EFC The Evangelical Fellowship of Canada

Please Amend Bill C-7

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Commentary on Bill C-7

Appended to the EFC's letter to Senators of 15 December 2020

Dr. Catherine Frazee:

> *Universality is the bedrock of our healthcare commitment. Why, then, does Bill C-7 depart so radically, dropping the threshold for MAID for one social group known to bear the trauma of suicide at catastrophic rates, but not for others who suffer and die before their time? What is it about disability that makes this okay?*

Krista Carr, Inclusion Canada:

> *Our biggest fear has always been that having a disability would become an acceptable reason for state-provided suicide. Bill C-7 is our worst nightmare. Inclusion Canada stands united with all national disability organizations in calling for MAID to be restricted to the end of life.*

Dr. Heidi Janz:

> *Recent news reports indicate that some people with disabilities living in poverty are being driven to end their lives through MAID because they lack the means to survive. Physicians report that patients with disabilities are requesting MAID upon learning that the wait time for accessible housing with the supports they require is 10 years or more.*

UN Special Rapporteur on the rights of persons with disabilities, End of Mission Statement:

> *I am extremely concerned about the implementation of the legislation on medical assistance in dying from a disability perspective. …* ***I urge the federal government to investigate these complaints [of pressure to seek MAID and lack of formal reporting] and put into place adequate safeguards to ensure that persons with disabilities do not request assistive dying simply because of the absence of community-based alternatives and palliative care.*** *[emphasis added]*

Dr. Harvey Schipper and Robyn Boucher:

> *Some have suggested that the way out of the legal conundrum is to insert a "sunset clause" in the new legislation. Such a clause would expand access to MAID if the government does not come up with enabling legislation before that date. This is where the legal analysis falls short. We are where we are because we don't understand what we are doing at the bedside. That takes time and disciplined study. To suggest that if a busy Parliament, preoccupied with a pandemic among other things, can't solve this*

intractable problem in six months, the legislation should be changed without public review, is a breathtaking overreach.

There are times of crisis in which we need to act on best guesses, incomplete, and shifting data. The public hazard of inaction is large, in the case of the pandemic. But assisted death is exactly the opposite. It is a major shift in public values for which the hazard of delay is vastly outweighed by the benefits of acting from knowledge

Dr. Andrew Galley, Canadian Mental Health Association:

Our position is that there is inadequate evidence to determine, with the certainty that such a serious decision requires, that any particular case is irreversible and irremediable, and that there is sufficient research evidence — although more research is needed — that many cases that appear resistant to treatment in fact show recovery over time

…. Future research might clarify the extent to which a particular case could be accurately diagnosed as "irremediable" even with treatment and supports, but ***currently we lack any rational basis, even for experts, to accurately detect which patients cannot recover.*** [emphasis added]

Dr. Grainne Neilson, Canadian Psychiatric Association:

Bill C-7 speaks to the requirement for informed consent and that reasonable and available means of alleviating a person's suffering has been discussed and seriously considered before MAID could be provided. While the CPA supports this clause, we note that it fails to address inequities in service provision and funding for all types of conditions, and is an area particularly problematic for people living with mental illness. Such inequities are further exacerbated for people who live in rural or remote areas. ***The currently proposed safeguards are hollow if they are not practically available to all Canadians.*** [emphasis added]

Dr. Trudo Lemmens:

A last key concern is that, unlike in any other jurisdiction, the bill will not require that all other treatment options be made available and explored first for people who may have years or decades of life left. The new bill thereby fails to treat MAID as an absolute last-resort option. This alters health care providers' professional and legal obligations related to the standard of care. … Making access to some interventions conditional on trying other conditions first is not unusual and is a most minimal requirement when the active intervention required from physicians results in death.

Dr. Harvey Chochinov:

Bill C-7 proposes the elimination of any waiting period between the time a dying patient is approved for MAID and the administration of MAID. Our research group reported that will to live can fluctuate highly over intervals as short as 12 to 24 hours. … The suicide rate in many chronic conditions is very high. For these patients, suicidality is often less

related to physical limitations but rather a lack of social support, disability and rehabilitation resources and feeling like a burden to others.

… There is another important study that came out of Belgium by a psychiatrist by the name of Thienpont. She looked at 100 patients who had been referred to her and who were requesting euthanasia on the grounds of mental conditions alone. Of those 100 patients, 38 patients eventually withdrew their requests, 11 of them after they had been approved. ***So this idea that someone makes up their mind today and it is steadfast, the data does not bear that out.*** *[emphasis added]*