

Thursday, October 22, 2020

Cathay Wagantall speech in parliament opposing euthanasia Bill C-7

The following is the [Hansard of the speech](#) by Cathay Wagantall (Yorkton - Melville) on October 19, 2020



Cathay Wagantall

Madam Speaker, I am pleased to rise today, but I find it difficult to be speaking to another attempt by the Liberal government to endanger the most vulnerable in our society.

After just four years, when the original euthanasia and assisted suicide legislation came in through Bill [C-14](#), we find ourselves considering legislation that would further loosen restrictions, eliminate safeguards and confuse our country's understanding of the sanctity of life and the government's role in end-of-life decisions. Once again, we have been told that in order to uphold the charter rights of some we must endanger the rights and freedoms of others.

I did not support Bill [C-14](#) for many reasons. The first is the fact that the Supreme Court of Canada invoked such controversial and flawed legislation, which has been proven to be poorly applied around the world. The Liberals also chose to broaden the scope of the legislation, going far beyond the Carter decision. Another reason is that it has been placed ahead of and continues to overshadow any significant palliative care initiative.

In 2019, the [Prime Minister](#) promised to expand eligibility criteria, and on September 11 of last year, the Superior Court of Quebec ruled that it is unconstitutional to limit assisted suicide or euthanasia only to those whose death is reasonably foreseeable. Without even appealing the ruling and seeking the advice of the Supreme Court, which has been long occupied with this matter, the Liberals accepted the ruling. They are now rushing to change the law for our entire country.

They gave Canadians a mere two weeks to have their views heard on this deeply personal and complicated issue through a flawed online consultation questionnaire. The use of convoluted and biased language left little to the imagination in terms of how the government planned to legislate assisted death. I too tried to fill it out, and I would argue that many opposed would have been discouraged in participating due solely to the language used.

With such a flawed method, and with no idea if the feedback even remotely reflects the actual views of Canadians, how can the government proceed with this legislation in good faith? This is a rhetorical question because it does not seem to matter to these Liberals. It is clear they used this brief window for feedback to satiate the need for a consultative process.

We also know the government ignored its own timeline for a review of the original assisted suicide legislation, Bill [C-14](#). It was planned for this summer, and instead, we have been presented with this reckless legislation. In the midst of COVID, this was still something very important. Without a proper review and without input from the Supreme Court, this House has been asked to greatly broaden the scope of assisted suicide and euthanasia without a clear enough understanding of whether the current regime is being consistently interpreted or properly enforced.

Bill [C-7](#) is being rushed through. This is concerning. When reading through this bill, I see elements that go beyond the scope of the Superior Court of Quebec's decision, namely, Bill C-7 would eliminate the 10-day waiting period between the date the request is signed and the day on which the procedure is carried out.

The application of the law pertaining to those whose death is reasonably foreseeable has been problematic from the very start of this debate. We know a person's reasonably foreseeable death is a flexible estimation, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time they have remaining. The elimination of the 10-day waiting period for persons whose death is reasonably foreseeable would create the conditions for someone with an indeterminate length of time remaining in their life, possibly years, to be rushed to the decision to receive assisted suicide and euthanasia.

Aside from simply eliminating what most Canadians would consider to be a reasonable period of reflection, this element of the bill also ignores the possibility of medical advances and improved treatment methods in an incredibly innovative medical science environment. As Cardinal Collins has said, Bill [C-7](#) creates the conditions where an individual can seek a medically assisted death faster than the wait time for a gym membership or a condominium purchase.

I also see no logical reason why the government would reduce the number of independent witnesses required for when the request is signed. It is down from two to one. The government has even relaxed the definition of someone who may serve as a witness, including medical professionals or personal care workers, even those who are paid to provide euthanasia and assisted suicide on a daily basis. This is in clause 1(8).

Surely we can agree that, for the vast majority of those requesting euthanasia and assisted suicide, the requirement for two independent individuals to witness a request to end a life is a reasonable safeguard. How do the Liberals plan to properly protect patients from

potential malpractice? How does the government plan on ensuring requesters are presented with a myriad of treatment options rather than just one opinion?

The legislation continues as a series of safeguards the medical practitioner must adhere to before providing assisted suicide to those whose death is not reasonably foreseeable. One of these safeguards would require a medical practitioner to discuss with the person the means available to relieve their suffering, including palliative care.

The safeguard is even weaker for those whose death is reasonably foreseeable, requiring the medical practitioner to merely inform the person of these vital options. The government failed to follow through on its promise to invest \$3 billion in long-term care, which includes palliative care. There does not appear to be any political will whatsoever to improve palliative care.

Canadians have also been calling on the government for a long-awaited national strategy for palliative care. There is a thirst among Canadians for real solutions to end-of-life care. The government seems all too willing to ignore the 70% of Canadians without access to palliative care and, instead, attempts to impose on them a flawed, one-size-fits-all regime. We can already see the consequences of pushing forward an assisted dying agenda when there is little regard for palliative care.

In British Columbia, the Delta Hospice Society was stripped of 94% of its operating budget for refusing to provide euthanasia in a facility intended for the provision of palliative care. Despite repeated attempts to defend its Charter-protected, faith-based objection to being required to provide euthanasia and reach a compromise in good faith, 10 hospice care beds are now at risk and will be surely defunded.

Why do the Liberals continue to ignore the voices of those who have a different perspective on the issue of end-of-life care? People who seek hospice care are seeking it for a reason. They do not desire a medically assisted death. In effect, what has happened in B.C. is an attempt to redefine what constitutes palliative care.

In fact, the Fraser Health Authority's decision flies in the face of the Canadian Society of Palliative Care Physicians, which has clarified that euthanasia and assisted suicide are distinct from palliative care. I caution Canadians not to regard the Delta Hospice Society's situation as an isolated one. The government has shown little interest in supporting hospice care, and I would not be surprised by further attacks on the ability of Canadians to chose to end their lives naturally.

In *The Globe and Mail*, Sarah Gray put it well, stating, "The hospice isn't a place where people come to die. It is where they come to live — to live well for the little time they have left. It is a place of celebration, connection, comfort and support. It is a place of safety for the dying and the grieving." In Cardinal Collins' words, let us work to create a "culture of care", rather than rush toward a culture of "death on demand".

The government would also be wise to recall that much of the debate on Bill [C-14](#) revolved around calls for a solid framework of conscience protection for medical practitioners involved throughout the end-of-life process. At committee, witnesses stated that the

protection of conscience should be included in the government's legislative response to *Carter v. Canada*.

The Canadian Medical Association confirmed conscience protection for physicians would not affect access to physician-assisted suicide or euthanasia. Its statistics indicated that 30% of physicians across Canada, or 24,000, are willing to provide it. I live in a rural area of Canada, and I can assure members there are many provisions that are not available to me directly where I live.

Unfortunately, the Liberals failed to defend the conscience rights of Canadians in Bill [C-14](#). I also found it disappointing that they failed to support, in the last Parliament, critical legislation put forward by David Anderson in Bill [C-418](#), the protection of freedom of conscience act. It would have made it a criminal offence to intimidate or force a medical professional to be involved in the procedure. It would also have made it a criminal offence to fire or refuse to employ a medical professional who refuses to take part directly or indirectly in MAID.

Here we are four years later, and Bill [C-7](#) is also void of any provisions that would protect the section 2 rights of Canadians. In Canada, everyone has freedom of conscience and religion under section 2 of the Canadian Charter of Rights and Freedoms. No one has the right to demand all services from all providers in all circumstances. As David stated, protections are needed for doctors and health care providers who are not willing to leave their core ethics behind when they are at a patient's bedside. Access to euthanasia and conscientious objection are not mutually exclusive.

We, as legislators, must ask ourselves where the Liberals will draw the line. There will always be the voices of those in our society who feel that the limitations and safeguards are too stringent. When will it be enough for the Liberal government? How far are they willing to go? What message are we sending to the most vulnerable and fragile in our society?

Over the last five years I have advocated for our veterans. I know there are countless veterans who appear able to cope with debilitating physical injuries, but they are extremely vulnerable in their mental health. We are all concerned about the number of them choosing to end their lives by suicide because of complications after serving our country. It is antithetical to try to prevent them from taking their own lives, yet tell them that there are government-designed opportunities to do so.

Bill [C-7](#) fails to provide conscience protection and fails to protect the vulnerable.

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