

Perspectives



The deVeber Institute for Bioethics and Social Research



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Bill C-7: Medical Assistance in Dying

*Reflections on the
Passage of Bill C-7*

*Bill C-7 Emergency
Lecture Series in
Review*

*Emergency Lecture
Feedback*

On February 23 and 24, the deVeber Institute hosted a two-day Emergency Lecture series in response to the proposed changes under Bill C-7 and the urgent need for improved access to palliative care. Bill C-7 put forward a mass expansion of Canada's laws concerning Medical Assistance in Dying (MAiD), the specifics of which are detailed in the article by Dr. Coelho and Dr. Kotalik (pages 2 and 5). At the time of the lecture, the Bill was working through the House of Commons and the Senate.

The response to the Emergency Lecture was remarkable with over 700 registrations, and continuous views on our website and YouTube. The presentations were shared with Members of Parliament and the Senate.

Bill C-7 was, however, passed into law on March 17, 2021. In the wake of this devastating news, the deVeber Institute promises to continue to lead research and initiatives on Medical Assistance in Dying and how to protect society's most vulnerable. Our work is far from over.

Medical Assistance in Dying Bill Should be Voted Down

BY DR. RAMONA COELHO AND DR. JARO KOTALIK

This article was written shortly before the vote on Bill C-7.

We are living in unusual times and it is not just the pandemic. Bill C-7 (Medical Assistance in Dying) is also in its final stages before the Senate. MAiD will be allowed for Canadians who are not dying but who live with mental or physical illness.

In protest, thousands of people have signed petitions, contacted their members of Parliament and written to newspapers protesting. The Canadian Mental Health Association, all national disability organizations, Indigenous leaders and the United Nations have all raised their voices in protest, but sadly these have all been ignored by this government.

What explanation is there for this extraordinary level of disagreement not being taken into account by our Canadian politicians? Are parliamentarians so comfortable in their position of privilege that the lack of resources provided to disabled and marginalized persons is something they cannot fathom?



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We theoretically cherish universal medical coverage so that everyone has an equal opportunity for healing, maintaining health and improving quality of life. And yet much of the essential care for those with physical and mental illness is not easily accessible or funded. If we lack the commitment to equality of living, then Bill C-7 is appealing because it provides one cheap, universal treatment for every human ill – a medically administered death. Without rectifying the Canadian health care crisis, the rush to pass Bill C-7 is unconscionable.

What are the fundamental changes that Bill C-7 will enact to our 5 year old assisted dying program?

Firstly, It would make MAiD available not just for people at the end of life but **anyone who has an incurable physical condition**. For example, a young person with **diabetes**; an older person with **arthritis**; a person with a longstanding **disability**, would all be equally acceptable candidates for assisted death. Why? Because these meet the conditions of “serious and incurable” conditions with “irreversible decline”, and these are two main eligibility criteria for MAiD. Individuals only need to add that they experience intolerable physical, or psychological suffering that cannot be relieved ‘under conditions acceptable for them.’ These patients become eligible for medically administered death, even if they did not receive or could not access treatment.

Secondly, Bill C -7 would make **people with mental health illness eligible for death**. This despite no evidence that mental health disorders are irremediable. Further, because transient thoughts of suicide are a hallmark of mental illness, patients who now manage with treatment may give up at their next

relapse and ask for death. MAiD has been promoted as an expression of a person’s autonomy, yet if a disease is responsible for suicidality and for feeling worthless, can we truly believe the person is making an autonomous decision?

Finally, Bill C -7 would **remove some safeguards** that were enacted in the current MAiD regime. Removing safeguards, without evidence of futility while simultaneously expanding eligibility criteria, does not make any sense.

The discussion in Parliament referred to the need to pass Bill C-7 in order to provide relief to those who are suffering.

What is this suffering? According to the 2019 federal government report on MAiD, the cause of suffering in one out of three (34%) recipients of administered

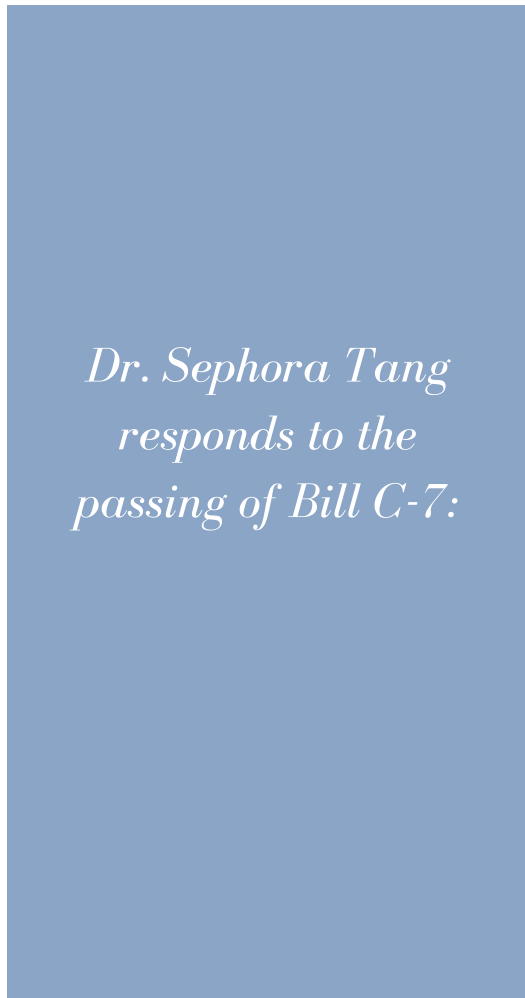
deaths was a perceived burden on family, friends and caregivers and for one out of five (18.4%) it was **isolation, loneliness, emotional distress or fear.**

Offering death to people with these crises, rather than providing them with social support and practical assistance, is the height of cruelty and neglect.

The 2016 MAiD legislation attempted to balance the availability of assisted death for competent patients at the end of their life whose suffering could not be relieved, while adding safeguards to protect all others.

Bill C -7 would destroy this balance and should not be passed. MAiD should remain a last resort, not an option to end painful lives while the government fails to provide options to live.

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Against this sad and troubling backdrop, I am hoping this conversation will help to shift our focus to mobilizing our communities to come together in a way like never before to care for each other, so that all people will feel that they are loved, that they belong, and that they are provided the resources necessary for them to want to continue living.

We each have a role to play in shaping the culture of our society, beginning with how we treat each other in our families, our schools, parishes, communities and the world at large. Let us each do what we can, within our own sphere of influence, to make our communities safer, kinder, more welcoming, and inclusive, so that no one will be led to choosing an early death.

While our government has failed in its fundamental duty to protect human life, we each must still do what we can to build a culture that is life-affirming. Never forget that an encouraging word or random act of kindness could very well be the pivotal moment in which a person living a life of quiet desperation sees reason to turn again towards the light. Be the one to light that candle in the darkness, and together, we can transform the world.

In Review: Emergency Lecture Series

The following are excerpts from the empowering presentations shared by the bioethicist, lawyer, and doctors who came together for the Emergency Lecture Series.

The deVeber Institute is grateful for the contributions of these esteemed presenters. We honour their work in bringing a voice to the ethical concerns surrounding the expansion of MAiD in Canada and the need for increased access to palliative care .



Along with people who want MAiD there are also many people who want hospice palliative care at the end of their lives without fear that we are going to shorten their lives prematurely or provide MAiD without their consent.



- Dr. Leonie Herx



It is ironic that we're attempting to save all lives at all costs with covid-19 and protecting the vulnerable and elderly in nursing homes, but Bill C-7 on the other hand is prioritizing their deaths. It blurs the lines and makes it difficult for people who are vulnerable and suffering to choose life when the easier route seems to be to choose death.



- Dr. Thomas Bouchard



*(In the First Annual Report of the Federal Government)
Only Ontario and Quebec released some information about their examination of MAiD reports from their provinces, but there is no information in the public domain for the remaining eleven jurisdictions in Canada.*



- Dr. Jaro Kotalik



A well functioning conscience is the best guarantee that society can have that the patient's and society's interests are well served in our healthcare system.



- Dr. Ramona Coelho



I don't think able bodied people realize the difficulties that people in the disabled communities face especially when they are living in poverty and struggling every day just to survive. These challenges can seem monumental especially when coupled with an unmanaged mental illness and inability to access care. It is against this stark backdrop that our federal government is legislating increased access to MAiD.



- Dr. Sephora Tang



*Are we seeing autonomy where in fact we have desperation?
Are we facilitating desperation and seeing autonomy?*



- Dylan McGuinty Jr.



(Palliative care) can ensure a better quality of life from the physical, social, psychological, and spiritual point of view. Don't wait until the end of life for a palliative care referral. With earlier engagement and with its wholistic approach for caring for a person we hope that we can reduce some of the referrals for euthanasia.



- Bob Parke

The Spanish translation of sections of *Complications: Abortion's Impact on Women* is in the works!

**Do you want a copy?
Do you have distribution ideas?
Contact us!**

The complete lecture series is available online at www.deveber.org

Response: Emergency Lecture Series

Thank you to everyone who attended the lecture on Bill C-7 and Palliative Care and for your efforts in continuing to share this important discussion.

Excellent presentations. I think I am now better educated on C-7... And, for me, it has changed my mind on MAID - which, I was, I am sad to say, in favour of! Death is not a pretty process, but, in our society, we have now put it into a "box". For me, because of that, I would have chosen MAID. But, after the webinar, I have now changed my mind and will speak with family and friends to help them understand not only the ramifications of MAID, but also, to seek palliative care and to insist and pressure our elected officials for, not only funding, but also, for taking care of one another!

Thank you for this event. Well-chosen and well-spoken presenters. I especially appreciated the tone of the whole event: talking about an important, urgent topic, not downplaying the urgency, while giving a sense of hope.

This was a very informative presentation. The physicians involved were passionate and caring. It is obvious that all of us have a role in protecting the most vulnerable as well as protecting the conscience rights of all health care providers.

The sessions were wonderful. The speakers were remarkable in their knowledge, passion, commitment and heart for helping people live rather than succumb to MAiD. Thank you for putting this inspiring, urgently needed workshop together. It was compelling.

We are starting new research projects, do you have a proposal? Are you interested in volunteering for the Institute?

Contact Us!

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