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Kullen G. Stewart

Wilfrid Laurier University, stew3810@mylaurier.ca

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A Legislation Review: Bill C-14 “Euthanasia or Assisted Suicide”

On June 16, 2016, the House of Commons and Senators passed a historic bill from the Liberal government: Bill C-14, the first doctor-assisted suicide legislation. This new bill placed restrictive requirements surrounding end-of-life decisions for people who are in an advance stage of irreversible decline from serious, incurable illness and or disability, as well as terminal cancers. This bill and its many amendments by legislation aims to eliminate the criminalization of physicians for conducting what many would consider euthanasia. However, there are other safeguards that need to be considered with Bill C-14, and there are some expansions to its requirements that should be amended under the policy reviewed.

A key issue in the current state of Bill C-14 is the exclusion of individuals that suffer from degenerative diseases and their ability to make end-of-life decisions. These individuals have basic human rights surrounding the notion of advance care to help plan their choices. By stating the criteria that an individual’s death must be reasonably foreseeable, the bill excludes people with degenerative diseases. However, there is a criterion which states that an individual must be in advanced irreversible decline in capability, which is directly contradictory to the prior criterion. The result the Canadian population suffering from degenerative diseases, such as the many with Huntington’s disease, wish to see is the amendment of Bill C-14 to include degenerative diseases in the criteria of doctor-assisted suicide legislation.

Another issue on hand with the requirement for these individuals is not permitting them to make an advanced request in doctor-assisted suicide. This is not only their civil and active right but it goes against laws that grant individuals the right to make advanced decisions in planning their future care. Some examples of end-of-life planning are: end-of-life decisions, the kind of care you wish to receive and where you wish to receive it, and who will make decisions

on your behalf if you were to become unable to make these decisions yourself (Government of Canada, 2016). This presents these individuals with a variety of options that help in end-of-life situations in cases where an individual is no longer capable of making the decisions themselves. These decisions would then be made by a substitute decision maker (these are commonly labeled as medical “proxies”), medical representatives or agents, or a power of attorney, as these titles vary through each province (Government of Canada, 2016). This option is crucial in certain diseases, such as degenerative disease, because it depends on the disease and how it is affecting one’s mental and cognitive function. While substitute decision makers are a good idea, it is also a very difficult position to be put in due to the purpose of these options, “[...] to honor what the patient would want to have done. Physicians and attorneys will agree on that as a matter of both ethics and the law” (Levin 2015, 386). This is one reason why advanced requests for doctor-assisted suicide would eliminate some struggles in decision making processes.

Debates around assisted suicide legislation grow in controversy internationally. Most revolve around the terminally ill, in addition to those with degenerative diseases which have no cure. Degenerative diseases should not be excluded, “given that most deaths in the United States are caused by degenerative diseases characterized by a progressive decline in function “(DL, 1995, p.41), which fits Bill C-14’s criteria of being in an “advanced state in decline of capability”. Legislations such as doctor-assisted suicide are progressive and grow so that individuals with degenerative diseases can die with dignity. This right is given not only to the general population, but to individuals’ families. There is a peace of mind in knowing one was ultimately able to make their own end of life decision; this is the key purpose as to why Bill C-14 should be amended to include degenerative diseases.

On behalf of the Provincial Health Ministry, I, alongside individuals with degenerative diseases are proposing a policy evaluation to improve some of the requirements detailed in the new doctor-assisted suicide legislation. This proposition of including additional requirements will benefit the quality of the legislation and ease the minds of more individuals and their families. The following story is but one example of a case of an individual suffering with a degenerative disease:

‘I am terrified by the idea that I could become trapped in a state of physical and mental suffering that could go on for months, years, or even decades.’ She continued, ‘If my symptoms develop in a way that causes me misery, but I remain far from death, the government’s new law will force me to suffer’ (Dyer, 2016, p.354).

The speculations surrounding this is that the criteria states only an individual in a state of irreversible decline in capability, which in all cases is describing the degenerative states that people go through. However, all degenerative diseases currently have no cure, and so the only end result is a foreseeable death. Why should those living with these diseases they live for years viewed from the government in agony until one’s death is viewed as reasonably foreseeable?

In conclusion, I would like Prime Minister Justin Trudeau to consider some of the key issues outlined in the following review of Bill C-14. The objective of this review is to influence an amendment to Bill C-14 in which includes individuals who suffer from degenerative diseases. This will allow individuals the basic right they have in other end-of-life decisions. One of the key players in the creation of Bill C-14 was someone who suffered from a degenerative disease. This case was known as the “Carter decision”. The individual in question fought to get a physician to assist them in dying, but they could not grant the request (Carter V. Canada And The Road To Choice 2015). Therefore, degenerative diseases should be included considering that

Carter advocated for this bill to be created. These individuals should not be excluded, in order to avoid future stories like the Carter decision.

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