

Bill C-14: What it Means for Canadians and Next Steps

On June 17, Bill C-14 was passed into law. This legislation establishes a framework for assisted suicide and euthanasia across the country. The EFC is fundamentally opposed to these practices and laments the decision to legalize them.

In the 16 months since the Supreme Court's decision to allow exemptions to the blanket ban on assisted suicide, the issues of euthanasia and assisted suicide have been widely discussed and debated. The EFC and Evangelicals across the country mobilized to promote respect for life and conscience, and protection of the vulnerable. Although the bill passed, our collective action has helped to tighten the legislation and minimize its serious and inherent harms.

The EFC was engaged in every step of this process, from intervening to oppose euthanasia and assisted suicide in the *Carter* case, to submissions to Parliamentary committees, to communicating with MPs and Senators through meetings and correspondence. Our message was consistent. Although we clearly opposed the legalization of euthanasia and assisted suicide, we made recommendations to ensure the practices are as limited as possible, with the strongest possible protections for vulnerable people, and to include conscience protection, so no medical practitioner or institution could be forced to participate, either directly or indirectly.

We also produced resources to inform and equip Evangelicals to think through these issues and become involved. And Evangelicals wrote and called their MPs.

The report of the Special Joint Committee on Physician-Assisted Dying, tabled in February 2016, recommended what would have been the most expansive access to assisted death in the world, with access for mature minors within three years, and no requirement for a physical or terminal illness. The Joint Committee also recommended requiring objecting

physicians to make an effective referral, at a minimum, and that publicly funded institutions be required to participate in and provide what they called “medical aid in dying.”

When Bill C-14 was introduced in April 2016, it was more restrictive than the *Carter* decision and much more restrictive than the joint committee recommended. Some of the changes we requested were included in the bill as it moved through the parliamentary process. These were small positive steps to tighten and improve the bill at the same time as pro-euthanasia advocates were calling for much more expansive access. (See the Timeline of events in Appendix B.)

When the bill was being studied by the Justice Committee, we asked for strong, specific conscience protection for healthcare providers and institutions. Two of our requests were adapted by the Justice Committee and included in the bill. We asked the Justice Committee to specifically include freedom of conscience and religion in the *Preamble*, and to state that nothing in the legislation affects the freedom of persons to decline to participate in assisted dying on the basis of their deeply-held beliefs. Bill C-14 does not adequately protect conscience, but this was an improvement.

We asked for the strongest possible protection of the vulnerable – that access be limited to those with a terminal, degenerative condition who were at the end of life, and that minors and those suffering solely from mental illness in the absence of terminal, degenerative illness be excluded.

We urged more focus on palliative care and recommended that Bill C-14 mandate a palliative care assessment to inform a patient of the full range of treatment options and supports to ease their suffering.

We repeated these requests to the Senate Standing Committee on Legal and Constitutional Affairs, as they conducted their pre-study of the bill.

There were many amendments made to the bill by the House of Commons and the Senate, most of which strengthened the bill and heeded some of our concerns. (See Appendix A for a summary of parliamentary amendments.)

What does this mean?

Bill C-14 puts a federal framework in place, changing the *Criminal Code* to allow exemptions to the blanket ban on assisted suicide. Specifically, the bill creates exemptions for the offences of participating in a culpable homicide, aiding suicide and administering a noxious substance. This means that doctors, nurse practitioners and pharmacists will not be prosecuted if they assist in the suicide or euthanize a patient according to the guidelines set out in the bill.

The bill allows both euthanasia, in which medical and nurse practitioners administer the substance to end the patient's life, and assisted suicide, in which a prescription is given and the patient self-administers.

Eligibility for “medical assistance in dying” is limited to competent adults eligible for health services, with a grievous and irremediable medical condition, who make a voluntary request with informed consent. A person with a grievous and irremediable medical condition must meet all of these criteria:

- having a serious and incurable illness, disease or disability
- in an advanced state of irreversible decline in capability
- the illness, disease or disability, or the state of decline causes enduring physical or psychological suffering that is intolerable to them, and
- whose natural death is reasonably foreseeable.

Bill C-14 outlines the following safeguards. Two physicians or nurse practitioners must agree that the patient meets the eligibility criteria. Two independent witnesses who are not beneficiaries or direct care providers must witness the patient's request. There is a waiting period of 10 clear days between the request and the assisted death, with an exception if both medical practitioners agree that the person's death or loss of capacity is imminent. The person is given an opportunity to withdraw their request and must expressly consent immediately before the assisted death.

The provinces and territories will determine how these procedures are carried out.

What's next?

Legislation has passed, but there are a number of issues that will continue to be debated:

Conscience protection. Bill C-14 did not include adequate conscience protection for healthcare providers or institutions. There is no clarity on whether a medical practitioner can refuse to make an effective referral, and no clear protection afforded to institutions – hospitals, hospices or long-term care facilities. We will continue to seek strong conscience protection in several ways:

- In the courts. The Ontario College of Physicians and Surgeons is requiring physicians to provide an effective referral to practices that violate their consciences. The EFC will apply to be an intervener in a legal challenge of this requirement.
- Provincial guidelines and legislation, primarily through our participation in the Coalition for HealthCARE and Conscience
- Support for federal legislation to protect conscience.

Constitutional challenges. We anticipate that those who believe this law is too restrictive and that euthanasia and assisted suicide should be more widely available will launch court

challenges. The EFC will monitor and engage with legal challenges that seek to broaden the law.

Review of mature minors, advance requests and mental illness. Bill C-14 committed the government to set up an independent review of issues relating to requests for assisted death by mature minors and those whose sole underlying medical condition is mental illness, as well as advance requests. This review must begin within six months and be submitted to Parliament within two years. The EFC will engage in these debates, and continue to work to ensure that safeguards remain in place to protect those who are vulnerable.

Palliative care. It is a tragedy that our country is moving ahead to legalize euthanasia and assisted suicide, particularly when so few Canadians have access to palliative care. The EFC will continue to call for all levels of government to increase support for good quality palliative care, and to equip Evangelicals to extend tangible support to those who are terminally ill and at the end of life. To this end the EFC is also working with interfaith partners to press for broader access to palliative care and engaging our communities locally.

Appendix A: Summary of parliamentary amendments to Bill C-14

- An affirmation of freedom of conscience and religion added in the preamble
- A clarification that nothing in this section of the *Criminal Code* compels an individual to provide or assist in providing medical assistance in dying added
- A commitment to palliative care added in the preamble
- A requirement for a palliative care consultation added to the eligibility criteria
- A review of the state of palliative care in Canada added to the parliamentary review of these provisions in five years.
- Clarified that a person must meet all the eligibility criteria.
- Waiting period reduced from 15 days to 10 days.
- A requirement added that the physician or nurse practitioner must take all necessary measures to communicate with someone who has difficulty communicating.
- Someone who benefits financially from a person's death may not sign the request on their behalf.
- The Health Minister *must* make regulations within 12 months
- An independent review of access for mature minors, advance requests and mental illness as the sole underlying medical condition must be initiated within 6 months of the bill becoming law, with a report to be tabled in Parliament within 2 years after the review is initiated.

Appendix B: Timeline

February 6, 2015: The Supreme Court [decision](#) in the *Carter* case rules that an adult with a grievous and irremediable medical condition, whose suffering was intolerable, could request assisted suicide. The court suspends its ruling for a year to allow the legislature to respond.

July 17, 2015: The federal government sets up the External Panel on Options for a Legislative Response to *Carter v. Canada*, with a mandate to hold hearings and review legislative options to the *Carter* decision.

September 2015: The EFC appears before the Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying.

October 2015: The EFC and interfaith leaders present the [Declaration Against Euthanasia and Assisted Suicide](#) at a press conference on Parliament Hill.

November 2015: The EFC appears before the federal External Panel on Options for a Legislative Response to *Carter v. Canada*.

November 30, 2015: The Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying releases its [report](#) recommending eligibility for physician-assisted dying be based on competence, with no age restrictions.

December 15, 2015: The Federal External Panel [reports](#) it heard differing views on assisted death, but a Canada-wide consensus on the urgent need for palliative care.

January 15, 2015: The Supreme Court grants a [four-month extension](#) until its decision in *Carter* takes effect, to June 6, 2016. During the extension period people who met the criteria in the *Carter* decision are permitted to seek a court order for assisted suicide.

February 10, 2016: The EFC makes a [submission](#) to the Special Joint Committee on Physician-Assisted Dying.

February 25, 2016: The Special Joint Committee of MPs and Senators issues its [report](#) , recommending the most expansive access in the world. The committee recommends access for mature minors and for those with psychological illness, as well as advance directives. A minority [dissenting opinion](#) asks for much tighter restrictions.

April 5, 2016: The EFC writes the Justice Minister to urge that any legislation include stringent safeguards and conscience protection.

April 14, 2016: The Justice Minister introduces [Bill C-14](#), which would make euthanasia and assisted suicide available to competent adults with an incurable illness, disease or disability who are in an advanced state of irreversible decline in capability and whose natural death is reasonably foreseeable.

April 19, 2016: The EFC and interfaith leaders urged conscience protection and increased support for palliative care at a press conference on Parliament Hill.

April 26, 2016: The EFC mails the [Euthanasia + Palliative Care booklet](#) with a [letter](#) to all MPs.

May 2016: The EFC communicates its complete opposition to euthanasia and assisted suicide to the [House of Commons Justice Committee](#) and the [Senate Committee on Legal and Constitutional Affairs](#). We requested changes to the bill to include strong, specific

conscience protection for healthcare providers and institutions. We also recommended ways to tighten the bill, to increase protection for vulnerable Canadians.

May 10, 2016: The EFC mails the [Euthanasia + Palliative Care booklet](#) booklet with a letter to all Senators.

May 12, 2016: The [Justice Committee report](#) responds to some of the EFC's concerns, adding freedom of conscience and religion to the Preamble of the bill, and a clause that "nothing in this section compels an individual to provide or assist in providing medical assistance in dying." Although not as strong as necessary, these changes are positive.

May 17, 2016: The Senate Committee on Legal and Constitutional Affairs completes a [pre-study](#) of Bill C-14 and recommends including a specific clause on conscience protection.

May 31, 2016: The House of Commons passes [Bill C-14 with the changes recommended by Justice Committee](#).

June 9, 2016: The EFC sends a copy of the [Declaration Against Euthanasia and Assisted Suicide](#) with a letter notifying the Justice and Health Ministers of the 25,000 plus signatories.

June 15, 2016: The Senate makes [amendments to C-14](#), including a palliative care consultation and removing the section of the bill that links eligibility to end of life.

June 16, 2016: The House accepts some of the Senate's amendments, but maintains the requirement that a patient's natural death be reasonably foreseeable.

June 17, 2016: Bill C-14 is passed into law.