



Brief submitted to the Standing Committee on Justice

Re: Bill C-7

[Collectif des médecins contre l'euthanasie](#)

[Physicians' Alliance against Euthanasia](#)

The Physicians' Alliance against Euthanasia was founded in 2012 by a group of Quebec doctors, and now has over 1100 physician members in all fields of practice and across Canada. We are physicians who see any law allowing doctors to intentionally end the life of their patients as contrary to the goals of medicine and the good of our patients, especially the most vulnerable and those who cannot speak for themselves.

To the Committee,

The danger of universal euthanasia access is similar to the passive, ever-present danger of drowning. A few people will die voluntarily by jumping in the water. But others will simply stumble. And yet others may be pushed.

Similarly, while some people will truly die by choice, others may “choose” euthanasia on a whim born of passing despair. But worse still: all people eligible for euthanasia become automatically vulnerable to pressure from others who cannot bear to see them suffer, are exhausted by their care, or will in some way benefit from their death, be they health professionals, caregivers or heirs.

Such was the obvious danger of euthanasia, *even for patients at the end of life*, in our current federal law C-14. However Bill C-7, introduced subsequent to the Quebec Superior Court's [Truchon-Gladu](#) decision, threatens to massively extend this danger to all ill and disabled individuals regardless of their life expectancy.

As a result, several important stakeholders in euthanasia policy have voiced concerted opposition to Bill C-7, which we propose to discuss briefly before offering our own conclusions.

Medical reaction to Bill C-7

[A common statement has recently appeared](#), signed by over 900 physicians and entitled ***Bill C-7, From MAiD to MAD: Medical Assistance in Dying becomes Medically Administered Death.***

Excerpted from this statement are the following points:

“Many Canadians are not even aware of Bill C-7, which was re-tabled on October 5, 2020 in the federal Parliament. This bill, expanding “medical assistance in dying” (MAiD) to virtually everyone who is sick and suffering in Canada, will, if passed in its current form, make our country the world leader in administering death.

As medical doctors, we feel compelled to voice our dismay at how individuals who have little lived experience of the realities involved in the everyday practice of medicine suddenly and fundamentally changed the nature of medicine by decriminalizing euthanasia and assisted suicide...”

Nor are doctors alone in denouncing this appalling development. In fact, such medical opinion is nothing more than a defence of the interests and desires of our patients.

Reaction of disabled Canadians

On October 4, 2019, long before consideration of new legislation, members of the disabled community demanded a federal appeal of Truchon-Gladu, in a [statement](#) signed by 72 distinct organizations managed by and for disabled individuals. It is a de facto expression of the will of the entire community, yet it was inexplicably ignored.

“It (Truchon-Gladu) fails to respect Parliament’s authority to balance the interests of individuals with the interests of society...

The decision will entrench stereotypes and exacerbate stigma for Canadians with disabilities...

Without the end-of-life criterion in place, Canada’s medical assistance in dying legislation will further violate article 10 of the United Nations’ Convention on the Rights of Persons with Disabilities (CRPD).”

Following the government’s astonishing refusal to appeal a lower court’s invalidation of its own law, the disability community continued its communications, including a national forum on End of Life, Equality, and Disability in January 2020, and numerous statements by various organizations, culminating in [an impassioned plea from the Council of Canadians with Disabilities](#) on October 5, 2020 that concludes :

“Canada should show its resolve to be a kinder and gentler nation. We do this through active support of our human rights ... not by expediting peoples’ death – especially when our so-called “choice” for an early death arises from fear of loneliness, neglect and shortage of help to live with dignity at home.”

Clearly, the most egregious harm of Bill C-7 lies in the extension of euthanasia to those who are not dying. The Carter decision specified that any legalization of euthanasia must include effective safeguards, of which the reasonably foreseeable death criterion was one.

In addition, Bill C-7 only requires that patients be *informed* of real alternatives to death in order to relieve suffering. That is clearly insufficient, given the scarcity of medical, psychological, and social resources for the many groups of people who might contemplate death as a solution to their troubles. It is essential that such alternatives be *actually available* to all patients considering euthanasia.

Although the time period to appeal the Truchon decision expired over a year ago, the federal cabinet could refer any question concerning the constitutionality of Bill C-7 to the Supreme Court of Canada under the provisions of paragraph 53(1) of the Supreme Court Act R.S.C., 1985, c. S-26.

Our dispute with Bill C-7 is also supported by a recently published [open letter to Parliament](#) written by 146 lawyers and law students, expressing multiple concerns:

“Bill C-7 does not just expand MAiD; it fundamentally redefines it. No longer limited to hastening death, Bill C-7 embraces MAiD as a means of terminating an otherwise viable life – *but only the life of someone with an illness or disability* (italics added).

Bill C-7 (therefore) undermines our constitutional commitment to the equal and inherent value of all lives”

And on that basis, these legal scholars and practitioners conclude, as we do also, that Truchon-Gladu was too narrowly decided, considering only the perspective of the petitioners, and seriously violates the “*Charter* rights of those who could be negatively impacted by the far-reaching effects of a widely-expanded euthanasia regime.”

Other issues mysteriously bundled in Bill C-7

Whereas the end-of-life provision is of greatest importance, certain other elements of Bill C-7 have nothing to do with the requirements of Truchon-Gladu and their effects go far beyond compliance with that judgment. Two of these involve weakening euthanasia safeguards *in cases where natural death is*

reasonably foreseeable: It is proposed that the existing ten-day waiting period be eliminated for all patients; and that the number of witnesses to the request be lowered from two to only one (who may also be a health care professional involved in the patient’s care).

In [an interview](#), Dr. Leonie Herx, Chair of Palliative Medicine at Queen’s University and one of the authors of the medical statement on bill C-7 stated:

“It’s very reckless because the healthcare team might have a significant bias (toward MAiD), and there is a differential in expertise between the team and the patient. The difference in authority or power does exist, and is a form of coercion, whether subtle or overt...”

“You could be diagnosed with a serious illness and become dead on the same day... It’s reckless in making Canada the only country in the world setting this new standard for medicine where we’re putting death over known, existing, well-tolerated treatments.”

Advance directives and capacity to choose

Another example of poisonous add-ons to Bill C-7 involves certain innovations surrounding the use of “advance directives” for euthanasia. The letter from the lawyers states:

“Bill C-7 eliminates key statutory protections that help protect those considering MAiD from being euthanized against their true wishes.

Bill C-7 thus opens the Criminal Code to allowing, for the first time, the possibility of non-consensual homicide of an innocent victim.”

These are extraordinarily serious charges. Especially knowing that a significant proportion of patients who have made a formal request for medical aid in dying withdraw their request (151 people, 7.8% of requests in Quebec in 2018-19, according to the [report of the Commission des soins de fin de vie](#)).

Our position

The Physicians' Alliance against Euthanasia finds astonishing the fact that our federal government shirked its responsibility to appeal the Truchon-Gladu decision, and to defend the common good over narrow personal interests.

We find incredible that government should not only accommodate Truchon-Gladu, but exceed its requirements in Bill C-7.

We recall with insistence that the intended clientele for non-end-of-life euthanasia are massively opposed to its legalization.

And we affirm with a weary determination that many, many physicians remain opposed to euthanasia in principle, and most vehemently, to any expansion thereof.

In short, we call (at best) for the immediate withdrawal of Bill C-7, or (at worst) for important amendments:

1. Instead of a 90-day waiting period for people considering MAiD who are not near the end of life, require that all other means of relieving suffering be not only considered, but made available and attempted, not as hurdles with MAiD as the goal, but sincerely, with the goal instead of making life liveable. This is done in other jurisdictions with a much longer experience with euthanasia than we have.
2. Permit doctors to withdraw completely from the path taking their patients to death from MAiD. We do not object to providing information. We consider that to refer patients to a MAiD provider is to collaborate in sending them to their death. Include in the Criminal Code that no one should be required to perform, collaborate in, or aid and abet MAiD. This measure would above all protect patients, by allowing them to choose a doctor for whom MAiD is not an option.
3. Reinstate the ten-day waiting period for patients near the end of life, the requirement of two witnesses, and the requirement that no one be euthanized who cannot consent to the act at the moment of death.

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*The Physicians' Alliance **Against Euthanasia***

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