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The Carter decision struck down Canada's prohibition on medical assistance in dying [MAiD], the Supreme Court called for a "carefully-designed system" with "stringent limits that are scrupulously monitored and enforced."

It is the position of the Euthanasia Prevention Coalition that Bill C-14 did not meet the Supreme Court's requirements in Carter, that Bill C-7 further exasperated this problem. Carter stated:

Permission for physician-assisted death for grievously ill and irremediably suffering people who are competent, fully informed, non-ambivalent, and free from coercion or duress, with stringent and well-enforced safeguard. [para. 1243]

There are many stories of abuses of the law, such as Roger Foley and Candice Lewis who felt pressured to request MAiD. More recently there have been stories of people who were approved or died by MAiD because of treatable chronic conditions or poverty. There was also the case of Alan Nichols whose ability to consent was questionable at best.

I was recently contacted by a woman in British Columbia, who was approved for MAiD. She told me that she asked for MAiD because her arthritis made it impossible to walk to the store to buy groceries or to obtain coins for the laundry machine in her building. She couldn't take a shower out of fear of falling. She requested and was approved for MAiD and she was told that she didn't require a waiting period.

After speaking to one of our supporters, she called me and stated that even though she was approved for MAiD, she was actually seeking to live with dignity.

During our discussion we identified that she needed someone to help her with shopping, with doing laundry and to help her get in and out of her shower safely. When we offered her assistance with these basic needs, she immediately said, I want to live until I die.

How was she approved for MAiD when all she really wanted and needed was basic care?

Does Canada have a "carefully-designed system" imposing "stringent limits that are scrupulously monitored and enforced" to approve and oversee MAiD? Clearly it does not.

The Special Joint Committee on Medical Assistance in Dying.

Bill C-14 required that the provisions of the MAiD law be reviewed starting on the fifth year after the day on which this Act received royal assent. This committee should be examining the provisions of the MAiD law to determine if they are fulfilling the requirements that were set-out by the Supreme Court of Canada. Reviewing the actual experience with MAiD in Canada, since legalization, is still needed and necessary.

This committee was established to study MAiD for "mature minors," advanced directives for MAiD, regulations for Psychiatric MAiD, the state of palliative care in Canada and protections for persons with disabilities.

MAiD for Mature Minors.

The Euthanasia Prevention Coalition opposes MAiD because we oppose giving people the legal right to kill another person nonetheless the issue of MAiD for mature minors is different than MAiD for competent adults. The issue is how would MAiD for mature minors be done?

The [Journal of Medical Ethics \(Sept 21, 2018\)](#) published research conducted by the Hospital for Sick Children in Toronto concerning a proposed policy for instituting MAiD for mature minors. The research suggested that MAiD for mature minors would follow the same healthcare consent laws that are currently used for children who are determined to be capable of consenting. Currently mature minors have the right to decide to receive or refuse treatment with or without parental consent.

Even if this committee decides to extend MAiD to children with a requirement of parental consent, as the Netherlands law requires for children between the ages of 12 and 16, the parental consent provision would be overturned based on the fact that mature minors are deemed to be capable of consenting.

Another concern relates to a story that our founder, Dr Barrie deVeber, recounted. He stated that in his many years as a paediatric oncologist he only had one request for MAiD. He spoke about the parents of a patient who asked him in private to intentionally give their child a lethal overdose. Later, when speaking to his patient, the patient asked him: “Did my parents ask you to kill me?” He said yes. The patient told him to ignore the parents request and said: “I want to live.”

The pressure that exists for parents of a child living with a possible terminal medical condition may result in the parents pressuring the physician, and the child, to request death. The difference in this circumstance is that parents often have a greater influence over a child, than over another mature adult.

It is important to note that the term “mature minor” does not refer to a minimum age.

Advanced Directives for MAiD

The Supreme Court of Canada in *Carter* concluded that:

“the prohibition on physician-assisted dying is void insofar as it deprives a competent adult of such assistance where (1) the person affected clearly consents to the termination of life; and (2) the person has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.”

The concept of approving MAiD based on advanced directives does not fit the qualifications as set out by the *Carter* decision.

First, the person is not clearly consenting but pre-consenting to possible conditions that they may fear. This is clearly a different form of consent.

Secondly, if a person requests MAiD by advanced directive, when/if they become incompetent that person will lose the right to change their mind. Even if the person struggles and says no, if they are declared to be incompetent their advanced directive must be followed.

Based on the limitations established by this committee I cannot include further comments, nonetheless Canada is swiftly moving into the realm of unlimited access to MAiD. MAiD is an irrevocable and deadly decision.

