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Update on Assisted Suicide & Euthanasia Legislation

Dear Friends,

On June 17, 2016, Canada's Parliament passed Bill C-14, the new law to regulate assisted suicide and euthanasia in Canada. This has been a very difficult, complex, and emotional experience for all Parliamentarians and Canadians. I'd like to provide you with a brief history on the process and what will happen now.

On February 6, 2015, the Supreme Court of Canada (SCC) ruled that it will be legal to assist an individual with suicide and euthanasia under strict conditions. The SCC instructed Parliament to create legislation by June 2016 that included safeguards, within a strict enforcement regime that would permit a competent adult, who is suffering from a "grievous and irremediable medical condition," to receive assistance from a physician to end their life.

In January 2016, I was appointed to the Special Joint Committee on Physician-Assisted Dying. The Committee was tasked with consulting Canadians and providing recommendations for new legislation. I met with many Langley—Aldergrove residents, hosted town hall meetings and travelled to consult with Canadians. Unfortunately, the Committee report fell far short of what was necessary to protect vulnerable Canadians and the Charter-protected conscience rights of health professionals.

I was one of the MPs who wrote a dissenting report that raised numerous concerns and proposed meaningful safeguards. Our dissenting report received broad support from Canadians.

The Government then introduced legislation, Bill C-14, which addressed some concerns, trying to reach a balance between safeguards and autonomy. I was again part of the legislative process, where amendments were proposed. Few amendments were accepted in the House of Commons and the Senate.

An important safeguard that was maintained in C-14 is that an individual who requests assisted suicide or euthanasia must be in a condition of health where "natural death has become reasonably foreseeable." This safeguard in C-14 has the objective "to recognize the significant and continuing public health issue of suicide, to guard against death being seen as a solution to all forms of suffering, and to counter negative perceptions about the quality of life of persons who are elderly, ill, or disabled."

C-14 has now become the law in Canada. It requires that additional studies be done on access to assisted suicide and euthanasia through **advance directives**, for **minors**, and for those with a **mental illness**.

One of the biggest concerns remains: C-14 requires that an individual requesting assisted suicide or euthanasia must be informed of health care options that would help alleviate their suffering, including palliative care. **Unfortunately, C-14 fails to require that palliative care is provided to any person that needs and requests it.** Palliative care is presently not available to 70–83% of Canadians that need it. Canada desperately needs to create a National Palliative Care Strategy and for palliative care to become a core health care service in Canada.

C-14 fails to protect the conscience rights of Canadian health care professionals or institutions. Seventy percent of Canadian physicians have indicated they do not want to provide assisted suicide. Canada already has a critical shortage of physicians and health care providers. As a result, I have introduced Bill C-268 to protect the conscience rights of all health care professions against being forced to participate in assisted suicide. The debate on C-268 will begin in the Fall 2017 session of Parliament.

Thank you to everyone who responded to my household questionnaire and town hall meeting surveys. I look forward to receiving your continued input and questions.

Sincerely,

Mark Warawa, M.P.
Langley—Aldergrove

