The Euthanasia Prevention Coalition (EPC) intervention concerning Bill C-14.

To the Senate Legal and Constitutional Affairs Committee.

The Euthanasia Prevention Coalition (EPC) is a coalition of healthcare workers, people with disabilities, seniors and members of faith communities that was formed in 1998. Our mandate is to preserve and enforce social, legal and medical safeguards to protect people from assisted suicide and euthanasia and to promote compassionate healthcare respectful of the lives, dignity and autonomy of vulnerable people. We have intervened with written and oral submissions in court cases, including the *Carter case*, where we intervened at every level and we have advocated through Parliament concerning bills, and motions.

EPC has 25,000 contacts with a membership base that extends to every region of the country.

Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) was tabled in the House of Commons on April 14. Bill C-14 does not follow the construct of the *Carter* decision and in some ways it is contrary to *Carter*.

The imprecise language to regulate euthanasia and assisted suicide, in Bill C-14, will enable future extensions of these acts. Bill C-14 also employs dangerous language that enables anyone to participate in euthanasia and assisted suicide, opening the door to future problems far beyond what the *Carter* decision.

There are many more problems with Bill C-14 that must be amended if the Canadian government hopes to control euthanasia and assisted suicide.

The first issue is how Bill C-14 is contrary to the language and intention of the *Carter* decision. EPC is concerned that if Bill C-14, in its current form, becomes law, that future court cases will result in the law being struck down leaving no protection in law for Canadians living with vulnerable life conditions.

In *Carter*, the Supreme Court removed the prohibition on assisted suicide and a limited form of euthanasia for:

“a competent adult person who:

(1) clearly consents to the termination of life and

(2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.”

Bill C-14 does not ensure that the provisions of *Carter* are upheld. The Supreme Court stated that *Complex regulatory regimes are better created by Parliament than by the courts* (Para 125). *Carter* was requiring parliament to create a complex and effective regulatory regime to protect Canadians who were experiencing vulnerable conditions.

The problem is that the "safeguards" within Bill C-14 employ imprecise language that will not effectively protect Canadians at a vulnerable time of their life.

Section 241.2 (3)(a) states: *a medical practitioner or nurse practitioner must only: be of the opinion that the person meets all of the criteria set out in subsection (1);*

The phrase – be of the opinion - does not ensure that all of the criteria of the law is met. *Carter* requires a rigorous regime of safeguards, not an illusion of safeguards. It would be impossible to prove that a medical or nurse practitioner was not of the opinion that the person met all of the criteria. An objective standard is required.

Section 241.2 (3)(a) needs to be amended to state that the medical practitioner or nurse practitioner: **must ensure** that the person meets all of the criteria set out in subsection (1).

Section 241.2 (3)(c) only requires that a medical practitioner or nurse practitioner: *be satisfied* that the request was signed and dated by the person — or by another person under subsection (4) …;

The phrase – be satisfied – does not meet the standard of *Carter*. Carter requires that the person *clearly consents to the termination of life*. An objective standard is required.

Section 241.2 (3) must be amended by stating that the medical practitioner or nurse practitioner must **ensure** that the request was signed and dated…

Amendments to Bill C-14 are required based on the fact that it provides legal immunity to "any person" who does "anything" to directly participate in acts of euthanasia or assisted suicide.

Section 241 (3) states: *No person is a party to an offence under paragraph (1)(b) if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying in accordance with section 241.2*. There is a similar provision at Section 227(2).

Section 241 (5) states: *No person commits an offence under paragraph (1)(b) if they do anything, at another person's explicit request, for the purpose of aiding that other person to self-administer a substance that has been prescribed for that other person as part of the provision of medical assistance in dying in accordance with section 241.2*.

Sections 241(3) and 241(5) open the door to significant abuse of the law. These sections of the bill are dangerous and unnecessary and must be removed.

No other jurisdiction, in the world, offers legal immunity to "any person" who does "anything" to participate in euthanasia and assisted suicide.

These sections of the bill are very dangerous because they cannot be controlled, they can be interpreted in a very wide manner and they create the perfect defense for other acts of homicide.

Under the title: Reasonable but mistaken belief, Section 241(6) states:

For greater certainty, the exemption set out in any of subsections (2) to (5) applies even if the person invoking the exemption has a reasonable but mistaken belief about any fact that is an element of the exemption.

Considering the bill as a whole, Section 241(6) provides blanket immunity for any act based on a reasonable but mistaken belief. Considering Bill C-14 concerns life and death decisions **Section 241(6) must be removed from the bill**.

Bill C-14 lacks conscience protection for medical practitioners and nurse practitioners.

Canada is a pluralistic society that celebrates many different cultural and moral beliefs. To legalize euthanasia and assisted suicide without protecting medical and nurse practitioners who consider acts that directly and intentionally cause the death of their patients as an anathema fails to respect the pluralistic nature of Canadian society. Conscience protection for medical practitioners, nurse practitioners and medical institutions is fundamental to the equality and respect due to every Canadian within a pluralistic society.

The final problem with the bill is that it lacks a prior judicial or third-party review.

Bill C-14 enables two medical practitioners or nurse practitioners to approve the death, one of the two medical practitioners or nurse practitioners will then carry-out the death, and then the person who carried-out the death reports the death. This system does not provide effective oversight of the process.

The Supreme Court of Canada created a system of oversight on January 15, 2016 when they extended the time-frame for parliament by four months by deciding that Superior Court judges would decide whether a person qualifies for assisted death based on being "*a competent adult person who clearly consents to the termination of life and has a grievous and irremediable medical condition that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition*."

A system of judicial or committee oversight must be implemented to ensure effective oversight of the law.