

My name is Dr. Ramona Coelho. I was a home care physician in Montreal, Quebec before relocating to London, Ontario. My Montreal home care patients were chronically ill or disabled and homebound. Currently, I care for a family practice largely comprised of people living with disabilities, as well as refugees, most recently fled from Syria.

It is from this background that I hope to offer insights. This bill's purpose was to allow more ill and disabled people access to an administered injection causing death. However, I believe that suicide prevention should remain a priority and the appropriate medical standards & best care practices should be accessible and given to all Canadians. I already live the disparity of health care access <sup>(1)</sup>in my practice, having to fight for my patients. I am deeply concerned that I won't be able to protect them from transient suicidal ideations with this bill if it goes forward without amendments<sup>(2)</sup>. As well, protecting conscience and allowing diversity of thought for both patients and physicians is important for this bill not to run into logistical issues and to preserve pluralism in Canada <sup>(3,4)</sup>.

Regardless of where our beliefs lie, one can admit that helping someone end their life is a topic that most people feel strongly about (for or against). I understand that there is a belief that conscience is protected in the preamble of C-14 but this does not carry legal weight and is not enforceable. Many doctors feel bullied and under duress, so that they can't do their best for their patients <sup>(5,6,7)</sup>. For that reason, in Ontario :Hindu, Sikh, Muslim, Jewish and Christian groups have all asked for further conscience protections in medicine for their adherent physicians<sup>(8)</sup>.

Many other physicians who work with the dying and disabled could not facilitate death on request solely for pragmatic reasons. I had a lovely 70-year-old lady losing weight and requesting death for months. Looking into her condition for cancer, new illnesses and depression didn't give me clarity. It turned out her son who had moved in some months before was stealing her money and not feeding her. Why didn't she tell me? Why did she repeatedly instead ask to die over months? And there were many in the care team and other children who didn't know what her son was doing to her. Guilt and shame are complicated. I know that if the framework of 90 days to fix her death wishes was applied before we could finish investigating, I would have facilitated a death driven by abuse. Following my conscience saved this woman<sup>(9)</sup>.

As I shared, my patients have disabilities. Many young people with diagnoses of rheumatism, multiple sclerosis and fibromyalgia, many older people with organ failure. The existential crises for people are hard but most often transient<sup>(10)</sup>, and they require time and efforts to apply the good medicine they all deserve. Canada will become the only regime in the world, where people can receive a lethal injection before the standard of good care is provided if this bill passes without an amendment<sup>(11)</sup>. Pain clinics and psychiatry services and rheumatology and neurology all take longer than 90 days to contact and initiate meeting and than the education and therapies. Bill C-7 will create a competition between the 90 days it takes to receive a lethal injection versus the time it takes to access and benefit from medical care.

We know that most death wishes often are transient even in disabled and ill patients. That's why we hospitalize and protect suicidal people until they are safe. And those requests are complex and from experience do arise from missed depression, poor pain control, prevalent elder abuse, unacknowledged existential fears and other factors that take time and caring to properly address<sup>(12)</sup>.

For these reasons I just outlined,

There should be some amendment that lethal injection for those not dying should only be allowed after adequate psycho-social exploration has been done (and that we need some precision in terms of metrics here) and proper standard of medical care that the patient deserves has been provided robustly. To know injections for pain exist is very different from being able to receive them and to experience subsequent relief.

And also, I strongly urge you to add a conscience amendment<sup>(13,14)</sup>. If we do not, pluralism and autonomy are in jeopardy. The freedom of individuals to decide on this very divisive issue especially when applied to all ill and disabled people, the decision to abstain from offering such service in accordance with one's beliefs is precisely what is unique and should be prized in Canada.

## References for Parliamentary Submission for Bill C-7

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- 7: Collectif Medecins. “Alert from a growing number of Canadian physicians :We are being bullied to participate in Medical Assistance in Dying” [Press Release] <https://collectifmedecins.org/en/press-release-2/>
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- 9: Legislative Assembly of Ontario. (2017, March 30). *Committee Documents: Standing Committee on Finance and Economic Affairs. Dr Jari Kotalik*. Available at [http://www.ontla.on.ca/web/committee-proceedings/committee\\_transcripts\\_details.do?locale=en&Date=2017-03-30&ParlCommID=8997&DocumentID=31917#P1418\\_374500](http://www.ontla.on.ca/web/committee-proceedings/committee_transcripts_details.do?locale=en&Date=2017-03-30&ParlCommID=8997&DocumentID=31917#P1418_374500)
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- 11: University of Toronto Joint Centre for Bioethics. *When MAID Becomes a Terminal Therapy for Suffering in Life: Reflections on Canada's New MAID Bill*. Streamed live on Oct 21, 2020 : <https://www.youtube.com/watch?feature=youtu.be&v=9azBFrLAVhg&app=desktop>
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- 14: Protection of Conscience Project: conscience amendment, English versions : Appendix 2

Appendix 1:

Bill 129 2017 below: endorsements included:

Ontario Sikhs and Gurdwaras Council      Shri Radhamadhav Heritage and Cultural Centre

Canadian Conference of Orthodox Bishops      Lutheran Church of Canada

Canadian Council of Imams.      Jewish rabbis

Armenian Diocese of Canada.      The Salvation Army in Canada

Archbishop of Ontario      Primate of the Armenian Diocese of Canada

Prelate Armenian Prelacy of Canada      Evangelical Fellowship of Canada

**An Act to amend the Regulated Health Professions Act, 1991 with respect to medical assistance in dying**

Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1 The *Regulated Health Professions Act, 1991* is amended by adding the following section:

Medical assistance in dying

**29.2** (1) Member participation in medical assistance in dying shall be voluntary.

Definition

(2) In this section,

"medical assistance in dying" means medical assistance in dying within the meaning of section 241.1 of the *Criminal Code* (Canada).

No penalty

(3) A member shall not be subject to civil, administrative, disciplinary, employment, credentialing, regulatory or other sanction or penalty, or loss of privileges, loss of membership or any other liability for refusing to participate, directly or indirectly, in medical assistance in dying.

#### Clarification

(4) For the purposes of this section, participate includes, but is not limited to, performing, assisting in the performance of or making a referral for any activities related to, or for the purpose of, medical assistance in dying.

#### Same

(5) For the purposes of this section, participate does not include the provision, upon request,

(a) of information about services that can provide access to medical assistance in dying;

(b) of a patient's relevant medical record to the patient; or

(c) communicating, to the appropriate person in authority, a patient's request for a complete transfer of care so that the person in authority can facilitate the transfer.

#### Conflicts with other legislation

(6) In the event of a conflict between this section and other legislation, this section prevails.

#### Commencement

2 This Act comes into force on the later of the day Bill 84 (*Medical Assistance in Dying Statute Law Amendment Act, 2016*, introduced on December 7, 2016) receives Royal Assent and the day this Act receives Royal Assent.

#### Short title

3 The short title of this Act is the *Regulated Health Professions Amendment Act (Freedom of Conscience in Health Care), 2017*.



# Protection of Conscience Project

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24 October, 2020

Dr. Ramona Coelho  
769 Southdale Rd E, Unit 9A  
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N6E 3B9

Dear Dr. Coelho:

Thank you for your enquiry about amendments to Bill C-7 [*An Act to amend the Criminal Code (medical assistance in dying)*]. I understand that you are seeking a protection of conscience amendment to the bill.

While the Project supports legislation that would have that effect, it does not appear to be constitutionally possible to include a protection of conscience provision in Bill C-7. Canadian provincial governments have primary jurisdiction in human rights law, so any attempt to include a protection of conscience provision in Bill C-7 would be rebuffed as an unconstitutional trespass on provincial jurisdiction.

That, however, is not the end of the matter.

Euthanasia and assisted suicide (MaiD) involve distinct federal and constitutional jurisdictions that require different responses from national and provincial governments. The exemptions in criminal law that permit euthanasia and assisted suicide are exclusively within federal jurisdiction. However, provinces have the authority to regulate the practices within the parameters set by the criminal law.

The Parliament of Canada can use its criminal law power to prohibit procedures that might be asked of physicians or other health care workers. For example, it has forbidden female genital mutilation, and the government plans to prohibit some forms of "conversion therapy." Subject to constitutional challenges, criminal legislation would override contrary provincial law.

In putting forward Bill C-7 the federal government is exercising its absolute constitutional jurisdiction in the criminal law respecting homicide and suicide. Within that context, Bill C-7 can be amended in a way that would have the effect of protecting freedom of conscience without intruding upon provincial jurisdiction. Just as it has made female genital mutilation a crime, the federal government can make it a crime to coerce participation in homicide and suicide.

I have enclosed an amendment to Bill C-7 that would add a section to the general provisions of the Criminal Code concerning homicide and suicide. It uses the language of the criminal law: inflicting death, homicide, suicide and the well-established and well-understood criminal concept of "parties" to acts. The proposed amendment would establish that, as a matter of law and national public policy, no one can be compelled to become a party to homicide or suicide, or punished or disadvantaged for refusing to do so.

The amendment would not prevent the provision of euthanasia or assisted suicide by willing practitioners, nor rational arguments aimed at persuading practitioners to participate, nor the offer of incentives to encourage participation. It is an addition that does not otherwise change the text of Bill C-7. Nor does it touch the eligibility criteria proposed by the Supreme Court and subsequent cases.

However, the amendment would prevent state institutions or anyone else from attempting to force unwilling citizens to be parties to killing someone or aiding in suicide. It would prevent those in positions of power and influence from harassing, punishing or disadvantaging anyone who refuses to be a party to inflicting death on others.

This is an eminently reasonable and fully defensible exercise of Parliament's jurisdiction in criminal law. The need for the amendment is demonstrated by policies in Ontario, Nova Scotia, New Brunswick and Manitoba that compel health care workers to become parties to inflicting death upon patients, and by the fact that Bill C-7 will increase demands that they participate in euthanasia and assisted suicide in increasingly controversial cases.


The proposed amendment would not interfere with the full and legitimate exercise of provincial jurisdiction in health care or the regulation of medical professionals. Rather, it would re-establish and preserve a foundational principle of democratic civility: that no one and no state institution should be allowed to compel unwilling citizens be parties to killing other people.

I understand that some people are offended or made uncomfortable by the use of the terms "killing," "homicide" and "suicide" in relation to euthanasia and assisted suicide. However, killing, homicide and suicide are the subject of the provisions of the *Criminal Code* concerning medical assistance in dying. Lawyers from the Department of Justice and the Criminal Lawyers' Association made that abundantly clear to the parliamentary committees considering a response to the *Carter* decision. Mr. Justice Moldaver of the Supreme Court of Canada, one of the judges who wrote the *Carter* decision, was equally candid when discussing legislative safeguards:

When Parliament authorizes someone to kill somebody, they might want judicial approval first. They might want to put in measures that ensure so far as possible that we are not killing people who really ought not to be killed.

The enclosed amendment to Bill C-7 would ensure, so far as possible, that no one in Canada is forced to kill or to be parties to killing other people, no matter what others might want.

Sincerely,

  
Sean Murphy, Administrator  
Protection of Conscience Project



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# Proposed Amendment to Bill C-7

## An Act to amend the Criminal Code (medical assistance in dying)

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### Bill C7: Preamble (amendment italicized)

Whereas the Government of Canada has committed . . .;

Whereas Parliament considers that it is appropriate . . .;

Whereas under the Canadian Charter of Rights and Freedoms. . .;

*Whereas it is inconsistent with fundamental freedom and principles of fundamental justice to compel unwilling citizens to be parties to homicide and suicide;*

### Bill C7: adding section 5.

5. The Act is amended by adding the following after section 226:

#### Compulsion to participate in inflicting death

226.1(1) Every one commits an offence who, by an exercise of authority or coercion, compels another person to be a party to inflicting death by homicide or suicide.

#### Refusals to participate in inflicting death

(2) Every one commits an offence who

- a) refuses to employ a person or to admit a person to a trade union, professional association, school or educational programme because that person refuses or fails to agree to be a party to inflicting death by homicide or suicide; or
- b) refuses to employ a person or to admit a person to a trade union, professional association, school or educational programme because that person refuses or fails to answer questions about or to discuss being a party to inflicting death by homicide or suicide during the admissions process.

#### Coercion to participate in inflicting death

(3) Every one commits an offence who, for the purpose of causing another person to be a party to inflicting death by homicide or suicide

- (a) suggests that being a party to inflicting death is a condition of employment, contract, membership or full participation in a trade union or professional association, or of admission to a school or educational programme; or

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- (b) makes threats or suggestions that refusal to be a party to inflicting death will adversely affect
  - (I) contracts, employment, advancement, benefits, pay, or
  - (ii) membership, fellowship or full participation in a trade union or professional association.

### **Definitions**

(4) For greater certainty, in this section,

- a) "person" includes an unincorporated organization, collective or business;
- b) "inflicting death by homicide or suicide" includes medical assistance in dying as defined in Section 241.1.

### **Punishment**

(5) (a) Every one who commits an offence under subsection (1) is guilty of an indictable offence and liable to imprisonment for life.

(b) Every one who commits an offence under subsection (2) is guilty of an indictable offence and liable to imprisonment for ten years.

© Every one who commits an offence under subsection (3) is guilty of an indictable offence and liable to imprisonment for five years.