I wrote the attached to Parliamentary members concerning the Federal Bill C-7 on this subject. I would appreciate it if you would read it and consider my comments in your deliberations.
There are two key aspects to such a bill; the moral decision for the patient and the corresponding moral decision for the doctor and medical staff carrying out the procedure. Even if patients choose to arbitrarily end their lives, medically it is only possible, if an attending physician and support staff are available and willing to do it. This means that there will be instances when there are no physicians or staff who are willing to carry it out. If such a law is passed, then patients will conclude that they have a right to the procedure and the healthcare system will be obliged to provide it. This will result in doctors and staff being forced against their consciences under pain of losing their practice licenses and only medical practitioners whose consciences allow them to take life will be licensed to practice medicine. Is this what we want?

The other key aspect of this issue is the concept that some lives are not worth living in some patients’ eyes. Are we a society of life or one of death? Death is not just another lifestyle choice; it is the cold end of life. Both God and Nature are aligned to life. They both gave humans the ability to create new life. Our bodies exhibit many automatic and biochemical means to prolong life and fight disease.

Sometimes disease can overcome all of the body’s natural defenses and we die as a result, but the body’s defense system invariably tries. I watched my wife of 57 years fight valiantly against breast cancer and 2 other cancer variants over 21 years. Her body tried to ward off the disease and the wonders of modern oncologists and chemotherapy kept her going for those 21 years plus her indomitable will to live and function. In those 21 years after retirement she did so much good for so many people including our 4 children and the companionship she offered me in the process. Her courage was an inspiration to our family including the extended family of nieces and nephews, brothers and sisters. She generously gave our church time and effort, she cooked for others in time of need, she participated in our neighborhood social life and in clubs and community groups. She did this in spite of being limited to a cane to walk and difficulties getting up. She still managed to drive her car and stay INVOLVED. Everyone she touched benefitted from her living and interacting. She never complained about
the disease; she just figured out how to deal with it and continue to be active. Even in her last month, when in palliative care, she valiantly tried to follow the exercise program suggested by the physio expert assigned to her case. She never succumbed. Eventually she lost the use of her muscles and was bedridden, but, continued to be aware of the life around her and interact with the care attendants always having a friendly comment to them. Fortunately, she passed away without pain; a blessing when dying of cancer. Until she became unconscious she contributed to the life around her and the world was a better place for her existence. She didn’t think she had lost her dignity even though she had to be lifted and propped in the bed to keep her comfortable as well as fed by hand. Autonomy is not equal to dignity. Dignity is what we feel about ourselves and how we carry ourselves. It does not mean being independent. She was always caring for others and willing to inconvenience herself for others. I learned so much from her. When she asked me a few months before the end, if I thought all the treatment was worth it, I answered, “I’m on the side of life”, meaning that I would do whatever it took to support her. Eventually God called her to him and myself and our children must carry on with her inspiration and memories, but we had an extra 21 years due to her courage and will to live as uncomfortable as it might have seemed at times.

Does making it as easy as possible for those who might be in despair or lonely or disabled to terminate their lives with a chemical help our existence or does it diminish and devalue human existence? Shouldn’t we encourage toward life those who think they should terminate their lives and make it easier for them to carry on even in the face of adversities that leave them dependent on others and on equipment? We all have unique personalities and minds that contribute to those around us even with a limited existence. Even in palliative care for an extended time we can still make unique contributions to the life around us.

And then there is the whole point that we do not create ourselves and our lives; they are a gift from God or Nature through our parents. How can we arbitrarily terminate something we did not create to start with? Only natural death can satisfy God and Nature. We don’t know what we may contribute to those around us in the extended life to natural death. Even those, who in some eyes have lost their dignity by being bedridden, often can still talk and listen to great comfort for their loving ones.
Having passed through this rich experience with my loving and beloved wife to her death under my eyes I simply cannot understand this drive to legalise and by implication force medical professionals to participate in an act they cannot in conscience support. Why would compassionate people want to encourage others to choose death before nature is ready? Does it not diminish life and, in particular, reduce the value of those who might have serious problems, when we could help them to see the value of life and put our energy and effort into supporting them. Implicitly it diminishes those who are driving this legislation and they, in effect, are doing themselves and others great harm by devaluing life in general.

I understands that the current bill C-7 is basically an extension of the 2016 original bill C-16, which decriminalised the basic concept of Medical Assistance in Dying, but the individual changes all seem to simply make it that much easier for patients to decease themselves and in the process reduce the safeguards (I have made the effort to download both bills and have read them entirely). I personally find these bills alarming and have concluded that they will promote patients to take their lives, when counselling and compassionate support would help to continue their lives until natural death. The other “elephant in the room” is that the application of providing this medical action falls under the responsibility of the provinces, who will be under pressure to force physicians and their staff to carry out these death procedures against their own consciences or be forced to surrender their licenses to practice medicine. There is no provision in these bills to protect these medical personnel from losing their licenses. Already there is a court case proceeding in Ontario regarding doctors defending themselves from an order by the OMA to accept carrying out euthanasia and abortion procedures. This is a clear violation of the Charter of Rights provision of freedom of conscience.

At a minimum I recommend that bill C-7 should not be passed into law.