

John S. Bulsza
102 East St.
London, ON, N5Z 2R5
April 13, 2016

**A submission to the Corporate Services Committee of the City of London,
Meeting of Tuesday April 26, 2016**

Dear Chair and members of the Corporate Services Committee:

Due to the urgency of the said below matter, I would like to make a submission at the upcoming council meeting of April 19, 2016, (submission deferred April 15 to Corporate Services Committee).

The matter of urgency is the federal government's imminent drafting of a bill to legalize assisted suicide and euthanasia.

My submission is intended to appeal to City Council to take an active role in preventing such a bill from becoming a reality.

What law is passed at the federal level will impact the provincial level and the front lines of society, the municipal level.

I would ask Council to make a concerted effort to request Parliament to invoke the notwithstanding clause (of section 33ⁱ of the Canadian Charter of Rights and Freedoms), to put a hold for up to five yearsⁱⁱ on the Supreme Court's mandate to create a law that would legalize assisted suicide and euthanasia. This would give the needed time to get a full nationwide input on the matter and seriously study and debate the issue, and hopefully create a new law through amendments that would protect every citizen from assisted suicide and euthanasia.

I believe The City of London has the power, and I hope and pray, the will to communicate with the federal government, to invoke the notwithstanding clause.

My submission will include select reasons why assisted suicide and euthanasia are not the course to take in our country and at our municipal level. The rationale is given by some of our own local citizens in their leadership roles. Please see below.

My contact information is [REDACTED] and phone number is [REDACTED]

Sincerely, John S. Bulsza (Citizens Of and For a Life Affirming Society)

Cc. councilor of Ward 1, Michael van Holst; City Clerk Cathy Saunders, Mayor Matt Brown

Excerpts from select Roman Catholic clergy

1. "The right to life is not a matter for Christians only, it is a human right for all. To formally cooperate in the killing of the disabled, frail, sick or suffering, even if motivated by misplaced compassion requires a prior judgement that such lives do not have value and are not worth living. But all human life has value. The law should protect all life. No one forfeits the right to life because of illness or disability".

(Archbishop Terrence Prendergast, S.J., Archbishop of Ottawa diocese, A Pastoral Exhortation on Euthanasia and Physician Assisted Suicide, March 5, 2016)

2. "If there is not a sustained effort by all of us and by each generation to uphold and protect the inalienable dignity of human life, society suffers devastating consequences". (Bishop Ronald P. Fabbro's letter of Feb 18, 2016 to all MPs in the diocese of London) See attached three copies of the letter for the full expression of Bishop Fabbro's concerns and exhortations, to three local MPs.
3. "Implementation of the Court's decision would have drastic negative effects in our country. Killing a person will no longer be treated as a crime but as a form of health care. The best option would be to invoke the not-withstanding clause, as provided by Section 33 of the Canadian Charter of Human Rights". (Ibid)
4. "The decision of the Supreme Court in Carter vs Canada has seriously undermined our society's moral obligation to protect the lives of its members in each and every circumstance, and most especially the lives of the weakest and most vulnerable". (Ibid)
5. "The teaching of the Catholic Church and the stance of the Catholic Bishops of Canada are clear. Suicide is not part of health care. Killing the mentally and physically ill, whether young or aged, is contrary to caring for and loving one's brother and sister. The dignity of the human person and the flourishing of the human community demand: 1) protection and respect for each human life from conception to natural death, and 2) "freedom of conscience and religion"ⁱⁱⁱ for each person as well as each institution. Social wellbeing, personal security and the common good – together with religious faith – involve safeguarding, not endangering the lives of those [who] suffer." (Bishop Douglas Crosby, OMI, bishop of the Hamilton Diocese and president of the Canadian Conference of Catholic Bishops, Letter entitled Pastoral Statement for the Catholics of Canada on the report issued by the Special Joint Committee of the Government of Canada, entitled *Medical Assistance in Dying: A Patient-Centred Approach*) (Copy enclosed)

Other quotes and thoughts

1. As God is part of our Constitution and law - as it states in the preamble of the Canadian Charter of Rights and Freedoms: "Whereas Canada is founded upon principles that recognize the supremacy of God"; and, as it is exemplified in our courts with the mottos over the judges' seats: "Dieu Et Mon Droit" (meaning : God and my right, God and my right hand, God and my lawful right, and God and my right shall me defend^{iv}); and, "a mari usque ad mare" (meaning from sea to sea - a part of Psalm 72:8^v), so then we as a nation must not mock God, by legalizing assisted suicide and euthanasia, and we as a nation must align our laws with the dignity, moral principles and Divine laws given to us by God and not stray from the Judeo-Christian foundation that our nation was founded on, as we would if we were to accept legalized assisted suicide and euthanasia. Note the quality of a judge in Psalm 72 of the Hebrew Scriptures. (John Bulsza, citizen of London, ON) (Copy of Psalm 72 enclosed)
2. According to Alex Schadenberg, executive director of Euthanasia Prevention Coalition (EPC), the decision of the Supreme Court of Canada, in striking down the criminal code prohibitions on assisted-suicide, did not include evidence from jurisdictions that currently have assisted suicide and euthanasia, like Belgium, Holland, and Washington State (USA)^{vi}.

3. Alex gives several notes of abuse of the euthanasia and assisted suicide law in the above mentioned jurisdictions. The following is an example of one of many abuses: A study published in the New England Journal of Medicine (NEJM) on March 19, 2015 “examined 3751 deaths in the first six months of 2013, in Flanders region of Belgium and concluded that 1.7% of all deaths were hastened without request representing more than 1000 deaths yearly. The study also determined that euthanasia represented 4.6% of all deaths even though the official Belgium statistics indicated that euthanasia represented 2.4% of all deaths, meaning that almost half of all assisted deaths went unreported, which is a requirement of the Belgium law” .^{vii} “There were 61,621 deaths in Belgium in 2013” .^{viii}

4. “The Report of the Special Joint Committee on Physician Assisted Dying [euphemism for Assisted Suicide^{ix}] was released under the veneer of a ‘Patient Centred Approach’^x. The report lists 21 recommendations that ensure access to euthanasia and assisted suicide. Please see the 21 recommendations, attached, found in the publication The Newsletter, by Euthanasia Prevention Coalition, Number 172, March 2106

ⁱ <http://www.efc.ca/pages/law/charter/charter.text.html>: section 33. (1) Parliament or the legislature of a province may expressly declare in an Act of Parliament or of the legislature, as the case may be, that the Act or a provision thereof shall operate notwithstanding a provision included in section 2 or sections 7 to 15 of this Charter.

(2) An Act or a provision of an Act in respect of which a declaration made under this section is in effect shall have such operation as it would have but for the provision of this Charter referred to in the declaration.

(3) A declaration made under subsection (1) shall cease to have effect five years after it comes into force or on such earlier date as may be specified in the declaration.

(4) Parliament or the legislature of a province may re-enact a declaration made under subsection (1).

(5) Subsection (3) applies in respect of a re-enactment made under subsection (4).

ⁱⁱ Ibid

ⁱⁱⁱ Here Bishop Crosby is responding in part to the recommendations of the federal government’s Special Joint Committee making recommendations towards a new law. Recommendations 10 and 11 ask for no conscience protection for physicians who do not wish to refer their patients seeking assisted suicide, and all health-care institutions are expected to provide assisted suicide. See the full letter of Bishop Crosby, attached.

^{iv} https://en.wikipedia.org/wiki/Dieu_et_mon_droit

^v https://en.wikipedia.org/wiki/Arms_of_Canada

^{vi} Page 3 of The Interim newspaper, January 2016, Volume XXXIII, No. 11

^{vii} Euthanasia Prevention Coalition, The Newsletter, Number 170, January 2016, page 1

^{viii} Ibid, Number 171, February 2016, page 2

^{ix} Author John Bulsza’s clarification

^x Euthanasia Prevention Coalition, The Newsletter, Number 172, March 2016, page 1



DIOCESE OF
LONDON
OFFICE OF THE BISHOP

1070 WATERLOO STREET
LONDON, ONTARIO N6A 3Y2
CANADA
519-433-0658
FAX: 519-266-4353

February 18, 2016

Ms. Kate Young
Member of Parliament
390 Commissioners Road West, Suite 200
London, ON N6J 1Y3

Dear Ms. Young:

Following the decision last year of the Supreme Court in *Carter vs. Canada*, our country is facing a critical juncture. Along with many other Canadians, I am deeply concerned about the negative consequences of this decision, particularly for the sick, the vulnerable, the handicapped, and those suffering from mental illness.

As the spiritual leader of the Diocese of London, I speak officially on behalf of over 400,000 Catholics, many of whom are your constituents. It is in this role that I urge you to do everything within your power to limit the social and moral harm of the *Carter vs. Canada* ruling.

The issues before you in this matter are complex. For this reason, I ask you to consider the following points as you prepare to make your position known relative to any forthcoming legislation:

- If there is not a sustained effort by all of us and by each generation to uphold and protect the inalienable dignity of human life, society suffers devastating consequences.
- Implementation of the Court's decision would have drastic negative effects in our country. Killing a person will no longer be treated as a crime but as a form of health care. The best option would be to invoke the not-withstanding clause, as provided by Section 33 of the Canadian Charter of Human Rights.
- Section 7 of the Canadian Charter of Rights and Freedoms guarantees the right to life, liberty and security, but the ruling in *Carter v. Canada* focuses principally on liberty at the cost of life and security.
- The experience of the few nations which have legalized euthanasia and assisted suicide indicate that efforts to limit assisted suicide and euthanasia to particular cases are inevitably challenged and rejected in favour of more liberal and widespread access. The so-called "right" to euthanasia and assisted suicide very quickly and easily turns into a "duty" to die. This is particularly worrisome in our country's context of a universal health care system servicing a rapidly aging population and entirely dependent on a shrinking tax base.

Ms. Kate Young
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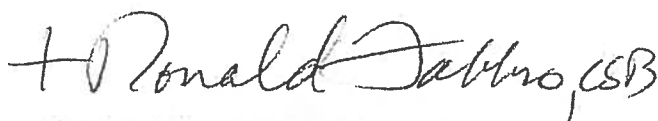
- The legalization of euthanasia and assisted suicide inevitably creates a heightened sense of anxiety among all who are vulnerable – the handicapped, the elderly, the chronically ill, the depressed, and the dying – and whose lives and claims to societal support are thus rendered tenuous.
- The decision of the Supreme Court in *Carter vs. Canada* has seriously undermined our society's moral obligation to protect the lives of its members in each and every circumstance, and most especially the lives of the weakest and most vulnerable.
- The Canadian Medical Association has estimated that two-thirds of physicians in this country do not wish to be involved in providing so-called "medical aid in dying", with the overwhelming majority of palliative care centres similarly opposed.
- Rather than offering access to euthanasia and assisted suicide, our country needs to uphold human dignity by implementing the 2011 report of the Parliamentary Committee on Palliative and Compassionate Care, *Not to be Forgotten*, in order to: 1) prioritize palliative and home care; 2) strengthen national strategies to prevent suicide; and 3) provide funding for further research and education in pain relief.
- It is of paramount importance that the Government of Canada take decisive measures to protect the right of every healthcare provider and of all healthcare institutions not to be coerced into providing, facilitating or abetting assisted suicide or euthanasia, nor forced to refer patients to physicians or institutions that provide assisted suicide or euthanasia.

For centuries, Catholic hospitals have cared for the most vulnerable in our country, and continue to do so to this day. We are committed to providing them with the best medical care available and assisting them with a compassionate love that is rooted in faith.

Because of our respect for the sanctity of human life, which we believe is a gift from God to be defended and protected, Catholics cannot support or condone assisted suicide or euthanasia. Caring for dying persons can never mean killing them or helping them to kill themselves.

I assure you that my prayers and those of the Catholic community accompany you in the service you provide our country and in your deliberations on this life and death issue.

Yours sincerely,



Most Rev. Ronald Fabbro, C.S.B.
Bishop of London



DIOCESE OF
LONDON
OFFICE OF THE BISHOP

1070 WATERLOO STREET
LONDON, ONTARIO N6A 3Y2
CANADA
519-433-0658
FAX: 519-266-4353

February 18, 2016

Mr. Peter Fragiskatos
Member of Parliament
885 Adelaide Street North
London, ON N5Y 2M2

Dear Mr. Fragiskatos:

Following the decision last year of the Supreme Court in *Carter vs. Canada*, our country is facing a critical juncture. Along with many other Canadians, I am deeply concerned about the negative consequences of this decision, particularly for the sick, the vulnerable, the handicapped, and those suffering from mental illness.

As the spiritual leader of the Diocese of London, I speak officially on behalf of over 400,000 Catholics, many of whom are your constituents. It is in this role that I urge you to do everything within your power to limit the social and moral harm of the *Carter vs. Canada* ruling.

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- Section 7 of the Canadian Charter of Rights and Freedoms guarantees the right to life, liberty and security, but the ruling in *Carter v. Canada* focuses principally on liberty at the cost of life and security.
- The experience of the few nations which have legalized euthanasia and assisted suicide indicate that efforts to limit assisted suicide and euthanasia to particular cases are inevitably challenged and rejected in favour of more liberal and widespread access. The so-called "right" to euthanasia and assisted suicide very quickly and easily turns into a "duty" to die. This is particularly worrisome in our country's context of a universal health care system servicing a rapidly aging population and entirely dependent on a shrinking tax base.

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- The legalization of euthanasia and assisted suicide inevitably creates a heightened sense of anxiety among all who are vulnerable – the handicapped, the elderly, the chronically ill, the depressed, and the dying – and whose lives and claims to societal support are thus rendered tenuous.
- The decision of the Supreme Court in *Carter vs. Canada* has seriously undermined our society's moral obligation to protect the lives of its members in each and every circumstance, and most especially the lives of the weakest and most vulnerable.
- The Canadian Medical Association has estimated that two-thirds of physicians in this country do not wish to be involved in providing so-called "medical aid in dying", with the overwhelming majority of palliative care centres similarly opposed.
- Rather than offering access to euthanasia and assisted suicide, our country needs to uphold human dignity by implementing the 2011 report of the Parliamentary Committee on Palliative and Compassionate Care, *Not to be Forgotten*, in order to: 1) prioritize palliative and home care; 2) strengthen national strategies to prevent suicide; and 3) provide funding for further research and education in pain relief.
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Yours sincerely,



Most Rev. Ronald Fabbro, C.S.B.
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CANADA
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FAX: 519-266-4353

February 18, 2016

Ms. Irene Mathysen
Member of Parliament
1700 Dundas Street, Unit D
London, ON N5W 3C9

Dear Ms. Mathysen:

Following the decision last year of the Supreme Court in *Carter vs. Canada*, our country is facing a critical juncture. Along with many other Canadians, I am deeply concerned about the negative consequences of this decision, particularly for the sick, the vulnerable, the handicapped, and those suffering from mental illness.

As the spiritual leader of the Diocese of London, I speak officially on behalf of over 400,000 Catholics, many of whom are your constituents. It is in this role that I urge you to do everything within your power to limit the social and moral harm of the *Carter vs. Canada* ruling.

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- The legalization of euthanasia and assisted suicide inevitably creates a heightened sense of anxiety among all who are vulnerable – the handicapped, the elderly, the chronically ill, the depressed, and the dying – and whose lives and claims to societal support are thus rendered tenuous.
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Yours sincerely,



Most Rev. Ronald Fabbro, C.S.B.
Bishop of London



CONFÉRENCE DES ÉVÊQUES CATHOLIQUES DU CANADA
CANADIAN CONFERENCE OF CATHOLIC BISHOPS

**Pastoral Statement for the Catholics of Canada
on the report issued by the Special Joint Committee of the Government of Canada,
entitled *Medical Assistance in Dying: A Patient-Centred Approach***

Dear brothers and sisters,

The Special Joint Committee of the Government of Canada on “Physician-Assisted Dying” this past February 25 released its report, *Medical Assistance in Dying: A Patient-Centred Approach*. The report, in part, recommends:

- That assisted suicide be available to those with psychiatric conditions (Recommendation 3)
- That psychological suffering be among the criteria making an individual eligible for assisted suicide (Recommendation 4)
- That within approximately three years assisted suicide be available for adolescents and possibly also children who can be considered “mature minors” (Recommendation 6)
- That all health-care practitioners be obliged at the minimum to provide an “effective referral” for clients seeking assisted suicide (Recommendation 10)
- That all publicly funded health-care institutions in Canada provide assisted suicide (Recommendation 11)

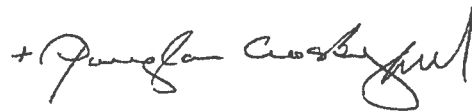
In addition, the report fails to show how palliative care and home care can provide true options for those tempted by suicide, nor does it call for a national plan to prevent suicides. Suicide rates are five to seven times higher for First Nations youth in Canada than for non-Aboriginal youth, while suicide rates among Inuit youth are among the highest in the world, at 11 times the national Canadian average.

The teaching of the Catholic Church and the stance of the Catholic Bishops of Canada are clear. Suicide is not part of health care. Killing the mentally and physically ill, whether young or aged, is contrary to caring for and loving one’s brother and sister. The dignity of the human person and the flourishing of the human community demand: 1) protection and respect for each human life from conception to natural death, and 2) freedom of conscience and religion for each person as well as each institution. Social wellbeing, personal security and the common good – together with religious faith – involve safeguarding, not endangering, the lives of those suffer.

The above recommendations and the thrust of the report completely fail to be “patient-centred” or to assist and support the dying and the vulnerable. To borrow from the words of Pope Francis, the report’s recommendations are the approach of a “throw-away” society. They do not reveal the face of God’s mercy.

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Together with my brother Bishops, both Catholic and Orthodox, as well as with leaders from the Evangelical Protestant, Jewish and Muslim faith communities, and many of other faiths or of no faith, I urge you to inform your elected officials why euthanasia, assisted suicide and the above recommendations are completely unacceptable.

A handwritten signature in black ink, appearing to read "Douglas Crosby". The signature is written in a cursive style with a cross at the beginning.

(Most Rev.) Douglas Crosby, OMI
Bishop of Hamilton
President of the Canadian Conference
of Catholic Bishops

February 26, 2016

Psalm 72 *

Of Solomon.

- 1 Give the king your justice, O God,
and your righteousness to a king's
son.
- 2 May he judge your people with
righteousness,
and your poor with justice.
- 3 May the mountains yield prosperity
for the people,
and the hills, in righteousness.
- 4 May he defend the cause of the poor
of the people,
give deliverance to the needy,
and crush the oppressor.
- 5 May he live^b while the sun endures,
and as long as the moon,
throughout all generations.
- 6 May he be like rain that falls on the
mown grass,
like showers that water the earth.
- 7 In his days may righteousness
flourish
and peace abound, until the moon
is no more.

- 8 May he have dominion from sea to
sea,
and from the River to the ends of
the earth.
- 9 May his foes^a bow down before him,
and his enemies lick the dust.
- 10 May the kings of Tarshish and of the
isles
render him tribute,
may the kings of Sheba and Seba
bring gifts.
- 11 May all kings fall down before him,
all nations give him service.
- 12 For he delivers the needy when they
call,
the poor and those who have no
helper.
- 13 He has pity on the weak and the needy,
and saves the lives of the needy.
- 14 From oppression and violence he
redeems their life;
and precious is their blood in his
sight.
- 15 Long may he live!
May gold of Sheba be given to him.
May prayer be made for him
continually,
and blessings invoked for him all
day long.
- 16 May there be abundance of grain in
the land;
may it wave on the tops of the
mountains;
may its fruit be like Lebanon;
and may people blossom in the cities
like the grass of the field.
- 17 May his name endure for ever,
his fame continue as long as the sun.
May all nations be blessed in him;^b
may they pronounce him happy.
- 18 Blessed be the LORD, the God of Israel,
who alone does wondrous things.
- 19 Blessed be his glorious name for ever;
may his glory fill the whole earth.
Amen and Amen.
- 20 The prayers of David son of Jesse are
ended.

^a Cn: Heb those who live in the wilderness
themselves by him
^b Or bless
people return here
^c Or good to Israel
^d Cn: Heb his
^e Cn: Heb abundant waters are
drained by them

* The scripture quotation contained herein is from the New Revised Standard Version, copyright 1989 by the Division of Christian Education of the National Council of the Churches of Christ in U.S.A., and is used by permission. All rights reserved.

Analysis by Alex Schadenberg on the 21 recommendations of the Special Joint Committee on Physician-Assisted Dying

“Recommendation 1 states that the terminology does not require definitions. One of the many problems with the Supreme Court decision was that the language of the decision was not defined. Definitions are important to ensure clarity of the law.

If parliament does not clearly define the law, it will lead to future court cases designed to define or expand the excepted definitions of the law.

Recommendation 2 states that assisted dying must be permitted for people who are not terminally ill.

Recommendation 3 states that assisted dying can apply to persons with psychiatric conditions. Based on Recommendation 4, recommendation 3 opens the door to people who have treatable psychiatric condition being approved for lethal injection.

Recommendation 4 states that the reason for assisted death should be based on what is intolerable to the individual. Objective criteria are not required to determine who will live and who should die.

Recommendation 5 requires an assessment for capacity to provide informed consent. This recommendation appears to ensure capacity to consent. The report states several times that safeguards and oversight will strike the balance between vulnerability and a clear request to die, and yet, the report rejects the necessary safeguards and oversight to accomplish that task.

Recommendation 6 states that the federal government should implement euthanasia in a two-stage process, whereby the first stage would limit euthanasia to competent adults, with euthanasia being extended to “mature minor” within three years of the implementing stage 1.

Recommendation 7 states that an incompetent person could be approved for euthanasia, so long as the person made the request after receiving the diagnosis, and while they were competent. Assisted death based on advanced directives can lead to misuse of the law. If a person states in their advanced directive, that they want to die by euthanasia, often the euthanasia will occur when the person cannot change their mind since, at that moment, the person may be incompetent.

Recommendation 8 states that the person who died must be eligible for publicly funded healthcare services in Canada. This recommendation will not prevent death tourism.

Recommendation 9 suggests that the request for assisted death should be made in writing and witnessed by two people who have no conflict of interest. Rec. 9 does not permit a request for assisted death by a substitute decision maker, and yet recommendation 7 will require the substitute decision maker to make the request.

Recommendation 10 requires health care practitioners, who object to killing their patients, to effectively refer their patients to someone who will kill their patient or arrange it. This report provides no conscience protection for medical professionals.

Recommendation 11 requires all publicly funded health care facilities to permit euthanasia and assisted suicide. This would require all religiously affiliated health care facilities to kill patients.

Recommendation 12 requires two independent physicians to assess a person who requests assisted death.

In all jurisdictions, where assisted death is legal, the law allows two doctors to determine who lives and who dies. Recommendation 12 does not provide effective oversight since recommendation 15 rejects a prior review and approval process and recommendation 16 requires the doctor who causes the death to submit a report. Doctors do not self-report misuse of the law.

Recommendation 13 permits nurse practitioners and registered nurses to lethally inject patients under the direction of a physician and it also protects pharmacists and other health care practitioners from possible prosecution for participating in killing people.

Rec. 13 appears to provide protection for nurses, but in fact it ensures that there are sufficient medical professionals who are willing to kill by expanding killing to nurses.

Recommendation 14 discourages a “cooling off” period. The Oregon and Washington State assisted suicide laws require a 15 day “cooling off” period.

Recommendation 15 rejects a before-the-death approval or review system to ensure that the requirements of the law are followed. A before-the-death approval system enables effective oversight of the law. The report rejects effective oversight of the law for a system where doctors self-police and self-report compliance with the law.

Recommendation 16 mandates a system of data collection and reporting to be published on a yearly basis. The data will come from the reports that physicians are required to submit, after-the-death of the person. This system provides no effective oversight, because the person is dead when the doctor submits the report. Doctors do not self-report misuse of the law.

Recommendation 17 requires a mandatory review of the law, by the House of Commons and Senate, every four years.

Recommendation 18 recognizes that indigenous patients require culturally and spiritually appropriate care, including palliative care.

Recommendation 19 urges federal, provincial and territorial governments to re-establish a Secretariat on Palliative Care and End-of-Life Care.

Recommendation 20 urges the federal, provincial and territorial governments to support the Changing Directions, Changing Lives Mental Health commission.

Recommendation 21 urges the federal, provincial and territorial governments to develop a pan-Canadian strategy for individuals living with dementia.

The report of the Special Joint Committee on Physician-Assisted Dying is very similar to the one-sided Provincial/Territorial report.

The recommendations permit a wider regime for euthanasia that exist in Belgium, where the law has grown out of control.”ⁱ

ⁱ Excerpt from the Euthanasia Prevention Coalition’s *The Newsletter*, number 172, March 2016, pages 1 and 4