserve and in urban centres do indeed face unique challenges. That is why our government has provided \$90 million through the indigenous community support fund to local indigenous organizations like the Arctic Indigenous Wellness Foundation that provides traditional health and wellness services to vulnerable Dene, Inuit and Métis in the Northwest Territories. We will continue to work with urban and off-reserve organizations to ensure that no one is left behind.

I thank the hon. member for his leadership and advocacy.

Oral Questions

INTERNATIONAL DEVELOPMENT

Ms. Heather McPherson (Edmonton Strathcona, NDP): Madam Speaker, this week it was revealed that the Liberals only spent a tiny fraction of the funding they promised in 2018 for international development. The Liberals made a big showy announcement, like they always do, and they did not follow through, like they always do.

Communities around the world were counting on Canada and the Liberals let them down again. At least when the Conservatives undermined our global responsibilities and hurt our international reputation, they were honest about it.

When will the Prime Minister get the full funding promised to those who need it and finally take Canada's role in the world seriously?

• (1205)

Hon. Karina Gould (Minister of International Development, Lib.): Madam Speaker, these programs represent a significant departure from traditional grants and contributions funding, particularly in terms of their expectation of repayment to the Government of Canada, but are particularly relevant given anticipated global post-COVID-19 recovery needs and their potential to leverage additional public and private financing.

I can reassure the member, though, that we continue to adjust our strategies for those innovative finance programs based on evolving global context as well as lessons learned and working on a number of potential initiatives.

* * *

HOUSING

Mr. Marwan Tabbara (Kitchener South—Hespeler, Ind.): Madam Speaker, the cost of housing in my riding has steadily increased over the last decade, pushing many families out of the housing market and into precarious living situations. Currently, the consequences of this pandemic have exacerbated this problem by increasing building costs and housing prices. Home builders say increased material prices will increase a typical single-family home by \$10,000.

Could the minister please update the House and Canadians about the government's plan to make home buying more affordable for Canadians?

Routine Proceedings

Mr. Adam Vaughan (Parliamentary Secretary to the Minister of Families, Children and Social Development (Housing), Lib.): Madam Speaker, the national housing strategy addresses the full spectrum of housing needs of Canadians across the country. Our first-time home equity purchase program, which supports first-time buyers getting into the market, is part of the way in which we are supporting the industry and making sure Canadians have access to affordable housing, whether it is through ownership or on the rental side. The rental housing initiative, part of the \$56-billion national housing strategy, also assists Canadians in finding a home.

We have also launched the Canada housing benefit, which in Ontario is the Canada-Ontario housing benefit, to support housing needs through rent supplements, and that can also go toward low-income home ownership. There are many steps we are taking. I would invite the member to meet with me to talk—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Order. This is the end of question period.

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POINTS OF ORDER

MISIDENTIFICATION BY PARLIAMENTARY TELEVISION SERVICES

Ms. Jag Sahota (Calgary Skyview, CPC): Madam Speaker, during my statement during Statements by Members, the parliamentary television services listed me as the Liberal member for Brampton North. While I share the same last name, I am not the member for Brampton North and definitely not a Liberal. This, unfortunately, is not the first time. During my speech in reply to the throne speech, the parliamentary television services listed me as the member for Kelowna—Lake Country.

This is very concerning to me, and I ask that you look into this matter.

Additionally, I believe if you seek it, you will find unanimous support for me to redeliver my statement.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I thank the member for raising this point. We will most certainly look into it.

Does the member have unanimous consent to proceed?

Some hon. members: Agreed.

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INTERNATIONAL DAY OF THE GIRL CHILD

Ms. Jag Sahota (Calgary Skyview, CPC): Madam Speaker, it is International Day of the Girl Child. As the shadow minister for women and gender equality, I would like to celebrate the strides Canada has made thus far in empowering and protecting girls, but we still have a long way to go to overcome gender inequality.

Sadly, the present government continues to fail Canadian girls during this pandemic by cutting funding to organizations such as the London Abused Women's Centre, an organization that protects and helps girls in instances of abuse or human trafficking. Women and girls can be assured that under a Conservative government, Canada would always defend, encourage and advocate for girls as

community-building students, leaders and entrepreneurs, both today and tomorrow.

Let us all remember the women and girls in our communities, and support them in achieving their goals. Let us remember this momentum and carry it with us all year long because when girls succeed, Canada and the world succeed. I wish everyone a happy International Day of the Girl Child.

ROUTINE PROCEEDINGS

● (1210)

[English]

INTERNATIONAL LABOUR CONFERENCE

Mr. Anthony Housefather (Parliamentary Secretary to the Minister of Labour, Lib.): Madam Speaker, I have the honour to table, in both official languages, the report to Parliament with respect to the C190 - Violence and Harassment Convention adopted in June 2019 of the International Labour Conference held in Geneva, Switzerland.

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PETITIONS

SEX SELECTION

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Madam Speaker, I am pleased to present an important petition that calls on the House to ban the misogynistic practice of sex selective abortion in Canada.

The petitioners recognize that a vast majority of Canadians believe that abortion should not be performed solely due to parents' preference for their baby's sex, that the practice is antithetical to the principle that men and women have equal value and that many Canadian health care professionals acknowledge that this is a real problem in Canada.

I am proud to support Bill C-233, presented by my colleague, the member for Yorkton—Melville, and I hope the government will work to move the bill forward. I truly believe that all members agree that no baby girl should have her life taken away because her parents want a boy.

RCMP

Mr. Matthew Green (Hamilton Centre, NDP): Madam Speaker, I rise with three petitions and it is very important I have the opportunity to deliver these on behalf of the residents.

The first petition is championed by Bethany Drader. The petitioners state that Black and indigenous people are more likely to experience police brutality; that Black and indigenous people are overrepresented in rates of incarceration relative to their population numbers; that the annual RCMP budget is in excess of \$5 billion; that adequately trained community services can fill roles currently fulfilled by the RCMP, such as responding to mental health crises in a safe and violence-free method; and that social factors such as homelessness, poverty and lack of access to resources are the root causes to criminality, yet are chronically underfunded. They believe police involvement leads to substantially greater negative outcomes for Black, indigenous and racialized communities, such as the increased risk for the use of violence and potential criminalization. Recent instances of Black and indigenous deaths in Canada have been the result of police involvement and welfare checks.

The petitioners call on the House of Commons to divest from the RCMP—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The member has three petitions, if he could please continue.

• (1215)

PUBLIC SAFETY

Mr. Matthew Green (Hamilton Centre, NDP): Madam Speaker, I appreciate that.

The second petition is very important and timely. It is championed by Kurt Eva. While the government has a call out right now for the purchase of tear gas, this is a petition to ban tear gas in Canada, particularly its domestic use. We know that under the Geneva convention, specifically the 1993 chemical weapons convention, it is banned internationally. This very important petition has close to 12,000 people from across the country petitioning for the ban of the use of tear gas.

INCOME RELIEF

Mr. Matthew Green (Hamilton Centre, NDP): Madam Speaker, thirdly, and critically important, is a petition championed by Jay Woodruff to immediately expand the eligibility for CERB to include those who were previously deemed ineligible due to poverty, disability or other circumstances that prevented them from meeting the minimum earnings required to qualify for CERB; that payments be backdated, to March 1, 2020; and that equal support continue to be provided for Canadians as outlined above for the duration of CERB, as well as continuing to provide support indefinitely through a guaranteed basic income, with the monthly rate increased annually to reflect the increases in the cost of living.

EQUALIZATION

Mr. Tom Kmiec (Calgary Shepard, CPC): Madam Speaker, I present a petition on equalization from petitioners in my riding. They are asking the Government of Canada to enter into negotiations with the Province of Alberta and negotiate a fair deal for Alberta in the equalization program.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Lead-

Government Orders

er of the Government in the House of Commons, Lib.): Madam Speaker, I ask that all remaining questions be allowed to stand at this time, please.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[English]

CRIMINAL CODE

The House resumed consideration of the motion that Bill C-7, An Act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

Mr. Chris Bittle (Parliamentary Secretary to the Minister of Transport, Lib.): Madam Speaker, I know the member and I had a lot of debates four years ago when we discussed this on the justice committee.

Conscience rights for doctors have come up a bit in his remarks and in other members' remarks as well. I was hoping we could take it back to our profession. As a lawyer, and as a civil litigator, I have had a number of individuals whom I met with and, through my own conscience, I did not want to take on their cases, but I was required by the Law Society of Ontario to refer those individuals on, even though I may not have wanted them to succeed or have success in their cases.

I was wondering if that was the same case in Alberta, and why is it different in that particular case? Should doctors not be required to refer patients on?

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, yes, it is correct that the member and I did serve on the justice committee together during the deliberation and study on Bill C-14.

When we speak about conscience protections, they are fundamentally important. It is important to remember that the Supreme Court of Canada, in the Carter decision, did recognize that Canadians have a right, in certain circumstances, to physician-assisted dying, but at the same time the court expressly stated that no physician should be compelled to provide the procedure. It is important that the Carter decision be respected.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, I listened with interest to the hon. member's speech before question period, and I respect that his concerns about Bill C-7 are based on deeply held convictions. Therefore, I wonder whether he would support my attempt to get the government to start the broader review of the bill in parallel with Bill C-7, according to the motion I placed on the Order Paper earlier today.

Government Orders

Mr. Michael Cooper: Madam Speaker, that is something I will give consideration to, but what is disappointing is that it has come to this. It need not have been so. The government could have very easily proceeded with a legislative review that would have been able to address all of the underlying issues associated with the bill, instead they have opted for a rushed process.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, when Bill C-14 was discussed, I did warn the House that if we look to other countries and how they enacted medical assistance in dying, we would see that they began with death rates in their countries of less than 1% and grew to 8%, through people not following the safeguards. It seems to me that the government, in the new version, has removed all of the safeguards: the reasonably foreseeable death provision, the independent two witness provision, the 10-day cooling-off period provision and asking for consent immediately prior.

Would the member agree that all the safeguards have been removed, or are there ones that still remain in place?

• (1220)

Mr. Michael Cooper: Madam Speaker, I can say that some of the key safeguards that were deemed to be essential in Bill C-14 have been removed. The member speaks about the 10-day reflection period. It is unclear why that was removed when the law, as it stands, currently provides an exception for cases where the lack of capacity to consent is imminent. That would provide for a shorter reflection period, so it is unclear why the government would choose to remove it altogether.

With respect to the removal of the need for providing two witnesses, the need is now to provide only one witness, which is in fact a lesser safeguard than what is required when a testator executes a will.

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, in respect of the most recent intervention by the member for Sarnia—Lambton, the provisions, in terms of complying with Truchon, have eased in terms of safeguards. Other safeguards have actually been enhanced. Therefore, when someone's death is not reasonably foreseeable, we now have a situation where one of the two practitioners assessing eligibility must have expertise in the specific condition that is causing the person's suffering.

As well, we have a minimum 90-day period of assessment from the date of the request to the date of the actual delivery of the service, which is not something that is contemplated by the Truchon decision. It is an additional safeguard that has been put in place.

I would ask the member to comment on those components, as well as the components that address palliative care and the need to understand that palliative care is provided as an option, and physicians are to deem that option has been entertained by the individual applicant, which is an additional feature of this bill.

Mr. Michael Cooper: Madam Speaker, in the interest of time, I will address the issue of palliative care and simply state that it was recognized that the absence of palliative care denies a patient true autonomy to make an informed choice. The government has to do a better job when it comes to establishing comprehensive palliative care across the country.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I rise today in the House to speak to Bill C-7, an act to amend the Criminal Code regarding medical assistance in dying. It is long overdue.

I want to start by saying that the Bloc Québécois is in favour of adopting the principle of this bill, because it clarifies two aspects of medical assistance in dying.

The first has to do with access to medical assistance in dying when death is imminent, meaning that the person is terminal and is receiving palliative care before receiving medical assistance in dying. At least, I hope that is the case, because people in palliative care are not always the ones to request medical assistance in dying. I will come back to this.

The second aspect has to do with people for whom death is not imminent, who were denied access to medical assistance in dying as a result of the “reasonably foreseeable natural death” clause in Bill C-14. The court struck down this criterion, which was the key safeguard. This is what Bill C-7 is designed to fix, and we are happy about that.

As we begin debating the underlying principles of Bill C-7, it will come as no surprise that I am discussing them. It is precisely because we, as lawmakers, did not do our job four years ago when we were studying Bill C-14, that we find ourselves debating Bill C-7 today.

This is a democracy, and parliamentarians, not judges, must make the laws. We, the representatives of the people, the lawmakers, must be the voice of Canadians, especially those who are suffering. Judges only interpret the grammar of justice. They examine the laws we make, as well as the rights and freedoms, and determine whether a potential infringement of rights and freedoms is reasonable or not.

In this case, the court has handed down its ruling: The provisions of the current law, the former Bill C-14, are an unreasonable infringement of rights and freedoms. Furthermore, before Bill C-7 was tabled, two courts had ruled that the Criminal Code, amended by Bill C-14, violated the right to life, liberty and security of the sick person suffering intolerably or with a terminal illness.

We have to be clear about the issue at the heart of this debate: before being legal, this is an ethical debate. On one side of this debate is the paternalistic vision of the state and medical practice, while on the other side is a vision based on the autonomy of the individual and its corollary, the principle of self-determination. I know that all my colleagues in the House have good intentions. They want to do good, they want the best for patients and they are caring. I am sure that during this entire debate they will reflect the very values they are advocating and they will be just as caring and compassionate about the interests of patients.

However, we cannot claim to be caring and compassionate, in other words wanting to do good and what is best for an individual who has reached their breaking point at the end-of-life stage, if we are interfering with that individual's autonomy and self-determination, and if we refuse to respect their wishes on something as personal as their own death. The literature is clear on this.

The basic question is this: What business does the state have interfering in a decision as personal as my own death? My life is my own, as is my death. No one else, and certainly not the state, is going to die in my place. The courts had to reframe the limits of the state's power to intervene because we did not do our job properly.

• (1225)

All I want is for us to understand what is at stake here. I am referring to the law, which my Conservative friends often put up on a pedestal. The value of autonomy is conferred by law through the principle of self-determination, especially with regard to medical care. That is what I want to discuss here today with my colleagues. Let's talk about the autonomy bestowed on a person by law through the principle of self-determination.

In the biomedical context, the principle of self-determination is associated with an inviolable rule, namely the rule of free, informed consent. The rule regarding free, informed consent to treatment has never been challenged in emergency situations. Patients always have the right to refuse treatment.

My question for my colleagues is this: Why would it be any different for human beings experiencing intolerable suffering due to an irreversible illness or condition? Why would it be any different for competent individuals who are neither depressed nor suicidal and who have expressed a desire to live fully until they reach the limit of what they can tolerate?

In the Carter decision, which led to Bill C-7, the Supreme Court ruled that the provisions prohibiting medical assistance in dying violated the right to life, liberty and security of the person. People like Ms. Gladu, Mr. Truchon, Ms. Carter and Ms. Taylor have not reached the end-of-life stage. They might not even be in the terminal phase of their illness. That does not mean they have not reached, or are not in the process of reaching, the limit of what they can tolerate.

The court stated that the restrictive provisions in Bill C-14 were effectively shortening the lives of such individuals, that they violated their right to life by inciting them to commit the act before they were ready. That is what needs to be fixed right here, right now. Bill C-14 did a fairly good job covering the end-of-life care for terminally ill patients whose death was reasonably foreseeable, with the exception of the requirement for a second consent, which is sometimes not necessary and means that people suffer even though they gave their informed consent.

There is no issue for people who are terminally ill. The dying process has already begun and is irreversible. Death is imminent and foreseeable. The issue we need to address as legislators has to do with people whose death is not reasonably foreseeable and imminent. Under Bill C-14, Ms. Carter, Ms. Taylor, Ms. Gladu and Mr. Truchon were ignored.

Government Orders

What we, the members of the Bloc Québécois, want is respect for the moral autonomy of the dying. We often hear the expression "dying with dignity". I must point out that dying with dignity does not mean having a sanitized death. That is not what it means to die with dignity. The dignity of a person is derived from their freedom to choose and respect for their free will. That is what it means to be a human being. That is what it means to respect a human being. When that is violated, we violate the dignity of the human being.

Whether the death is unpleasant or not is not the issue. The crux of the matter is to allow the human being to make a decision about the end of their life. Unfortunately, in the past, we won the right to die rather than undergo aggressive therapies. At the time, this was called passive euthanasia. The person was left to die without much attention and without death being the intent. Palliative care was still in its infancy. There was a great fear of administering one last fatal dose of medication, but it always ends up causing death. Because palliative care is still care, it does not strictly count as passive euthanasia.

Patients won the right to die rather than undergo aggressive therapies, because people did not use to die from cancer; they died from the treatment. Medical paternalism has at times gone too far and has been less than helpful.

• (1230)

Today's patient-practitioner relationship prioritizes collaboration, negotiation and respect for the patient's choice. Patients alone can assess their quality of life, and that must be respected, which is why medical professionals must be transparent with their diagnoses.

Patients won the battle for the right to die rather than undergo aggressive treatment, and that evolved into palliative care as we know it. For a long time, palliative care was thought of as the only solution that would allow people to die with dignity, but if that is the case, why is it still so hard for people to get that care? If that is the solution, why is there still such a shortage of palliative care units?

Sometimes, even the best, most carefully managed palliative care in the world cannot alleviate people's suffering. Bioethics teaches practitioners to remember that patients come first, and that means listening to them.

That is true for Ms. Rodriguez, Ms. Carter, Ms. Taylor and Mr. Truchon, and it is true for Ms. Gladu and many others who have continued to suffer throughout this pandemic while they wait for us to do our job. Contrary to what some people think, these individuals are not suicidal. They want to live as long as possible.

I watched a very interesting interview with Ms. Gladu. What did she say to us? What did she want? She wanted the freedom to choose. Having this freedom greatly diminishes the suffering and anguish.

Government Orders

With Bill C-14, the government said its intention was to protect the most vulnerable. Is there anyone more vulnerable than a person who is suffering from intolerable pain, who is living with an incurable illness and who is being told to go to court for the right to choose and to die with dignity? Is there anything more important and more intimately personal for an individual than their own death?

I have a hard time understanding my Conservative colleagues' argument that the state must decide for an individual, when they are so economically libertarian. Several Conservatives felt that Bill C-14 went too far. The courts said that it did not go far enough and that it violated fundamental rights.

Elected members of the National Assembly of Quebec advanced the debate without pitting palliative care against medical assistance in dying. They chose to include requests for assistance in dying as part of a continuum of end-of-life care that is consistent with palliative care. Whether we are talking about a degenerative disease or an illness that causes extreme pain but is not terminal, let us not pit those two realities against each other. Respect for human dignity includes proper support when one is dying, which requires doctors to have the humility to recognize that they cannot always help people manage their pain adequately.

Our society recognizes people's right to self-determination throughout their lifetime but takes it away from them at the most intimate moment of their lives. In so doing, we think that we know what is best for people or that we are doing the right thing, when we are actually undermining human dignity, their freedom to choose.

There is no more important moment in a person's life than their death. Learning to live is learning to die. Learning to die is learning to live. I say that because the clock starts ticking the moment the doctor cuts the umbilical cord.

The Carter decision and the Boudouin ruling sent us back to the drawing board. We need to do our job as legislators and stop off-loading the problems and the ethical, social and political questions onto the courts. We have a job to do as legislators.

• (1235)

There is a sociology of law. In a society, the law evolves with people's consciences. I know I am straying from the technical details of the bill, but we will have plenty of time to discuss them in committee.

The bill proposes that a person who is not terminally ill must consent twice and be bound by a 90-day period. I really wanted to talk about advance consent, since that is about all that is missing from the bill.

Bill C-7 does not address degenerative cognitive diseases, which are predictable diseases. Doctors can tell patients how they will progress. People with these diseases often remain of sound mind for years and do not appear to be sick, but eventually, they become forgetful and then die. They can also experience complications from being bedridden or immobilized or conditions other than that disease. I think a person with Alzheimer's, for example, should

have the opportunity to make an advance request. This bill does not take those people into account.

Still, I said at the outset that we agreed on the principle and the grounds for discussing this bill. We will have time to talk about these issues. I urge my colleagues to bring substantive arguments to the debate on the adoption in principle of medical assistance in dying.

I remember when the previous Parliament studied Bill C-14. I heard arguments about how we were putting ourselves on a slippery slope. Some people were practically saying that long-term care homes would turn into euthanasia factories. If evil people are working in our health system, they should be fired, no matter what job they do, because they have no business there. I am not buying the argument that this is a slippery slope because people are evil.

We must assume from the outset that everyone working in the health care system is caring and compassionate. Increased health transfers would enable these people to provide better care, and maybe there would be more palliative care units in hospitals. Even though people have been saying for 50 years that palliative care is the only solution, I do not believe it is. It makes no sense that people do not have better access to palliative care in this day and age.

I would like to end my speech, which I trust was a substantive one, with a wish for all of us, here in the House, concerning the delicate issue of the end-of-life. I sincerely hope—which is what the patients who turned to the courts were hoping for—to face death serenely, peacefully and without suffering. That is my wish for everyone, because that is the best wish we can make for a human being. We should imagine ourselves being at peace on our death bed and being able to let go because we have palliative care to support us in our journey towards death. That is the best wish we can make for a human being.

I am therefore calling for a debate on both the substance and the principles. I am also appealing to the humanity of all my colleagues so we can finally provide an adequate response to all those who are suffering and have been waiting for far too long.

• (1240)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I would like to congratulate my colleague, the member for Montcalm, for his very honest, very direct and very analytical speech.

I would simply like to highlight a theme he raised, the protection of individual autonomy and also of vulnerable persons. We are proposing to eliminate the 10-day waiting period because our consultations indicated that, in reality, this waiting period does not safeguard anyone; rather, it prolongs their suffering because vulnerable people want to act without delay, certainly faster than after 10 days. What does the member think of the idea of eliminating this 10-day period, and will this help better protect vulnerable persons?

Mr. Luc Thériault: Madam Speaker, as I noted, this aspect of the bill seems perfectly adequate.

Far too often people who were dying, who were at the end-of-life stage, still had to wait another 10 days. Sometimes that second consent meant reducing sedation to be sure that the person understood exactly what was at stake. Sometimes the sedation is reduced so much that the person ends up suffering for no reason because everything that had already been done was clarified several times. Indeed, it was an unnecessary safeguard that made people suffer unnecessarily.

I think there are also contextual issues. If they have any doubts about doing what needs to be done, practitioners are also able to get that certainty in a clear and precise way. I think that is an important addition to Bill C-7.

[*English*]

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, I listened with great interest and care to the member's speech. It was an important contribution.

I know the member is aware that the original legislation, Bill C-14, required a broader legislative review of medical assistance in dying. That review was supposed to start in June.

Will the member and members of the Bloc be supporting efforts to get this broader review going in parallel with Bill C-7?

• (1245)

[*Translation*]

Mr. Luc Thériault: Madam Speaker, absolutely, as critic on the matter, that is what I wanted in February. There are some issues that remain on hold and that should be discussed at greater length during the legislative review. I hope that review will start as soon as possible.

Ms. Christine Normandin (Saint-Jean, BQ): Madam Speaker, I thank my colleague for his speech, which was compassionate and inspiring, not to mention very well put together and documented. I am very proud that he is our colleague.

He spoke about the fact that, without the bill, some people would resort to the courts to finally win their case. Another option for some would be to go abroad to obtain MAID.

In this context, does he believe that the bill provides a better framework for MAID and ensures that everyone has equal access and that finances are not an impediment?

Those with the means to go abroad can do so even if they are far from their family and home, whereas others cannot. In a context of harm reduction, shaping the bill ourselves and offering it to everyone, rather than trying to make it impossible to do something, which is in any event somewhat inevitable—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Montcalm.

Mr. Luc Thériault: Madam Speaker, that is a very good interpretation of the positive effects of the bill.

We must absolutely ensure that people are supported when they are about to die so they may have a better death. In addition to the issue of money, I find that going abroad is not an appealing or adequate solution. It is an interesting point.

Government Orders

However, I believe that we should further expand access to MAID with advance requests. I find that is an important element that is missing from the bill.

[*English*]

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, I want to ask the member a question respecting advance consent. In the bill, there is no time limit in which that consent would expire. If contemporaneous consent is no longer required, does the hon. member see the need for a time limit in terms of the validity of such a waiver to guard against someone who, hypothetically, could make a request well in advance and have the procedure carried out while very ill without their knowing?

[*Translation*]

Mr. Luc Thériault: Madam Speaker, the bill does not provide for advance requests. There is just a 90-day waiting period for people who are not terminally ill but who are in a situation like Ms. Gladu's or Mr. Truchon's. There is a 90-day waiting period after medical assistance in dying is requested. Bill C-7 does not cover the issue of advance requests.

We are going to amend the bill for people with degenerative diseases. At that point, I think we can talk about what kind of provisions would cover that aspect of dying with dignity.

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I appreciate the member's comments about the importance of people to share their real thoughts on such an important issue. In the last go-around we had a great deal of discussion about palliative care, which I hope to address further at an opportune time. One of the benefits of having this debate is that we become a little more sensitized to some of the other things that we could be doing. Palliative care for me is really important.

Does my colleague have any further thoughts on the issue of palliative care? Communities do need to focus more resources in that area.

• (1250)

[*Translation*]

Mr. Luc Thériault: Madam Speaker, the funny thing is that people have been saying it is the only solution for 50 years now. Why is it that some hospitals still do not provide palliative care because there is a shortage of units?

Nowadays, in some hospitals, people who request medical assistance in dying cannot experience that end-of-life journey in a palliative care unit, even though palliative care is supposed to be end-of-life care and relief from pain and suffering in an environment that supports human dignity. How is that possible?

Government Orders

We must not think of palliative care and MAID as being mutually exclusive. It is a continuum of care that should be available to these patients. Those who are not terminally ill, for whom the dying process has not already begun and is not irreversible, are also entitled to a suitable environment. Bill C-7 makes that possible, and much more clearly than Bill C-14 did.

That was not possible under Bill C-14, with its unassailable reasonably foreseeable natural death criterion, which the court said undermined patients' right to life.

* * *

[*English*]

HOUSE OF COMMONS CALENDAR

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Pursuant to Standing Order 28(2)(b), I have the honour to lay upon the table the House of Commons calendar for the year 2021.

Resuming debate, the hon. member for Esquimalt—Saanich—Sooke.

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CRIMINAL CODE

The House resumed consideration of the motion that Bill C-7, An Act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, let me start by saying how much I would rather be in the House today than at home managing a small raise hand function on the screen and our own barking dogs. More seriously, let me say how much I would rather have completed this debate in March when it comes to avoiding or preventing unnecessary suffering.

COVID-19 has required us all to make adjustments. Obviously the adjustments we have to make as parliamentarians pale in comparison to the experience of most Canadians, especially those who have lost loved ones to COVID-19; those who have lost their livelihoods; those who are still struggling to make ends meet, to keep a roof over their head and to put food on the table; and those who are struggling with the pandemic while contending with life-threatening illnesses.

Let me also preface my remarks on Bill C-7 with a few words on why we find Bill C-7 before the House at all. There is a tendency by both the Liberals and Conservatives to emphasize that we are here because of a deadline imposed for changes in medical assistance in dying by the Quebec Superior Court decision in the Truchon case. That is true technically.

However, it obscures the role of the plaintiffs in that case, Jean Truchon and Nicole Gladu, who went to court to contest the provisions of Bill C-14, which they found violated their charter rights by causing or prolonging unnecessary suffering for those at the end of life and for denying individuals autonomy of decision-making over the end of their own lives.

I actually want to thank the plaintiffs today who brought us here, and also to stop for a moment to express my condolences to the family of Mr. Truchon, who left Canada a better place as a result of

his attempt to improve the way we deal with medical assistance in dying, when he left us in April.

When it comes to medical assistance in dying, for New Democrats, our priority has always been, and remains, avoiding unnecessary suffering being inflicted on those who are already suffering from terminal illnesses and at the same time avoiding prolonging suffering for their families who have to bear witness to that suffering.

We were glad to see this legislation come forward in February, very promptly for a new government, but we are disappointed that we are here in October, starting over again. Some of this delay was due to COVID-19, but the blame for this delay lays equally at the feet of the Liberals for proroguing the House.

In February, there was recognition by all parties that there were two pieces of work outstanding on medical assistance in dying. First was the need to amend Bill C-7 to conform with the charter as demanded by the Quebec Superior Court ruling in the Truchon case, which found the current law too restrictive. This is the very reason New Democrats voted against Bill C-14 when it originally came before the House.

Even before the court ruling, there were many calling for changes. Those who listened carefully to the terminally ill, their families and practitioners providing the medical assistance knew well the unnecessary suffering that was being inflicted, and continues to be inflicted by our current law.

The second task with regard to medical assistance in dying was to conduct a legislative review of the broader issues around MAID after four years of our experience with it. This is not to be confused with a normal review of the specific legislative changes proposed in Bill C-7. This broader legislative review of the issues arising out of medical assistance in dying was mandated in the original legislation and was supposed to start this June.

Bill C-14 required that the review specifically look at the question of advance requests, requests from mature minors and requests where mental illness is the sole underlying condition, but it was not to be limited to those topics.

I am disappointed that the second task appears to have fallen off the agenda for the Minister of Justice. Early this morning I asked him to commit to starting this broader review in parallel with the examination of the changes in Bill C-7. As I told him then, I put Motion M-51 on the Order Paper today to create a special committee of the House that could conduct this broader review at the same time as the justice committee deals with the urgent changes needed and required because of the court decision and because of the unnecessary suffering inflicted by our current law.

I want to talk about each of these two tasks in more human and practical terms by starting with very personal stories, one for each of these. It is clear to me that the current legislation has some unintended and cruel consequences. These were clearly demonstrated by what happened to a very good friend of mine.

On January 1, 2019, I went to a traditional New Year's levee in one of the communities in my riding. When I arrived, I was not surprised to be greeted enthusiastically by someone I had become close friends with over 10 years involvement in public life together. I was surprised, however, to see her right arm was in a sling.

● (1255)

I am not going to name this friend today because I did not seek formal permission from her family to do so, but I am telling her story today as I trust she would want her unfortunate experience with medical assistance in dying to make a difference.

When I asked my friend what was happening, she recounted how, suddenly and inexplicably, she began having trouble using her arm over the holidays and that she was going to have it checked out as soon as possible. A month later, she began to see other symptoms and she found out that she had an inoperable brain tumour the size of a raisin but growing, growing slowly but growing nonetheless. This was a condition that would prove to be painful, debilitating and terminal.

As her condition rapidly deteriorated, she began to make plans for her end of life. Just four short months after a diagnosis, my partner and I received an invitation to what she was calling a masquerade ball in her honour. My friend was incredibly brave and never lost her sense of humour or her love of life right up to the end.

On that Saturday, she checked herself out of the hospital to celebrate her life with us that night. Rather than, as she joked, allowing us to get together after she was gone and talk about her then, she preferred to see us before and to hear what we had to say before she had to leave. Just days later, we found out she was gone. With her death, we were not only deprived of a larger-than-life member of the local arts community. We were also deprived of a friend whose enthusiasm for life had always been infectious.

Why such a sudden exit? The current law requires that those who have already been assessed and approved for medical assistance in dying be competent when the final moment to receive that assistance comes. Therefore, my friend was forced to depart weeks if not months early because she feared the loss of competence that might result from her brain tumour if she waited too long, and that this loss of competence would prevent her receiving medical assistance in dying and thus inflict weeks or months of suffering on her as the patient but also, more important to her, weeks of suffering on her family and friends who would be forced to witness a prolonged dying.

Bill C-7 would fix this by removing the requirement for final consent for those who are already assessed and approved for medical assistance in dying. This would take away the need to go early in order to avoid the loss of competence that now prevents receiving medical assistance in dying.

The bill would also make the process more straightforward in several other ways. It would do so by taking away the mandatory 10-day waiting period, reducing the number of witnesses required from two to one and expanding who could serve as a witness. These are all things practitioners have told us are unduly restrictive and only end up unnecessarily prolonging suffering.

Government Orders

Right now, I should take a moment to thank four doctors who have been kind enough to share with me their experiences in providing, or not providing in some cases, medical assistance in dying to hundreds of patients. Again, I will not name them today to respect their privacy, but my conversations with these four incredible people have helped me understand how medical assistance in dying operates in real life.

I should mention one other change in Bill C-7 that would have more substantial impacts. That is the removal of the requirement that death be imminent before one can receive medical assistance in dying. Bill C-7 then sets out a more restrictive process than that for those whose death is imminent and where there is more time for assessment and decision-making. However, I should emphasize, Bill C-7 still maintains the high standards set in the original legislation that in order to receive medical assistance in dying patients must have a condition that is incurable, must be in a state of irreversible decline and must face intolerable suffering. This means that Bill C-7 would not open the door for medical assistance in dying quite as wide as some have suggested.

My second story, also very personal, deals with one of the broader issues that the review of MAID was supposed to deal with. This story is my mother's story. My mum passed away just short of five years ago, during the debate on MAID. This is a story I have told before during the debate on the original bill, but one which still lacks resolution.

My mother had always been very clear with my sister and me about her wishes regarding the end of her life. For her, it was simple. She asked us that if she ended up bedridden, unable to shower or feed herself, and did not know who we were, then to please let her go. She suffered from dementia and other underlying conditions that were complicated by a serious fall and, fortunately for her, she was not forced to endure for long those conditions she had feared.

● (1300)

Unfortunately, the kind of advance directive or advance request that my mother had wanted to give is still not allowed under the existing legislation. I know many in my community, and more specifically, many in my own social circles, fear just such an outcome and feel that they should be able to make their own end-of-life wishes known and have them respected, just as they are now when it comes to questions of refusal of medical treatment. I tend to be of the same opinion. However, my discussions with practitioners providing medical assistance in dying have persuaded me that this question is not as simple as it appears on its face. This remains one of the important issues the legislative review of the current legislation can address and is mandated to address by Bill C-14.

Government Orders

As I mentioned earlier, there were other issues that were assigned to this broader review in the original Bill C-14, including requests from mature minors and requests for mental illness as the sole underlying condition, but one concern was missed. Let me take a moment now to address the concerns of disability advocates that, with the removal of the requirement that death be imminent, there will be pressure on the vulnerable in our society to choose medical assistance in dying.

First and foremost, as a society we can and must do better in offering support to people with disabilities. Failure to provide necessary resources to ensure that everyone can enjoy full and equal participation in life is a current and ongoing black mark on all of us. We have only to look at the failure to deliver additional assistance promptly to persons with disabilities during this pandemic to remind ourselves how often we forget about those living with disabilities. However, we should not dismiss the concerns of the disability community about medical assistance in dying out of hand. The legislative review is the place for us to consider seriously the question of whether the existing safeguards preventing pressure on the vulnerable to choose medical assistance in dying are, in fact, sufficient.

Before I conclude, I want to remind members that, as a society, we must do better in the job of end-of-life care. Again, COVID has demonstrated the tragic deficiencies in long-term care in ways I hope we will not ignore.

New Democrats will support the bill and help expedite its passage in order to bring an end to unnecessary suffering and to meet the deadline imposed by the Quebec court in the Truchon decision, but this support has always been predicated on going forward with a larger review without delay.

I have drafted a motion, Motion No. 151, which I have tabled today. I look forward to hearing a positive response from the government on this. We have just heard a positive response from the Bloc, and I am hoping for a positive response from the Conservatives.

Proceeding with Bill C-7 without proceeding with the broader review is only getting half the job done on medical assistance in dying. At the same time, failure to conduct the broader review potentially undermines public support for medical assistance in dying, which, so far, has only continued to grow. In fact, I believe this is one of the most important questions that could ever come before Parliament.

I look forward to the debate on the specific improvements that we can make to Bill C-7, but I urge all of us to consider undertaking the broader review of issues around medical assistance in dying without delay.

• (1305)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I thank the member for Esquimalt—Saanich—Sooke for his comments today, his work on the justice committee, his support for this legislation and also for underscoring the important role that the litigants have played in the evolution of this.

I would highlight the theme that the member raised when he talked about the sanctity of life. It is quite clear for those who have read the jurisprudence, and I know that he has, that in both the

Carter and Truchon decisions the courts talked about the notion that the charter protection of the right to life under section 7 means that when people are prematurely considering availing themselves of medical assistance in dying because they worry about being able to give that final consent and having the capacity to give that final consent, when they take their lives prematurely, it actually violates their charter rights. This was outlined in both the Carter and Truchon cases.

I wonder if the member opposite could comment on that aspect of the decision, because it is very important in terms of the protection of the vulnerable, which is one of the things the legislation is attempting to address.

Mr. Randall Garrison: Madam Speaker, I believe Bill C-7 raises an important question around consent at the final moment. As I said from the very personal story of my friend, I got a picture of how this works in real life.

We can talk about the court decisions, but today I was hoping to introduce the reality of the family and friends of those who are facing unbearable suffering at the end of life and who are really looking to us to make the improvements they are calling for, to make sure we do not unnecessarily prolong suffering and that we do not unnecessarily inflict it on the families of those patients.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Madam Speaker, since the bill has come in a second time in two sessions of Parliament, I would like to ask how important is it for the government to listen a bit more this time and to take all the amendments from different parties into consideration to make sure that the bill would be the bill we are all looking for and Canadians are looking for.

Mr. Randall Garrison: Madam Speaker, there are two tasks here. The first is to look at the amendments to medical assistance in dying legislation in Bill C-7 to make sure that they both conform to the requirements of the court decisions and the charter, but also to make sure they reflect the lived experience of people dealing with medical assistance in dying.

The second part is the broader review. I hope we get support from the Conservatives to start this parallel review that can look at the larger questions around medical assistance in dying and make recommendations to Parliament, if necessary, for further legislation.

[*Translation*]

Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ): Madam Speaker, Bill C-7 proposes removing the requirement for final consent for eligible individuals whose natural death is reasonably foreseeable.

This requirement could result in a person not receiving enough sedatives to relieve their pain because they need to be fully competent at the time of the second consent.

I would like to know my colleague's thoughts on whether we should also consider the possibility of granting the right to waive final consent in cases where natural death is not foreseeable.

Government Orders

Should we be considering the issue of advance consent, for example, to ensure that people suffering from degenerative or incurable diseases do not have to go before the courts to challenge the terms and conditions surrounding eligibility for medical assistance in dying?

• (1310)

[English]

Mr. Randall Garrison: Madam Speaker, the goal here is to avoid unnecessary suffering, so I am very supportive of providing for the waiver for final consent and eliminating the 10-day waiting period.

When it comes to advance directives, I tend to be in favour of people being able to make their instructions for end of life and have them respected. As I said, my talk with practitioners has convinced me that we need a broader debate about the issues around advance directives, and that is why I hope to see this parallel broader review start along with the consideration of Bill C-7.

Ms. Rachel Blaney (North Island—Powell River, NDP): Madam Speaker, I appreciate the honouring of the stories. I have had a dear loved one choose to use MAID for the next step in his journey. It was a very painful and beautiful day for the loved ones who were with him. One of the things I remember distinctly is that his doctor of over 30 years was a very strong Christian. He felt he could not take that step, but still showed up and held hands with him in his final moments. I remember feeling such respect and love in that room.

When we talk about the subject, the most important thing is the unnecessary suffering. We need to end that, not only for the person experiencing it but for the pressure of watching their loved ones go through that unnecessary suffering.

Could the member speak more about how important this broader review is? When we look at advance directives and vulnerable populations, all of us in the House, regardless of our point of view, want there to be a thoughtful discussion that provides this place with very thoughtful responses and actions we can take in the future.

Mr. Randall Garrison: Madam Speaker, I thank the member for North Island—Powell River for also sharing her personal experience with medical assistance in dying.

My background is as an academic and as a member of Parliament. I think we have the same tendency to get into the legal details and forget about the lived experiences that lie behind these kinds of cases and issues. By having a broader review of the issue around medical assistance in dying, we can help build a consensus about appropriate measures when it comes to advance directives and making sure that vulnerable populations are not under undue pressure. This review was mandated by the original legislation and was seen as an important part of the way we consider the experience we have actually had with medical assistance in dying. I am disappointed the government seems to have let this fall off its agenda and is leaving it to the rest of us in Parliament to push forward with this review.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, my question for the member has to do with the disabled. He

made a comment about the disabled and in the legislation it looks like there is a different treatment of disabled people to other people. I am concerned about that. I wonder if the member is also concerned.

Mr. Randall Garrison: Madam Speaker, the hon. member's question reflects something that I think is very important, which is that when concerns by a community are raised they be fully explored and fully considered, not just dismissed out of hand, regardless of what our own personal opinions are on those concerns. The place I believe we should do that is in the broader review conducted by the House that I suggested in the motion I tabled today. I want us to hear from the disabled community and its advocates and to think carefully about the issues they are raising. I want to make sure the safeguards we have in place to prevent vulnerable people from being pressured into selecting medical assistance in dying are actually adequate.

• (1315)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I will be splitting my time with the member for Glengary—Prescott—Russell.

I am pleased today to speak on Bill C-7, an act to amend the Criminal Code in relation to medical assistance in dying.

As members know, clearly we are here because of the decision of the Quebec Superior Court in the Truchon case. That decision struck down a particular criterion under both the Quebec and Canadian regimes with respect to the end-of-life nature of medical assistance in dying, which is the reasonable foreseeability of natural death criterion, in particular, at the national level.

I will agree with some of the members we have heard from today that this is perhaps the most important issue we have faced in the last five years of this Parliament, both in the last Parliament and today. Fine-tuning the approach to medical assistance in dying is something that is intensely personal, but also intensely important to all of us in the chamber and to all Canadians.

What we should know at the outset is that the court's ruling in Truchon applies only in Quebec. We heard the minister speak about this. The court suspended its declaration of invalidity for a period of six months, until March 11.

It is important for this chamber to recall that on February 17 of this year, the Attorney General of Canada filed a motion to request an extension to give Parliament sufficient time to enact an appropriate response to ensure consistency in the criminal law. Given the circumstances of COVID and the pandemic, an extension was further sought and granted in June until December 18 of this year. Therefore, December 18 is the new deadline.

Government Orders

Before I go into some of the details in the bill, I want to start out with two important provisions that relate to conscience protection. This was raised in today's debate and was also raised in the context of an earlier debate on this bill in a previous parliamentary session. I think it is critical the record be crystal clear that conscience protections are robust in this country and are entrenched in law.

I am responding here to questions that were raised by the member for Sherwood Park—Fort Saskatchewan. The first location for conscience protections is in the preamble to the old bill, Bill C-14, which states, "Whereas everyone has freedom of conscience and religion under section 2 of the Canadian Charter of Rights and Freedoms".

I have had further questions from members of the official opposition about why it is only in the preamble and not in the statute. That assertion is categorically incorrect, because conscience protections are in the statute itself. Section 9, page 8, of Bill C-14, which amended the Criminal Code, states, "For greater certainty, nothing in this section compels an individual to provide or assist in providing medical assistance in dying."

[*Translation*]

Lastly, the third point I will refer to is from the Carter decision of the Supreme Court, which has been the subject of extensive discussion in this chamber thus far. I am reading from paragraph 132 of the majority reasons in Carter. The court states, "In our view, nothing in the declaration of invalidity which we propose to issue would compel physicians to provide assistance in dying."

Those are the three instances where the freedoms set out in section 2 of the charter are taken into account. One is jurisprudential and the other two are statutory. The fourth one is of course section 2 of the charter, which protects freedom of conscience for all Canadians, including those who practice medicine. Therefore, the assertion that somehow conscience rights are not protected or are somehow being eroded is categorically false.

[*English*]

Another point on what is being addressed in today's debate is the notion that a culture of overly facilitating medical assistance in dying is upon us. Here I am referencing some of the interventions made again by the official opposition, particularly the member for Sarnia—Lambton, that somehow this government bill is pushing us further toward predatory practices by health care practitioners or toward disavowing the right to life, liberty and the security of persons who are vulnerable, including persons with disabilities. That is categorically false and is not commensurate with what is in the evidence.

The evidence that we have is that, in total, nearly 14,000 medical assistance in dying deaths have happened in the country in the last four years. The average age of the people accessing MAID is 75 years old. It is being accessed equally by men and women, 51% of the time by men and 49% of the time by women. The most common medical condition is cancer, followed by neurological conditions. In that 67% of all people who access it have cancer; second, come neurological conditions; and third, come cardiovascular conditions.

Very important, in the most recent year of analysis, a grand total of 5,444 people accessed MAID in this country. That represents 1.89% of all deaths in the country. I am saying that specifically for the purposes of the debate, because it is important for Canadians to understand that there is not some sort of culture of medical assistance in dying that is being foisted upon unwitting individuals. I will elaborate upon this going forward.

● (1320)

[*Translation*]

I would like to address a few aspects of this bill. The eligibility criteria have changed, as the Minister of Justice mentioned this morning.

There are two sets of safeguards. One applies when the individual's death is reasonably foreseeable, while the other applies when it is not. The bill adds new safeguards for this second category.

The bill proposes allowing final consent to be waived on the day of the procedure in exceptional circumstances.

[*English*]

Earlier in the year, the minister, along with the Minister of Health and the Minister of Employment, Workforce Development and Disability Inclusion, as well as myself and other parliamentary secretaries, conducted a very vast consultation process. We heard from 125 individuals, who are experts in this field, whether they are delivering it or acting on behalf of disabled individuals, from nurses, doctors, etc. We also heard from 300,000 Canadians through their responses to a questionnaire that outlined various scenarios.

[*Translation*]

The views of those individuals were quite concrete in the direction they were seeking. They wanted to be empowered in terms of their autonomy, dignity and their choices. They were seeking fewer obstacles to what had evolved to become an overly restrictive regime, as identified by the court in Truchon. That important feature must be canvassed here. What is important to understand is that the input received was critical to the development of the bill.

As part of the proposed amendments to the Criminal Code, the reasonably foreseeable death provision will be removed from the eligibility criteria. This is in response to the Truchon decision.

In terms of legal impact, this amendment would mean that people whose death is not reasonably foreseeable would be eligible for medical assistance in dying if they meet all of the other eligibility criteria.

Government Orders

[English]

This point is very important. The bill proposes to exclude persons whose sole underlying condition is mental illness. This has been touched upon by different people who have already intervened in the context of today's debate and in previous debates in the previous session of Parliament. This is important, as was outlined by the minister this morning. It recognizes the increased complexities and risks associated with such cases, which were highlighted by many practitioners, stakeholders and experts at the main round tables.

What is also very important is that the Canadian Mental Health Association supports the position we are taking with respect to excluding mental illness as a sole underlying condition. This complex issue must be examined carefully as part of the parliamentary review of the legislation on medical assistance in dying.

Importantly, the Government of Québec has also announced the exact same study for the exact same provision in the context of mental illness. Issues of consent and capacity and properly being able to diagnose this and having a prognosis are critical.

I will move to some of the comments that have been made. It is important for people to understand the safeguards are under two tracks. Those safeguards respond to persons whose deaths are reasonably foreseeable and those whose death is not.

With respect to some of the aspects raised in the context of today's debate, please understand we have taken the 10-day period of reflection out of the legislation. The basis for this was that the safeguard was not doing the work it was meant to do. As opposed to protecting those who were vulnerable, it was increasing vulnerability insofar as it was prolonging suffering.

We have heard some people were so concerned about their inability to provide their final consent after 10 days that they would stop taking their pain medication, which was simply creating further suffering just to maintain the ability to provide final consent.

With respect to how we can ensure informed consent is applied when it has not been solicited actively, there are two responses. This is with regard to the advanced consent regime.

The government is conscious of the Audrey Parker situation and we are seized with it. When people have been assessed and approved for this procedure and when they make a determination they want to access it and provide consent in writing, that consent would be sufficient.

In direct response to whether it could be vitiated, yes it could. First, if the person has not lost capacity, consent could be vitiated. Second, it could be done by a physical gesture that could be interpreted to fully and finally eliminate that consent for the purposes of the practitioners. That is in response to a question posed by the member for St. Albert—Edmonton.

This bill strikes a balance and the balance is important, a compassionate response that protects vulnerable people, respects their dignity and autonomy and what is required by the Constitution. I am very hopeful we can achieve all-party consensus on this fundamental issue.

• (1325)

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, I would like to talk a bit more about the conscience protections. The hon. member mentioned it was in the preamble, in section 9 and in the charter. Why then does the government not immediately address the situation existing in Ontario, where physicians and nurses are being forced to participate in MAID even if it is against their religious beliefs?

Mr. Arif Virani: Madam Speaker, I will clarify that it is in a fourth place as well. It is in the penultimate paragraph of the Carter decision.

The reason the government is not intervening in respect to a jurisprudential decision in Ontario is because that jurisprudential decision complies with the charter. The regime in Ontario is that a person is not compelled to provide this service, as the court has indicated, but providing a referral is required, pursuant to the rules enacted by the College of Physicians and Surgeons of Ontario. That was deemed constitutionally compliant. That is sufficient for the purposes of protecting the Charter of Rights at issue.

[Translation]

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Madam Speaker, I want to thank my colleague for his speech. I appreciated his knowledge on the topic and his compassion in all this. It is very important.

The Bloc Québécois supports the bill in principle, as my colleague said earlier. I appreciate the fact that we can work together in a non-partisan way.

However, we believe that the bill may not go far enough in certain respects.

Does my colleague believe that the issue of advance consent should have been covered in this bill?

Mr. Arif Virani: Madam Speaker, I thank my colleague for this question and thank the Bloc Québécois for its support.

The notion of advance consent was put into this bill because it was necessary to accommodate Audrey Parker's request, which was covered extensively by Canadian media.

We must maintain an individual's autonomy and respect their choice, but also avoid prolonging their suffering or making a decision that would lead to premature death.

[English]

In English terms, it is the notion of not having someone accelerate and go to their death prematurely, simply because they had to wait for the ability to provide that final consent. That is the reason why we decided to insert it as consenting to the regime.

Government Orders

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, first, we are pleased to see the reintroduction of Bill C-7 as part of the effort to end unnecessary suffering for those who are facing the end of life. I had a note from Julie Briese. She cited that her husband, Wayne, who is challenged with Alzheimer's, currently meets the criteria for medical assistance in dying as long as his window of capacity for informed consent does not narrow, preventing this. He has ongoing appointments at three-month intervals with his geriatric psychiatrist to assess his capacity for consent. She cites that this is extremely stressful, and could result in having to make this choice sooner rather than later. Legalizing advance requests for those with dementia to make the choice for MAID compassionately supports the individual's right to end-of-life choice guaranteed by the Canadian Charter of Rights and Freedoms.

Could the parliamentary secretary speak to Julie and Wayne, and talk about how this legislation is going to help them? We certainly do not want him to have to choose to end his life prematurely, and this is a directive he would like to have fixed in the bill.

Mr. Arif Virani: Madam Speaker, I thank the member for this point and the case he is raising about Julie and her spouse. It underscores the very sensitive and delicate nature of what we are facing. What I can say in all candour is that we had a regime that had been deemed overly restrictive by courts. We have expanded the regime to allow for greater accessibility to medical assistance in dying. The notion of an advance consent is applicable here, but not yet an advance directive. That is something that was studied by the academic council when it looked at three separate areas. It would form part of the parliamentary review, and it is something that merits scrutiny. The safeguards that need to be put in place are that much more rigorous. That is why it is not inserted into this bill, but is something that obviously merits a lot of scrutiny and consideration going forward.

• (1330)

[*Translation*]

Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.): Madam Speaker, before I begin, I want to wish you a happy Thanksgiving.

[*English*]

I appreciate this opportunity to discuss the Government of Canada's consultation process to inform amendments to the federal legislation on medical assistance in dying. My colleagues who hosted the round tables, the Minister of Justice, the Minister of Health and the Minister of Employment, Workforce Development and Disability Inclusion, had the privilege of hearing the perspectives of experts and other key stakeholders.

[*Translation*]

In September of last year, the Superior Court of Quebec handed down its decision in the Truchon and Gladu case.

The court found that the eligibility criteria of the federal and Quebec provincial legislation on medical assistance in dying that required a person to be at the point of reasonable foreseeable natural death, or at the end of life, were unconstitutional.

The federal government did not appeal the Truchon decision. Despite the short time frame, our government felt it was critical that

any amendments to the law should be informed by evidence and feedback provided by Canadians, provincial and territorial governments, and key stakeholders.

[*English*]

That is why, during January and early February, our government launched an online public consultation and hosted round tables with stakeholders from across the country. During this process, participants shared their views on key aspects of the law governing MAID, including eligibility requirements, safeguards and advance requests. An online survey led by the Department of Justice ran for two weeks in January. The survey closed with over 300,000 responses: the largest number of responses the department has ever seen for any public consultation.

[*Translation*]

Our government also hosted a series of 10 roundtable meetings in eight cities across the country. More than one hundred participants representing nearly every province attended these national and regional meetings, including academic experts, health care providers, medical and nursing regulators and other stakeholders. While the meetings included some representation from indigenous communities, a specific roundtable was also held with indigenous stakeholders.

Our government's ultimate objective is to have a law that facilitates access for those who are eligible for MAID, and provides protections for vulnerable people.

[*English*]

Feedback from both the online survey and round table discussions indicated wide support for removing the eligibility requirement that an individual's natural death be reasonably foreseeable. There is general comfort among Canadians and stakeholders with the idea that MAID should be available to eligible individuals who are suffering intolerably, but not necessarily at the end of their life.

Many organizations representing persons with disabilities expressed concerns about the removal of the requirement for reasonably foreseeable natural death, pointing to the potential for societal harm if disability were to be seen as a reason to terminate life.

[*Translation*]

Concerns were raised about extending MAID to include specific medical conditions where individuals may be more vulnerable, in particular, to those with mental illness. Most felt it was too early to allow MAID for persons with mental illness as their sole underlying medical condition and advocated taking additional time to study this issue.

*Government Orders**[English]*

The concerns about access to medically assisted death for individuals whose sole underlying medical condition was a mental illness were consistent with the findings of the Council of Canadian Academies report on this topic. As mandated by the 2016 legislation, our government commissioned three independent reviews on topics that were not included in the law at the time: requests by mature minors, advance requests and requests where a mental illness is the sole underlying condition. Of the council's three reports, the one addressing mental illness was the source of the greatest divergence among the experts. Ultimately, they could not reach consensus on ways to address the complexities and mitigate the risk associated with mental illness and MAID.

- (1335)

[Translation]

Many round table participants expressed support for creating a two-track system of safeguards, depending on whether a person's death is reasonably foreseeable. Many respondents to the online survey were open to the idea of some stronger safeguards for people who are suffering but not dying.

The proposed legislative changes include new or modified safeguards for individuals when their death is not reasonably foreseeable. It is proposed that one of the physicians or nurse practitioners assessing an individual's eligibility for MAID would need to have expertise in the individual's medical condition. In addition, individuals would be subject to a 90-day assessment period to ensure enough time is devoted to exploring relevant aspects of the person's situation and to discussing possible options to alleviate their suffering.

During the round tables, participants expressed overwhelming support for removing the current requirement for two persons to witness an individual's MAID request. They cited the difficulties in finding independent witnesses based on the current definition in the law, which excludes health care providers and personal support workers.

[English]

Many individuals living in nursing homes or other residential settings have limited family or social networks. The amended legislation would reduce the required number of witnesses to one, and would not permit individuals who are paid to provide personal care or health care to take on this role. Anyone in a position to benefit financially, or in any material way, from the person's death would not be allowed to act as a witness.

The witness's role is strictly to confirm that the person seeking MAID has actually signed the request themselves. Safeguards, such as ensuring that the person signed the request voluntarily, are the responsibility of the practitioner who provides MAID, not the witness. We also clearly heard that there is no obvious benefit to the 10-day reflection period. We are proposing to remove this requirement from the legislation.

[Translation]

The third area of consultation was on the issue of advance requests. This is also one of the topics studied by the Council of Canadian Academies as part of their independent reviews.

[English]

Although many people speak of advance requests in general terms, the issue can be very different depending on an individual's situation relative to a diagnosis and when they are eligible for MAID.

[Translation]

The CCA report pointed out that not all advance requests are created equal and outlined several scenarios. It noted the most straightforward scenario is where an individual is nearing death, and has been found eligible for MAID, but fears losing capacity to consent prior to the procedure.

[English]

This was the case, for example, in the widely publicized case of Audrey Parker: the Nova Scotia woman battling late-stage breast cancer. She feared that she would lose the ability to provide consent later on, before the date she ideally wished to have the medically assisted death she was authorized to receive.

[Translation]

A more complicated scenario arises when an individual has been diagnosed with a disease such as Alzheimer's, but has not yet come to the point where their circumstances make them eligible for MAID. However, the person may wish to outline the conditions under which they would like MAID to be provided in the future, when they no longer have capacity to provide final consent.

Nearly 80% of respondents to the online survey agreed that the revised law should allow for advance requests in both scenarios. However, there were concerns about allowing advance requests post-diagnosis. There was near unanimous support to refer this more complex scenario to consideration during the parliamentary review process.

[English]

The amendments we are proposing reflect the overwhelming support for the first scenario by permitting individuals who have been assessed as eligible for MAID, and whose death is reasonably foreseeable, to provide consent in advance if they lose capacity before their preferred date.

Our government is committed to maintaining an ongoing dialogue with indigenous groups on the topic of MAID, to ensure their families and their many diverse voices continue to be heard.

Government Orders

• (1340)

[*Translation*]

Lastly, it is important to note that, across the board, participants in the round table consultations all agreed on the importance of having appropriate health and social supports in place, including palliative care, assistance for persons with disabilities and mental health services, to protect against individuals choosing assisted dying due to the lack of adequate supports to live a dignified life.

[*English*]

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, my question for my friend from Glengarry—Prescott—Russell is with respect to advance consent. The legislation provides for advance consent in certain circumstances in which a patient might lose their capacity.

When we studied the issue of advance consent under Bill C-14, the Canadian Medical Association noted that it was an extremely complex area. The expert panel's final report from the Council of Canadian Academies noted that there are significant knowledge gaps and a lack of consensus with respect to administering euthanasia, or medical assistance in dying, when a patient has lost capacity.

Why would the government include that in this bill, rather than allow a more thorough legislative review to take place, which it has pre-empted?

Mr. Francis Drouin: Madam Speaker, I certainly was not a member of the justice committee, but I do believe the rationale for including the advance consent in this particular case was because of the Audrey Parker case in Nova Scotia.

I can also say that the Canadian Medical Association, I believe, is supporting this particular legislation in accordance with what we are presenting today.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, as I know from his frequent interventions at the agriculture committee, the member for Glengarry—Prescott—Russell proudly represents a rural riding. My question is centred on that very fact.

As the member knows, the new second track for accessing medical assistance in dying requires that one of the two medical practitioners assessing the person has expertise in the condition from which the person is suffering.

How is this going to play out for Canadians who live in rural or remote areas, and who may not have access to that kind of expertise? How can we ensure that the provisions of this bill make sure that Canadians, regardless of where they live, have access to that kind of expertise?

Mr. Francis Drouin: Madam Speaker, the previous bill required two witnesses and this bill only requires one witness. This was actually raised with the Minister of Justice. I believe this will correct the issues that arose from the previous bill, Bill C-14. The current bill strikes the right balance to make sure there is access to a doctor or nurse who has knowledge of the particular patients in question.

[*Translation*]

Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ): Madam Speaker, I would like my colleague to comment on the possibility of grant-

ing the right to waive final consent when natural death is not foreseeable.

Mr. Francis Drouin: Madam Speaker, quite frankly, I have no opinion on the matter and will therefore rely on the experts.

I know the Bloc Québécois and the NDP support the bill. The Standing Committee on Justice and Human Rights will have an opportunity to examine this more thoroughly in the coming weeks.

[*English*]

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, my question for the hon. member has to do with the cool-off period, the 10-day provision that was previously there. It was to address, as I recall, when people are seriously ill and suffering. They can be depressed. One day they feel great and the next day they do not. That is why the 10-day period was put in. I am not sure what the rationale was for taking this out. Perhaps the member could comment on that.

• (1345)

Mr. Francis Drouin: Madam Speaker, I believe it was taken out because, in terms of practicality, it served no purpose. The Minister of Justice and many of our colleagues heard from families, now that we have been living with Bill C-14 for over three years, about the 10-day period. Patients who have already made the decision that they need medical assistance consulted with their doctors, nurses and families about that extra 10-day period. Why is not 15 days? Why is it not five days instead of 10? They said it served no purpose.

Hon. Rob Moore (Fundy Royal, CPC): Madam Speaker, I will be splitting my time with the member for Sarnia—Lambton.

It is my pleasure as shadow minister for justice for the official opposition to use this opportunity to speak to the proposed legislation before us. It is important legislation. We have been hearing points from both sides of the House on Bill C-7, which impacts many Canadians. In fact, it impacts us all. This is a piece of legislation that deals with life and death, and there is probably nothing more important that we could be talking about today.

Any time we, as legislators, are asked to review and analyze legislation like this, it is critical that we take the time to get it right, and this is part of the problem. As we have heard many times over the course of the last year, we should not be dealing with this legislation today because the Minister of Justice and this government should have appealed that decision.

This is what was being called for by those in the medical community, those in the disability community and individuals across the country after that decision came out in Quebec. The right thing to do, which is what our party, the Conservative Party, called on the government to do, would have been to appeal that decision.

What we have been left with is a patchwork across our country. We have been left with confusion. We should have had the certainty of an appeal to the Supreme Court of Canada on something this important. Instead, the government took the Superior Court of Quebec decision, responded to it and, in my view, went far beyond what was required to respond to that decision. I will discuss some of those things.

The bill was introduced as a response to a Superior Court of Quebec decision made on September 11, 2019. That decision found that the law was too restrictive in the requirement for death to be reasonably foreseeable in order to access medical assistance in dying. At the time, we called upon the government to appeal this decision to the Supreme Court.

As we debate the bill before us, we still do not have the clarity that we could have had if the government had appealed that decision. Rather than defend its own legislation, this government has used this as an opportunity to broaden assistance in dying legislation in this country without doing the fundamental consultation and homework necessary to get an important decision like this right. Even in the previous legislation, Bill C-14, there was to be a mandatory review of assistance in dying legislation and what flowed from it, which was to take place this past summer. This government circumvented all of that with this new legislation.

When the government passed Bill C-14 in the 42nd Parliament, it required this review to be conducted this year. The review was to analyze the state of assistance in dying in Canada in a comprehensive way, and instead of waiting for that, we see with this legislation the government going far beyond what had to be done to respond to the Quebec court decision.

This topic is a very sensitive issue for many in the House who have personal experience with it and, indeed, it is a sensitive issue for many Canadians. We ask that all members on each side of the House be aware of this. While there may be disagreements, we are each here to represent our constituents and arrive at legislation that best protects Canadians.

I have heard directly from many Canadians who are concerned about the lack of protection for conscience rights for health care professionals in both the bill before us and the original MAID legislation. As the government looks to broaden the legislation further, it becomes even more important that the conscience rights of health care professionals are protected. By further expanding medical assistance in dying, the government risks reducing the number of medical professionals willing to take part in this process. It is also important to note that this expanded access could result in a heavy emotional burden on those health care providers, as we head into uncharted territory with the bill.

We, as members of Parliament, cannot appreciate the burden that this has put on health care providers who are working in this system and providing medical assistance in dying.

• (1350)

Further, there are very few protections in place for medical professionals who do not want to participate in the process and may be penalized, as a result, by an employer. This is a point that I raised

Government Orders

when Bill C-7 was introduced earlier this year, and it is disappointing to see that it was not corrected in this version of the bill.

This brings me to my next point about standing up for Canadians with disabilities. The 10-day waiting period, which could already be waived in the legislation for extenuating circumstances, has been removed. I heard the chief justice say today that removing the 10-day waiting period was universally accepted in his consultations across the country. I wonder who he has been talking to.

Yesterday I spoke with a group that represents those with disabilities across the country at Inclusion Canada. Those in that group said that they are in favour of maintaining the 10-day waiting period, and their role is to stand up for individuals with disabilities. It is interesting to note that they called on the minister of justice at the time to appeal the decision of the Quebec court. They said that medical assistance in dying must have limits. Individual rights must be balanced with protections, not only for our most vulnerable citizens, but also for society as well.

One of the most important foundations of our Canadian society and identity is that we are a caring, compassionate country. For those with disabilities, their experience now is that they are told, often bluntly, that they would be better off dead. The Foley case in London, Ontario, is one example of this. This decision, if it remains unquestioned, will simply erode provincial health responsibilities for expert clinical care and social support for people who are fragile.

The Minister of Justice would also be familiar with a letter written to him on October 4, 2019, which was signed by over 70 organizations that stand up for Canadians with disabilities from coast to coast to coast. They wrote that they found the decision by the Superior Court of Quebec to be very concerning. One of the reasons for this concern was that the decision failed to respect Parliament's authority to balance the interests of the individuals with the interests of society, effectively limiting Parliament's capacity to pursue social targets, such as substantive equality and inclusion.

They describe the decision as a dangerous precedent, writing, "The Supreme Court must weigh in on this flawed analysis. The decision will entrench stereotypes and exacerbate stigma further for Canadians with disabilities." The letter continues, and I agree, "[We] must avoid sending a message that having a disability is a fate worse than death.... Canada must appeal the decision to prevent additional stereotyping". The letter concluded by urging the government to appeal the decision to the Supreme Court.

Again, the letter was signed by over 70 organizations, including the Council for Canadians with Disabilities, the Canadian Association for Community Living, Disability Law Centre, People First of Canada and the Canadian Mental Health Association. I mention this because it underscores how we need to get this legislation right.

Government Orders

Last November, the Canadian Hospice Palliative Care Association and the Canadian Society of Palliative Care Physicians issued a call to action due to ongoing confusion in the general public regarding hospice, palliative care and MAID. Quite frankly, palliative care focuses on improving the quality of life and symptoms through a person-centred approach for those living with life-threatening conditions.

The federal government should be looking for ways to improve further palliative care across Canada, as was committed to many times by the government. In their call to action, the groups I mentioned state, “Less than 30% of Canadians have access to high quality hospice palliative care, yet more than 90% of all deaths in Canada would benefit from it.”

• (1355)

I want to stress my previous point that this is an important issue for many Canadians. On matters of literal life or death, we need to take our responsibilities as legislators—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Questions and comments, the hon. Parliamentary Secretary to the Minister of Justice and Attorney General of Canada.

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I thank the hon. member opposite, the official opposition critic, for his work at the committee and his work today in the chamber.

As an observation, it seems some parties opposite feel we are either taking this too far, as expressed by the official opposition, or not taking it far enough, for example, by entertaining advance directives. Clearly the proposal before the House is one that is a middle approach, a prudent approach and one that is constitutionally compliant.

The points raised about the disability community are well taken. Those are important points, and the minister addressed these points about the importance of equality and supports for those with disabilities. That is exactly what the consultations revealed.

The member opposite used the phrase “without doing consultations”. The evidence shows, and this is available on the Department of Justice website, that we heard from 300,000 Canadians, had 125 experts and ten meetings around the country. Is that kind of consultative exercise exactly the type the member has asked us to undertake?

Hon. Rob Moore: Madam Speaker, I thank hon. parliamentary secretary for his work on the justice committee and on this file.

It is one thing to consult, but it is another thing to listen and hear what people are saying. We are hearing, loud and clear, from those in the disabilities community that this legislation, and these are their words, not mine, leads us to a society that says their disabilities are a fate worse than death. They want to see more protections in the legislation.

The hon. parliamentary secretary or the minister could pick up the phone and speak with Inclusion Canada or any one of the 70 signatories to that letter to hear about what they would like to see included in legislation safeguards to protect the most vulnerable in our society.

[*Translation*]

Ms. Christine Normandin (Saint-Jean, BQ): Mr. Speaker, I thank my colleague for his speech. I heard him mention that the government should have appealed the ruling and that, practically speaking, parliamentarians are somewhat muzzled by the courts.

He makes it sound like medical assistance in dying is going to be imposed on people with disabilities, whereas, in my view, this is more about a patient-centred approach. This is about giving patients options, not imposing anything.

I would like to hear my colleague's thoughts on what I just said. Did I misunderstand him? Does he not think it is more coercive to deny patients this right? Does he really think anyone wants to impose medical assistance in dying on people who could ultimately have a choice?

[*English*]

Hon. Rob Moore: Madam Speaker, normally with a case like this, which comes from one province's courts, a case of national importance, the responsible thing to do for certainty, because we are a federation, would be to appeal the decision to a higher court and, indeed, on a decision this important that impacts our criminal law would be to appeal the decision to the Supreme Court of Canada.

We are listening to organizations that represent those with disabilities. They say that the failure to appeal the decision, the failure to pre-empt the study that was to take place this summer on assistance in dying legislation and the desire of the government to push something out right after there was one decision on it, pushing new legislation that goes beyond what the decision called for, is an affront to those persons with disabilities.

We are listening to them, and those are their words on this bill.

• (1400)

Mr. Marc Dalton (Pitt Meadows—Maple Ridge, CPC): Madam Speaker, this being Mental Health Week, could the member comment on the challenges people are facing in our nation right now? This year one in five are suffering from mental health issues.

What are the implications of this new legislation for people with mental health issues?

Hon. Rob Moore: Madam Speaker, I thank the hon. member for the reminder to all of us that it is Mental Health Week.

We are hearing from those who suffer from mental health issues, from those in the disability community and from a broad range of people. This legislation literally deals with life or death. As the member rightly pointed out, as we have seen over the last several months with the COVID-19 crisis, mental health issues have been brought to the forefront. We need to ensure that even—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for Sarnia—Lambton.

Government Orders

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, I am happy to have the opportunity to rise today to speak to Bill C-7. It is a very serious matter. As the member for Fundy Royal just mentioned, it is a matter of life and death. I was part of the debate on the original bill, Bill C-14, and I am familiar with a number of the issues with that bill.

It is very disturbing to me. I understand with the Quebec court decision the government had to make a response of some sort, but the previous bill required them to do a fulsome parliamentary review, which was supposed to take effect this past summer. The government refused to let Parliament sit this summer and do the kind of fulsome work that needed to be done.

It is actually quite irresponsible that when the government introduced Bill C-7, instead of just addressing what was time sensitive in responding to the Quebec decision, it went further and took actions without doing that fulsome review of how things have been going with Bill C-14 in the last number of years.

For those watching at home who are not familiar with Bill C-7, the bill would repeal the provision that requires a person's death to be reasonably foreseeable. In addition to that, it would specify that people whose sole underlying condition is mental illness are not eligible for medical assistance in dying. It would create two sets of safeguards that have to be respected before medical assistance in dying can be provided to a person, and it would permit medical assistance in dying to be provided to a person who has been found eligible to receive it and whose death is reasonably foreseeable but who has lost the capacity to consent before the medical assistance in dying is provided. That is sort of an advance consent, and we will talk a bit more about that.

Bill C-14 was not without some issues that were not addressed in the previous legislation and will probably be considered in the fulsome review. There was a question about whether minors should be able to receive medical assistance in dying. There was significant discussion about advance consent. A lot of Canadians were demanding it, and I will talk a bit about some of the considerations that may have kept the government from moving ahead at that time. There was discussion of those who are not mentally competent to give consent. There have been a number of speeches today mentioning people with dementia, for example. That is another area where there was work done by the Council of Canadian Academies, the CCA. It did fulsome reports on a number of these things, and I will talk a bit about what was found.

There was discussion today about the protection of conscience rights, and I do not agree necessarily with the Parliamentary Secretary to the Minister of Justice. I see the charter provisions that were put into Bill C-14, but forcing somebody to refer, when they do not want to have anything to do with the process at all, is actually violating their rights. I am not a fan of violating one person's rights to give another person their rights. That is not good, so we need to have more discussion about that.

In its report, the special committee that studied the Carter decision said that, without good-quality palliative care, people really cannot make a true decision. They really do not have a choice. Obviously I have been an advocate for palliative care. My private member's bill, Bill C-277, on palliative care, was unanimously

passed in the House and in the Senate. The government did a good job of putting the framework in place to get consistent access for all Canadians to palliative care.

The problem is that, once the framework was in, the government has since really not pushed ahead. There are 70% of Canadians who have no access to good-quality palliative care. Especially in the time of COVID, where people are dying, it is becoming even more important. The government needs to take action to up its game on palliative care to make it more available to Canadians.

• (1405)

There is an opportunity and a responsibility for the government to show leadership in how palliative care is being implemented in Canada. Right now, for example, British Columbia is violating the World Health Organization's requirements for where MAID should be performed. It has specifically said that palliative care is a different thing from medical assistance in dying and that they should not be performed at the same location because of a tendency by people wanting palliative care to be afraid that they will accidentally receive medical assistance in dying against their wishes. There is an opportunity for the government to revisit that and I am hopeful that it will.

With respect to the Council of Canadian Academies, many issues were studied. On the advance directives and advance consent issue, we see in this legislation that the government is allowing people who believe their conditions are going to decline and are eligible to receive medical assistance in dying to have a 90-day advance consent. It is not clear to me in the legislation when the 90 days start. Is it when patients first have discussions with their physicians? When does the clock start? That is a clarification that is needed in the legislation.

When the council looked at advance directives, it said there were a few difficulties. The first one was how to prove people have informed consent, what the criteria are and what the definition is of that. Therefore, that would have to be addressed. Who decides what is intolerable suffering, especially if the person has lost capacity? That is another question that needs to be and should be considered in this fulsome review that is required and that I would have preferred to have had before this bill came forward.

As a point of information, Belgium and Luxembourg only allow an advance directive when a person is permanently unconscious. That is the only way they will allow a person to have an advance directive in place: If they become permanently unconscious, they will receive medical assistance in dying.

Government Orders

On the issue of minors, “mature minors” would have to be defined. In Quebec, that is defined as people aged 14 to 17. However, we have to make sure they have the capacity to make medical decisions and confirm they understand that it is voluntary and they are not under duress. There are not many jurisdictions that have extended this to mature minors. The Netherlands does allow people aged 12 to 16, with parental permission, to have medical assistance in dying, and those aged 16 to 18 with parental consultation. Belgium allows it if the person is terminal, but pediatric palliative care has to be provided as an option. Therefore, there needs to be further discussion on that one.

Then there are those who suffer from mental illness. I was very pleased to see that it is clear in this legislation that they would not be eligible. It was very controversial. The council that studied it could not agree. There was discussion about the capability for informed consent and the fact that people with depression could have good and bad days and may change their minds, which again points to the need for some kind of cooling-off period. The Netherlands allows this but for dementia only, and there is still a lot of controversy about that.

The safeguards that were in the bill originally seem to have been removed. I am not a fan of doing that because I would say that if we remove the conditions that have to be met in order to get something, more people will take advantage of it. I am concerned with a broader creep on this, but I am sure there will be fulsome discussion about this at committee.

In Canada, everyone has the freedom to express themselves, to believe what they want and to choose what they want, and we should treat everyone's individual choices with respect.

● (1410)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I know the member for Sarnia—Lambton as an advocate of science and palliative care, which she raised today and is an important point. The question I would put to her is an observation about the current state of palliative care in Canada.

The government has invested \$11 billion in accommodation of home care and mental illness care, which includes targeted money directly for palliative care. It is not just supplying the programming but ensuring that palliative care is provided to those seeking MAID. That is in track two, where someone's death is not reasonably foreseeable. The new requirements are that a person must be informed of counselling, mental health supports, disability supports and palliative care. Further, the practitioner must agree with the person that they have discussed and appropriately considered receiving means of alleviating their suffering before anything can be acted upon.

I know the member has talked about safeguards throughout today's debate. Do those address some of her important concerns about palliative care?

Ms. Marilyn Gladu: Madam Speaker, these are absolutely the kinds of supports that are needed, but the reality is that they are not actually in place everywhere. This makes a huge difference.

I will give an example from the first year after Bill C-14 came into law. Sarnia—Lambton has a huge capacity for palliative care.

We have a hospice with 20 beds. There are also beds in the hospital, and we have home care. We have an integrated palliative care system. There were two requests for medical assistance in dying in the first year. London, just an hour away, has a population that is about three times larger than Sarnia's population. It had 300 requests for MAID because it does not have adequate palliative care services.

The government can help out with establishing hospice. The virtual palliative care work that has started is very helpful, especially in rural and remote areas, but it of course requires broadband Internet access. The government can also use some of the successful models, like using paramedics in their off hours, to deliver palliative care. These things could really boost the existence of the supports people are being counselled about, and then people could take advantage of them.

[*Translation*]

Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ): Madam Speaker, if I understand correctly, my colleague thinks the Truchon and Gladu decision should have been appealed. These two individuals were refused medical assistance in dying because their deaths were not reasonably foreseeable. They both have serious degenerative diseases. People in this situation are forced to either wait or go to court.

I would like my colleague's opinion on this.

[*English*]

Ms. Marilyn Gladu: Madam Speaker, I do not have an opinion one way or the other. Quebec has its jurisdiction and its courts make decisions, but when the government has to respond to a decision, that needs to be the focus. I do not disagree with the member for Fundy Royal, who said that the government should have taken this to the Supreme Court. This is a very serious issue, not something to be decided in a rush.

There will be continual petitioning by those who want everyone to have access to medical assistance in dying. I expect the people I talked about in my speech, including minors and those who are mentally ill, will be continually legally petitioning to expand the scope, which I do not personally support.

● (1415)

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, today's debate is forcing all parliamentarians to step into another person's shoes and have empathy for the grievous conditions that they are suffering through. That is difficult, especially when we are lucky enough to have our health.

Government Orders

I understand the member's concerns with the bill, but that being said, there are a lot of people in Canada watching today's debate. Does my colleague see a value in the second reading vote on the bill to get it to committee so that we can further dissect the provisions she sees as problematic and maybe come up with some amendments?

Ms. Marilyn Gladu: Madam Speaker, there are certainly amendments that must happen to fix the things that are wrong in the bill. I look forward to that discussion at committee.

Mr. Chris Bittle (Parliamentary Secretary to the Minister of Transport, Lib.): Madam Speaker, before I begin, I would like to state that I am splitting my time with the hon. member for Winnipeg North.

We have a serious issue before us, the issue of Bill C-7. It has been an excellent debate so far and an excellent opportunity for members on all sides to talk about this issue because it goes to our morality and to our own conscience, and we are hearing from all sides about this. I want to say that we got it wrong with the last piece of legislation; we got it wrong with Bill C-14. I want to commend the Attorney General for coming forward with Bill C-7.

I would also like to recognize a few members who were vocal advocates, working on the justice committee with Murray Rankin at the time; the hon. member for Saanich—Gulf Islands; my friend, the hon. member for Don Valley West and many other members of the Liberal caucus who tried to advance medical assistance in dying so that it would be constitutional.

I am here today to speak in support of Bill C-7, which proposes amendments to medical assistance in dying legislation. Members are aware that the Superior Court of Quebec found the eligibility criterion of reasonably foreseeable natural death from the Criminal Code made legislation to be unconstitutional. The court delayed the effect of the ruling to allow both the federal and Quebec legislatures to respond. The government has agreed with this basic principle of this decision and is now proposing to amend the Criminal Code.

Bill C-7 proposes to repeal the requirement that natural death be reasonably foreseeable. It would create two sets of safeguards: one for those whose death is reasonably foreseeable and another for everyone else. Some of the existing safeguards for those who are dying would be relaxed, and for everyone else there would be a different set of safeguards based on the current ones with some additions and clarifications.

Bill C-7 proposes to continue to use the expression, “reasonably foreseeable” natural death, but as an element that determines which set of safeguards to use and not to use it as an eligibility criterion, which was the issue in the Truchon case.

The proposal to distinguish MAID requests on the basis of whether a person's death is reasonably foreseeable is consistent with the view that MAID for people whose death is reasonably foreseeable presents less risk and complexity than other circumstances, and that the assessment of requests should be tailored to these different types of cases. Having a reasonably foreseeable natural death would also be a critical element for another proposed amendment in the bill. Currently, the MAID law requires the practi-

tioner to give the patient the opportunity to withdraw consent or to affirm their consent just before MAID is provided.

This requirement for final consent is a safeguard; however, it has also caused some MAID patients to choose to end their lives earlier for fear of losing their capacity to provide final consent and, sadly, for some to be denied MAID entirely after losing capacity. I would also like to point out that others chose to decrease their intake of painkillers prior to MAID being provided, to ensure they retained capacity to consent, which leads to an increase in suffering.

Bill C-7 would allow for a possible waiver of requirement for final consent for individuals whose death is reasonably foreseeable but where there are fewest risks and complexities in providing MAID to a person who is no longer able to consent. Permitting this proposed waiver of final consent would respond to scenarios like that of Audrey Parker of Nova Scotia, who was diagnosed with terminal cancer that had spread to her brain leaving her uncertain as to how long she would have the capacity to consent. Because she feared losing capacity before her preferred date to receive MAID, she scheduled MAID and ended her life earlier than she wanted. She openly expressed how she felt unfairly forced by the limitations of the MAID law to schedule MAID sooner than preferred and called for amendments to the Criminal Code so that others like her would not be denied the freedom to choose their preferred date to receive medical assistance in dying.

● (1420)

I would recommend that all members listen to the speech in the previous session from the hon. member for Dartmouth—Cole Harbour. I believe Audrey Parker was a constituent of his. He powerfully used her own words to show us where we went wrong, the impacts our failures in the previous legislation had led to, and the impacts on her life. We owe it to people like Audrey Parker, who have been assessed and approved for MAID, to respect their need for freedom in making end-of-life choices. As a compassionate society, we know we can do better to support these individuals. These amendments seek to do just that.

Government Orders

Waiving final consent is, however, an ethically complex question. This is because it involves MAID being administered to a person who is no longer able to consent, or to withdraw the consent they previously gave. Bill C-7 proposes a new approach for patients whose death is reasonably foreseeable, who are assessed and approved for MAID when they have the capacity, and who make very specific arrangements with their practitioner in which they give consent in advance to MAID being administered on a specific day, even if they have lost capacity by that day.

I fully support permitting advance consent for this group of individuals, but at the same time, I note that certain protections must be in place. Specifically, if on the specified day for MAID, the patient has lost their capacity and they nonetheless actively show signs of resistance to the MAID procedure, or behave in a way that indicates a refusal, the practitioner must not follow through on the procedure.

Medical practitioners at the round table expressed concerns in relation to the emotional burden that could arise from such situations, for them and for family members. They talked of possible disagreement with family members on whether to end the life of a person who appears to resist the procedure. A similar situation led to the prosecution of a MAID provider in the Netherlands and made headlines around the world. That situation is what we wish to avoid here in Canada.

That is why Bill C-7 proposes an additional provision that states that signs of resistance from the patient would make the advanced consent invalid on the specific day and going forward. While an incapable person could no longer withdraw their consent from a legal perspective, given their track record and decision-making capacity, it is proposed that MAID not be permitted under this circumstance. The approach provides much needed clarity for practitioners and family members that MAID be prohibited if the patient is resisting. The bill would also make it clear that an anticipated reflexive response, like flinching when the needle is inserted, does not count as resistance.

It is important to be clear, however, that this amendment is not about advance requests. Advance requests for MAID refer to a situation in which a person puts in writing they would want to receive MAID at some later date when they are not able to consent to it, if circumstances arise that they predict would cause them unbearable suffering.

In this situation, a person is not asking for MAID now. Instead, they are putting in writing that they want it at a later date on the basis of anticipated suffering that has not yet happened. The most likely scenario would involve people who are diagnosed with conditions that could lead to dementia, such as Alzheimer's. These people would want to have a plan in place if their worst fears should come to pass.

Bill C-7 does not propose to allow MAID on the basis of advance requests. MAID in these circumstances would be extremely complex, would avoid ethical challenges and would require more time to consider such measures. In speaking to the Attorney General, I voiced my concern that we need to spend more time considering these measures. I hope that the issue will be studied during further upcoming parliamentary review of the MAID legislation.

Taking more time to study advance requests is consistent with the approach of the Government of Quebec, which is also moving forward to hold public consultations on the issue so that all of its dimensions can be better understood.

MAID is one of the most sensitive and challenging social issues we are currently faced with. Recognizing how deeply personal this issue is to so many people, and to so many members of this place, the government has listened carefully to the diverse opinions of Canadians and has considered the expertise shared by experts, MAID providers and other experts in the development of this important piece of legislation. Bill C-7 responds to the Superior Court of Quebec ruling, but it also achieves balance that respects personal autonomy, while protecting the vulnerable as well as equity rights for all Canadians.

For these reasons, I call on all members to support the bill.

● (1425)

Mr. Ted Falk (Provencher, CPC): Madam Speaker, I want to confirm to the House that the parliamentary secretary, in his speech, spoke the truth when he said that the Liberals got it wrong, because the Liberals did get it wrong. I was on the justice committee with the hon. member when Bill C-14 was before it, and the Conservatives presented over 100 amendments that would have strengthened the bill and provided proper safeguards, all of which were rejected by the Liberal government of the day. One thing that did get passed was the requirement for a mandatory review after five years, but the government has circumvented the requirement with a few consultations, which is completely inappropriate and should be unacceptable to the House.

Health care professionals in my riding are continually asking for better health care conscience protection rights for health care professionals. They have looked at the legislation and do not feel it is there. We have heard the Liberals argue that it is there and that it is adequate, but the health care professionals in my riding, including doctors and nurses, say it is not adequate. I would like the member to respond to that.

Mr. Chris Bittle: Madam Speaker, perhaps the hon. member forgets that we had witnesses come before the committee and I asked them about this time after time. Can the member name me one time in Canadian history when a doctor has been forced to do a medical procedure against their will? No one, in the history of this country, has been made to do that.

I appreciate the member's revisionist history that suggests the Conservative amendments would have made the bill constitutional. On the contrary, they would have made it worse.

This is a more progressive way to move forward to protect the constitutional rights of Canadians. We still need to do more, and I look forward to the parliamentary review in the near future.

[*Translation*]

Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ): Madam Speaker, I commend my colleague on his speech. I found it very interesting to hear him talk about consent and the requirement for final consent, which forced some people to apply for medical assistance in dying earlier than anticipated.

Perhaps my colleague agrees with the idea of expanding the concept of waiving final consent so that there is a type of advance consent, including in cases where natural death is not foreseeable. I would like his opinion on that.

Can he provide a concrete example of how we might proceed?

[*English*]

Mr. Chris Bittle: Madam Speaker, I believe the parliamentary review that was enshrined in the legislation needs to move forward. We have to focus on this piece of legislation right now, but we need to do better. This legislation is a big step forward, but there is a lot more work that still needs to be done.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Madam Speaker, I remember in the first go around, back in 2016, the controversy and the various points of view that were brought

Government Orders

forward, including by my colleague from St. Catharines. I remember speaking to people in my riding about how proud I was that we were able to come forward with the bill. We heard some positive statistics earlier about people whose suffering was ended through the bill we brought forward.

I would ask my friend from St. Catharines about the point of view that we need to be exactly perfect when we come forward with Canada's legislation on assisted dying. At least we are at a point now that we can consider some very good things that have happened and a way of improving them.

• (1430)

Mr. Chris Bittle: Madam Speaker, I appreciate the hon. member's comments. However, I look at this in a different way, because many of these concerns were brought to the attention of the decision-makers previously. Those voices were ignored and people suffered unnecessarily. I take this as a personal loss and wish my voice could have been stronger to prevent that suffering. We took a step forward with the previous legislation, but we need to keep taking steps forward.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The motion that the House do now adjourn is deemed to have been adopted. Accordingly the House stands adjourned until Monday, October 19, at 11 a.m. pursuant to Standing Orders 28(2) and 24(1).

Happy Thanksgiving, everyone.

(The House adjourned at 2:31 p.m.)

CONTENTS

Friday, October 9, 2020

GOVERNMENT ORDERS

Criminal Code	
Mr. Lametti	787
Bill C-7. Second reading	787
Mr. Cooper	790
Ms. Normandin	790
Mr. Garrison	791
Mr. Virani	791
Mr. Genuis	791
Mr. Cooper	792
Mr. Lamoureux	793
Mr. Brunelle-Duceppe	793

STATEMENTS BY MEMBERS

Fire Prevention Week	
Mr. Van Bynen	794
Colleen Mason	
Mr. Kram	794
World Food Day	
Mr. Spengemann	794
Opioids	
Mr. MacGregor	795
Nova Scotia CHAMP	
Ms. Zann	795
Hevrin Khalaf	
Mr. Kmiec	795
Paul Quirk	
Mr. Fergus	795
Nick Taylor	
Ms. Vandenbeld	795
Internet Service	
Mr. Soroka	796
Windsor International Film Festival	
Mr. Kusmierczyk	796
Union of Canadian Correctional Officers	
Mr. Vis	796
Fight Against COVID-19 in Portneuf—Jacques-Cartier	
Mr. Godin	796
International Day of the Girl Child	
Ms. Blaney (North Island—Powell River)	797
Jeannine and François Marion	
Ms. Gaudreau	797
International Day of the Girl Child	
Ms. Sahota (Calgary Skyview)	797

Halton Women's Place

Mr. van Koevreden	797
-------------------------	-----

ORAL QUESTIONS

Health

Ms. Rempel Garner	798
Ms. Hajdu	798
Ms. Rempel Garner	798
Ms. Hajdu	798
Ms. Rempel Garner	798
Ms. Hajdu	798
Mr. Deltell	798
Ms. Hajdu	798
Mr. Deltell	798
Ms. Hajdu	799

Regional Economic Development

Ms. Normandin	799
Mr. Ehsassi	799
Ms. Normandin	799
Mr. Rodriguez	799

Taxation

Mr. Julian	799
Mrs. Fortier	799
Mr. Boulerice	799
Mrs. Fortier	800

COVID-19 Emergency Response

Mr. Martel	800
Ms. Bendayan	800

Public Services and Procurement

Mr. Calkins	800
Ms. Anand	800

Ethics

Mr. Poilievre	800
Mr. Poilievre	800
Mr. Rodriguez	801

Government Priorities

Mr. Steinley	801
Mr. Lamoureux	801
Mr. Steinley	801
Mr. Lamoureux	801

Forestry Industry

Mrs. Gill	801
Mr. Lefebvre	801
Mrs. Gill	801
Mr. Lefebvre	802

Housing

Mr. Vis	802
---------------	-----

Mr. Vaughan	802
COVID-19 Emergency Response	
Ms. Gladu	802
Mr. Duguid	802
Public Safety	
Mr. Saroya	802
Mr. Lightbound	802
Natural Resources	
Mr. Soroka	802
Mr. Lefebvre	803
Housing	
Ms. Kwan	803
Mr. Vaughan	803
Seniors	
Mr. Green	803
Ms. Hajdu	803
COVID-19 Response	
Mr. Serré	803
Mr. Vaughan	803
Infrastructure	
Mr. Morantz	804
Mr. Fillmore	804
Health	
Mr. Allison	804
Ms. Hajdu	804
Ms. Shin	804
Ms. Hajdu	804
Taxation	
Mr. Généreux	804
Mr. Sorbara	805
Canada Post	
Ms. Gaudreau	805
Ms. Anand	805
Mr. Boudrias	805
Ms. Anand	805
International Trade	
Mrs. Gray	805
Ms. Bendayan	805
Ms. Findlay	805
Ms. Bendayan	806
Mr. Aboultaif	806
Ms. Bendayan	806
Health	
Mr. Baker	806
Ms. Hajdu	806
The Environment	
Mr. Blaney (Bellechasse—Les Etchemins—Lévis)	806
Mr. Duguid	806
Public Services and Procurement	
Mrs. Gallant	806
Ms. Vandenbeld	806

Telecommunications	
Mr. Schmale	807
Ms. Monsef	807
Health	
Mr. McLeod (Northwest Territories)	807
Ms. Damoff	807
International Development	
Ms. McPherson	807
Ms. Gould	807
Housing	
Mr. Tabbara	807
Mr. Vaughan	808
Points of Order	
Misidentification by Parliamentary Television Services	
Ms. Sahota (Calgary Skyview)	808
International Day of the Girl Child	
Ms. Sahota (Calgary Skyview)	808

ROUTINE PROCEEDINGS

International Labour Conference	
Mr. Housefather	808
Petitions	
Sex Selection	
Mrs. Jansen	808
RCMP	
Mr. Green	808
Public Safety	
Mr. Green	809
Income Relief	
Mr. Green	809
Equalization	
Mr. Kmiec	809
Questions on the Order Paper	
Mr. Lamoureux	809

GOVERNMENT ORDERS

Criminal Code	
Bill C-7. Second reading	809
Mr. Bittle	809
Mr. Cooper	809
Mr. Garrison	809
Ms. Gladu	810
Mr. Virani	810
Mr. Thériault	810
Mr. Virani	812
Mr. Garrison	813
Ms. Normandin	813
Mr. Cooper	813

Mr. Lamoureux	813	Mr. Cooper	822
House of Commons Calendar		Mr. MacGregor	822
The Assistant Deputy Speaker (Mrs. Alexandra Mendès)	814	Mr. Beaulieu	822
Criminal Code		Ms. Gladu	822
Bill C-7. Second reading	814	Mr. Moore	822
Mr. Garrison	814	Mr. Virani	824
Mr. Virani	816	Ms. Normandin	824
Mr. Aboultaif	816	Mr. Dalton	824
Mr. Beaulieu	816	Ms. Gladu	825
Ms. Blaney (North Island—Powell River)	817	Mr. Virani	826
Ms. Gladu	817	Mr. Beaulieu	826
Mr. Virani	817	Mr. MacGregor	826
Ms. Gladu	819	Mr. Bittle	827
Mr. Brunelle-Duceppe	819	Mr. Falk (Provencher)	828
Mr. Johns	820	Mr. Beaulieu	829
Mr. Drouin	820	Mr. Bratina	829

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