Association for Reformed Political Action
ARPA CANADA
POLICY REPORT FOR PARLIAMENTARIANS
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Respectfully Submitted

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Assisted Suicide & Euthanasia

When the Supreme Court of Canada struck down the Criminal Code prohibitions on assisted suicide in 2015,[1] it overturned years of legal, medical and ethical precedents.

In response, Parliament passed Bill C-14 in the summer of 2016. That bill amended the Criminal Code to permit euthanasia and assisted suicide in certain circumstances. The law allows any adult (18+) with a grievous and irremediable medical condition whose death is reasonably foreseeable to obtain "medical aid in dying" (MAiD).[2]

Bill C-14 requires the federal Ministers of Justice and Health to initiate an independent study on allowing MAiD for mature minors and for those seeking MAiD for a mental illness.[3] The Council of Canadian Academies is undertaking this study and is expected to finalize their report by the end of 2018. The issue of euthanasia is not dead yet. ARPA Canada hopes this report will help you, as an elected representative, to engage with wisdom in the debates surrounding the issues of assisted suicide and euthanasia, or consensual homicide.[4]

WHAT *CARTER* MEANS FOR PARLIAMENT

The Supreme Court of Canada, in its 2015 ruling on the Carter case, concluded that the statutory provisions prohibiting assisted suicide and consensual homicide violated the rights "of Ms. Taylor and of persons in her position."[5] The only claimant with an illness in the *Carter* case was Ms. Taylor. The Court relied on her specific factual situation for its analysis. Ms. Taylor had ALS, a severe and fatal neurodegenerative disease. The Court

[W]hat can one say about a ruling that finds a right to death in a section of the constitution devoted to the right to life… in breezy defiance, not just of Parliament's stated preferences, but of the Court's own ruling in a similar case, rendered two decades before? –ANDREW COYNE

refers to Ms. Taylor, "persons like her", and "persons in her position" throughout its judgement, as did the trial judge. The scope of the judgement "is intended to respond to the factual circumstances in this case," the Court stated.[6] The Court further clarified: "We make no pronouncement on other situations where physician-assisted dying may be sought."[7]

So even if Parliament were bound to implement assisted suicide in this case, Parliamentarians must not assume that the *Carter* ruling demands broad access to euthanasia. The Court began and ended its judgement with statements about how limited and narrow the scope of its judgement was intended to be.[8]

Further, as ARPA Canada and others have consistently maintained, *Carter* does not force Parliament to permit euthanasia or assisted suicide *at all*.[9] Parliament is free to enact a *Charter*-compliant prohibition on euthanasia and assisted suicide. The reason the prohibition was struck down in *Carter* is because the Court concluded that its objective was to protect vulnerable persons from being "induced to commit suicide in a moment of weakness." Since the prohibition applied to people who the Court deemed not vulnerable, the Court concluded the prohibition was "overbroad". That is why the law was struck down.[10]

A new bill prohibiting euthanasia and assisted suicide with the stated objective to prohibit these acts as a public evil or a violation of medical ethics would not be arbitrary or overbroad. The means chosen (prohibition) would fit perfectly with the objective (preventing some from euthanizing others).[11] The test for *Charter* compliance would be met. Failing that, however, this policy report includes at the end several recommendations for improving our current law.

CROSSING A SACRED LINE

In *Rodriguez* (1993), the Supreme Court relied on the principle of "sanctity of life". The Court in *Rodriguez* upheld what the Court in *Carter* – a mere 18 years later – struck down. *Sanctity* means being set apart or sacred. God made us in his image.[12] Human life is therefore inviolable.[13] Western civilization was built on this principle. We find it in the sixth commandment[14] and in the Hippocratic Oath.[15] We find it in the prohibitions on killing found in every nation's criminal laws today, in the continued prohibition of assisted suicide in most nations, and the continued prohibition in Canada of counselling a person to commit suicide.[16] A Judeo-Christian ethic – the foundational ethic of western law and human rights – cares for, not kills, the weak, sick, disabled, and elderly.

The Supreme Court formerly (1993) upheld the assisted suicide prohibition, concluding that freedom must have moral and legal limits. Justice Sopinka called assisted suicide "intrinsically morally and legally wrong"[17] based on "the generally held and deeply rooted belief in our society that human life is sacred or inviolable."[18]

In 2015, the Supreme Court commented only in passing on sanctity of life, saying, "The sanctity of life is one of our most fundamental societal values," while asserting shortly after that, "sanctity of life 'is no longer seen to require that all human life be preserved at all costs'… the law has come to recognize that, in certain circumstances, an individual's choice about the end of her life is entitled to respect."[19]

The court failed to recognize that honouring sanctity of life does not mean – and never meant – preserving or prolonging someone's life at all costs, nor does it mean that individual choices should be disrespected. Rather, it rules out actively and deliberately causing someone's death. A person may decline treatment or life support and such a decision should be respected. This is complementary to the principle of the sanctity of life.

CAN SECULAR LAW AFFIRM SACRED TRUTH?

The Supreme Court acknowledged again in 2015 that the sanctity of human life is one of our most fundamental societal principles. The Court then failed to uphold this principle in practice, but that does not mean Parliamentarians cannot do so. Every life is inherently worthy of protection by law, regardless of physical limitations.[20] Not only *can* our law affirm this principle of the sanctity of life, it must. It is the foundation for human rights and equality under the law.[21]

The *Carter* decision intentionally replaced God's law, "You shall not kill," with individualistic relativism's claim of "My life, my choice." ARPA Canada believes that personal liberty has God-given, natural limits. This limit on liberty protects what is sacred. If individual autonomy becomes the foundation for human dignity, it means one's dignity diminishes the more dependent they become. If individual autonomy is the foundation for public policy, we will soon find that the most dependent among us are increasingly at risk.[22]

CONSEQUENCES OF SEPARATING LAW FROM SANCTITY OF LIFE

Bill C-14 has codified the principle that it is permissible to intentionally kill a person who asks to be killed, provided they no longer possess the qualities or capabilities that society deems necessary for sufficient "quality of life".

This has significant consequences:

> Sanctity of life is inviolable no longer, nor is human dignity considered intrinsic to simply *being human.*

> It becomes difficult to draw a principled line between those who may or may not be killed.

> Once assisted suicide is legalized, many of those who qualify for it will feel the need to justify their existence. They may be perceived, or will perceive themselves, as a drain on resources and a burden to society.[23]

> The criminal law is weakened in relation to the very sick. If you are sick or disabled enough, the law permits someone to kill you with your consent. If you are not so sick, the law protects your life without exception. Why bother prosecuting for homicide when there is a reasonable doubt whether the deceased consented?[24]

> Suicide is normalized. If assisted suicide is a "dignified" way to die, why not unassisted suicide? A 2015 study indicated that general suicide rates have increased in each American state that has legalized assisted suicide.[25]

EUTHANASIA'S IMPACT IN CANADA

Between December of 2015 and December of 2017, 3,714 medically assisted deaths in Canada have been recorded.[26] Nearly all (99%) were euthanasia deaths, in which a physician or nurse administers the life-ending drugs (as opposed to assisted suicide). Monitoring reports demonstrate that the majority of euthanized patients are those suffering from cancer, neuro-degenerative, or respiratory diseases, with 7-13% being euthanized because of "other causes".[27]

The reports fail to clarify what "other causes" led to the decision of a patient to request and receive euthanasia. Draft regulations submitted by the federal government do not require physicians to document the exact rationale for the euthanasia, but only whether the patient

met the legislated criteria.[28] Additionally, the reporting is inconsistent among the provinces, as they have discretion as to what information they report to the federal government.

LESSONS FROM OTHER JURISDICTIONS

The Supreme Court deferred to the trial judge's finding that "a permissive regime with properly designed and administered safeguards was capable of protecting vulnerable people from abuse and error."[29] But there was conflicting evidence on the record. The Supreme Court brushed aside evidence about the growing acceptance of euthanasia for minors, the mentally ill, and those with minor conditions, saying such cases "would not fall within the parameters" of its judgement. Yet here we are already, debating whether Canada should expand access to MAiD.[30]

The Netherlands, Belgium, and the states of Washington and Oregon all permitted some form of "assisted death" several years before Canada did. The results are telling:

NETHERLANDS: The number of reported euthanasia deaths in the Netherlands tripled between 2006 (1,923) and 2016 (6,091) as the practice became increasingly normalized.[31] People with non-terminal diseases, including mental illness, dementia, and general geriatric symptoms, made up 17% (1,035) of all euthanasia cases in 2016.[32] *Statistics Netherlands* and other research bodies also conclude that the number of deaths is significantly higher than the reported numbers. The variation is believed to be the result, in part, of doctors excluding cases in which they administer opioids to hasten death, but decline to indicate euthanasia as the cause of death.[33] The Netherlands also has mobile euthanasia teams, which perform euthanasia for those who would be, or were already, declined by their doctor.[34] In 2005, Dutch pediatricians adopted the Groningen Protocol, allowing infants to be killed in "exceptional circumstances".[35]

BELGIUM: A *Canadian Medical Association Journal* study concluded that a third of euthanasia deaths it examined in Belgium were done without clear consent.[36] Prof. Dr. Etienne Montero explains how the self-reporting system (in which physicians are responsible to report euthanasia deaths) is failing and estimates that about 50% of all cases likely go unreported.[37] In 2014, Belgium extended euthanasia to children.[38] Euthanasia for those deemed "not terminally ill" rose to 14.79% (299 cases) in 2015, up from 6.96% in 2008.[39] The supposed safeguards are increasingly watered down, flexibly interpreted, and outright ignored as Belgians grow increasingly desensitized. Dr. Montero observes, "The Belgian experience demonstrates how extremely difficult it is to stick to the initial statements and intentions of the legislators and ensure that the original very strict statutory conditions have been met."[40]

OREGON AND WASHINGTON: In both states, assisted suicide deaths doubled between 2005 and 2013.[41] In Washington, assisted suicide deaths nearly tripled from 2009 to 2016.[42] These states only permit assisted suicide, meaning patients must administer the lethal prescription themselves. This may help keep the number of "assisted deaths" lower than in Belgium and the Netherlands, since patients are often unwilling to commit the final act themselves.[43]

Much more could be said about these and other jurisdictions. None have achieved what the Supreme Court naively decided could be achieved in Canada. Allowing euthanasia and assisted suicide is not progress, but decline. We are seeing the erosion of basic principles of medical ethics and a societal decline in respect for human life.

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WE ARE ALL VULNERABLE

Dr. Margaret Somerville, founding director of the Centre for Medicine, Ethics and Law at McGill University, says the notion that suicide is freely chosen so long as the person is competent and not subject to coercion represents an

extremely myopic understanding of human vulnerability. As she explains, the Court failed to consider what is necessary to protect all of us by upholding "respect for life".[44]

Canada has moved swiftly from discussing euthanasia for terminally ill, near-death patients, as in the *Carter* case, to discussing euthanasia for teenagers with depression. Opening the door to MAiD thus transforms our conception of suicide from "a tragedy we should seek to prevent to a release from suffering we should seek to assist."[45] Liberal MP Robert-Falcon Ouellette, an indigenous Canadian who opposed legalizing assisted suicide, spoke passionately against normalizing suicide saying, "If grandma, grandfather decides they had enough in life […] if they weren't able to carry on, why should I carry on? If they weren't strong enough, why should I be strong enough? I think that is a question that is asked in Attawapiskat more often than not […]."[46]

Certainly, abandoning the sanctity of life ethic disproportionately impacts the most vulnerable Canadians: the elderly, the sick, the depressed, those with disabilities, and the lonely. Even if a person has the requisite "grievous medical condition", her desire to die may be the result of a complex web of factors going beyond physical health, such as hopelessness, loneliness, fear, shame, conflict with family members, emotional abuse, lack of access to palliative care, and so on.[47] We have supposedly introduced euthanasia to grant people greater autonomy, but this choice comes at the expense of loving, life-affirming care.

In an interview with the CBC, Jean Vanier, founder of L'Arche Communities for the Disabled, was asked how lawmakers should deal with "assisted death", and whether it is simply a matter of individual rights. He replied, "[E]verybody is independent. Of course. We're also all

EUTHANASIA CASES UNDER "STRICT" GUIDELINES

A FEW PUBLICLY REPORTED CASES:

CANADA, 2018:

Mr. & Mrs. Brickenden were euthanized together. He was frail from age. She suffered rheumatoid arthritis and a weak heart.

BELGIUM, 2018:

Dr. Vanopdenbosch reported that a patient with dementia was euthanized without her consent at the request of her family.

NETHERLANDS, 2017:

A Dutch doctor was cleared of wrongdoing after ordering an elderly dementia patient's family to hold her down as she was resisting the injection that would euthanize her.

NETHERLANDS, 2017:

Sarah, battling depression after serving a two-year prison sentence, was given permission to be euthanized at age 29.

SWITZERLAND, 2015:

Gail Pharaoh, a former nurse, ended her life at a suicide clinic in Switzerland, despite not having any health problems. She said she feared ending up as a "hobbling old lady".

BELGIUM, 2013:

Nancy Verhelst was euthanized after 3 sex-changes made her feel like a "monster".

NETHERLANDS, 2013:

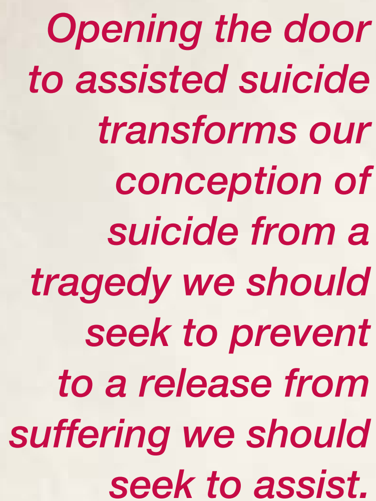
Doctors euthanized a 70-year-old whose sight-loss was "unbearable" to her.

BELGIUM, 2012:

Ann G, a 44-year-old woman with anorexia and a victim of sexual abuse, was euthanized to end her mental suffering.

BELGIUM, 2012:

Ms. De Troyer, age 64, was euthanized at her request due to "untreatable depression". Her family was only notified after she died, to their dismay.



Opening the door to assisted suicide transforms our conception of suicide from a tragedy we should seek to prevent to a release from suffering we should seek to assist.

*inter*dependent, we need all to be loved in order to find the beauty of life. [...] [L]awmakers should also realize that the human being – we're born in weakness and we die in weakness and that we're all vulnerable and that we all always need help. Society needs to encourage opening our hearts to those who are weaker and more fragile."[48]

Publicly funded euthanasia sends the message that euthanasia is not only an acceptable practice, but a social good. Anyone who endures suffering may be susceptible to suicidal thoughts. What do we want Canadian law and culture to say to people in this situation?[49]

IMPROVE ON BILL C-14

Following *Carter*, the government passed Bill C-14, which creates exceptions to criminal prohibitions on homicide and aiding suicide. Canada's law requires that the death of the person who seeks MAiD be "reasonably foreseeable".[50] This is, obviously, an extremely vague rule. Along with this rule is the subjective standard that the person must have a grievous and irremediable illness causing suffering that is *intolerable to him*. An illness is deemed irremediable if there is no suitable and effective treatment *that the patient is willing to accept.*

The Council of Canadian Academies is studying, on behalf of the Minister of Justice and Minister of Health, the ethical and medical concerns of expanding euthanasia to allow advance directives (requesting euthanasia while you are still mentally competent so you can be euthanized when no longer competent), and permitting euthanasia for mature minors and the mentally ill.[51] This ongoing exploration of whether and how to expand euthanasia is unnecessary. Parliament is not required by the Carter decision to broaden access to euthanasia, or indeed, even to permit euthanasia at all.

Considering evidence of cultural shifts and abuses from other jurisdictions, **Parliamentarians should be studying issues related to the vagueness and permissiveness of the current law.** Is it being consistently interpreted? Does it set intelligible standards for eligibility? Is the current law being properly enforced? Canada currently has no federal reporting requirements, even though Bill C-14 gave the Minister of Health the power to make regulations for reporting and monitoring MAiD.[52] Is Bill C-14 a "scrupulously monitored and enforced"[53] regime, which the judges thought could limit (though not eliminate) the inherent risks of legalized euthanasia? What changes can be made to improve monitoring and enforcement?

POLICY RECOMMENDATIONS

ARPA Canada respectfully calls on Parliament and the provincial legislatures to do everything in their power to uphold the intrinsic worth of all human life. The government crossed a sacred line by passing legislation permitting euthanasia. It ought not and need not continue down this path. The federal and provincial governments must recognize the danger of considering some lives inviolable and others not, dependent on illness or disability.

Therefore, we ask you to consider the following recommendations:

RECOMMENDATION #1:

Enact a criminal prohibition on assisted suicide and euthanasia. It should state its objective as condemning the deliberate participation in causing the death of another person. Further objectives, such as upholding the sanctity of life or maintaining the longstanding, foundational principle of medical ethics to do no harm, should also be stated. ARPA Canada's special report explains why this option is constitutionally valid, and includes draft legislation.

RECOMMENDATION #2:

If Parliament fails to enact the above recommendation, it should at the very least amend Canada's current permissive law to ensure that the practice of euthanasia does not expand and that those most vulnerable to abuses associated with legalized euthanasia are better protected. We invite legislators to do the following:

> Clarify the current law by defining relevant terms, including:

- For a death to be **"reasonably foreseeable",** the law should require that the physicians are certain that the underlying illness(es) the patient has at the time assisted suicide is requested will, with reasonable medical certainty, cause the patient's death (s. 241.2(1)(d)) within three months or less.
- What constitutes a **"grievous and irremediable medical condition"** requires further legislative direction, as it is currently wide open for interpretation. To begin with, Parliament should add a paragraph to the end of section 241.2(2) saying, "(e) a mental illness or psychiatric disorder is not a grievous and irremediable medical condition for the purposes of this section."

> Amend subsection 451(5.1) so that it allows medical professionals to "provide information to a person on the lawful provision of medical assistance in dying" (current wording) **only upon request.** Medical professionals should never provide unsolicited information about assisted suicide, as doing so sends an implicit message that a professional has judged the person's life to no longer be worth living. Counselling a person to consider suicide remains a crime; implicit or inadvertent counselling must be avoided.[55]

> Repeal subsection 451(5), which permits *any person* to help someone "self-administer a substance that has been prescribed … as part of the provision of [MAiD]". There are no safeguards. The government would have no way of proving that a person was not unduly pressured to "self-administer" by the person assisting. Self-administering lethal drugs should be subject to oversight, as it is otherwise rife for undetectable abuse.

> Require judicial oversight and approval for every MAiD case from a superior or provincial court judge. Current law only requires two physicians or nurse practitioners to decide that a person may be killed. People can choose which physicians or nurse practitioners to visit. Since people cannot choose their judge, adding judicial oversight protects against rogue doctors who interpret the rules liberally or disregard them.

> Amend the law to allow *only assisted suicide, not euthanasia*, as the state of Oregon does.[56] Assisted suicide should only be permitted under the supervision of a licensed person. In assisted suicide, the final act causing death is performed by the person who wishes to die. This requirement lowers the rate of "assisted deaths", as people are less inclined to kill themselves than to passively receive a lethal drug from a physician.[57]

RECOMMENDATION #3:

The Minister of Health must adopt regulations as required by subsection 241.31(3), "for the purpose of monitoring medical assistance in dying, of information relating to requests for, and the provision of, medical assistance in dying." If the Minister refuses to adopt adequate regulations, then Parliament should legislate the reporting and monitoring requirements directly. MAiD must be recorded as the cause of death and the underlying medical condition that purportedly qualified the patient for MAiD must be described and recorded as well.

RECOMMENDATION #4:

Provincial governments should protect the freedom of healthcare professionals to conscientiously object to participating in assisted suicide or euthanasia, without fear of liability or professional discipline. Objecting professionals should not be required to refer a patient to a known euthanasia or assisted suicide provider. No other jurisdiction that allows euthanasia or assisted suicide imposes such a legal or professional duty.

RECOMMENDATION #5:

Federal and provincial governments should promote and, working with civil institutions, provide better access to palliative care.

CONCLUSION

The recommendations we propose here are realistic policy improvements, in line with Canada's constitution and legal history. If implemented, these recommendations will improve the balance between the extreme autonomy claims of those who want to be assisted in their suicide with protecting the most vulnerable Canadians: those with extreme disabilities, illnesses and advanced age. Our current law is woefully inadequate to fully protect the lives of these intrinsically valuable yet inherently vulnerable people. The civil government has no job more important than this one: to maintain and enforce laws that provide equal protection for the lives of all its citizens. The Supreme Court of Canada, in a capital punishment case, once ruled, "the state's execution of even one innocent person is one too many." [57] We agree. Yet, the trial judge in the *Carter* case noted that "none of the [other legalized] systems has achieved perfection."[59] In other words, innocent people die. Canada must and can do better.

CITATIONS:

[1] *Carter v. Canada (Attorney General)*, [2015] 1 SCR 331, 2015 SCC 5.

[2] Bill C-14, Statutes of Canada, June 17, 2016. The term "Medical Aid in Dying" or "MAiD" is an intentionally misleading euphemism and confuses genuinely ethical aid in dying like palliative care with a form of homicide (physician-assisted suicide and/or euthanasia). We object to the euphemism and only refer to it in this report due to the prevalence of the term in public discourse.

[3] See section 9.1 of Bill C-14. This section does not amend the *Criminal Code.*

[4] In the *Criminal Code*, homicide (section 222) means causing the death of a human being, directly or indirectly. Homicide is culpable if it is intentional. And, until *Carter*, the consent of the victim was no defence to culpable homicide. The phrase "consensual homicide" is used to indicate the intentional causing of a person's death with that person's consent.

[5] *Carter v. Canada*, *supra* note 1 at para. 56.

[6] *Ibid* at para. 56.

[7] *Ibid* at para. 127.

[8] *Ibid.*

[9] ARPA Canada, *Protecting Life: How Parliament Can Fully Ban Assisted Suicide Without Section 33*, September 2015, at p. 4.

[10] *Carter v. Canada, supra* note 1, at para. 86.

[11] ARPA Canada, *Protecting Life*, *supra* note 9, at p. 13.

[12] *The Holy Bible*, Genesis 1:27.

[13] *The Holy Bible*, Genesis 9:5-6.

[14] *The Holy Bible*, Exodus 20:13 and Deuteronomy 5:17.

[15] Greek Medicine, "The Hippocratic Oath".

[16] *Criminal Code* (R.S.C., 1985, c. C-46), section 241(1)(a).

[17] *Rodriguez v. British Columbia (Attorney General)*, [1993] 3 S.C.R. 519, at p. 601.

[18] *Ibid*, at 585.

[19] *Carter v. Canada*, *supra* note 1 at para. 63.

[20] A fuller explanation of this is available in ARPA Canada's factum to the Supreme Court of Canada, available at ARPACanada.ca/facta.

[21] ARPA Canada, *Protecting Life*, *supra* note 9, at p. 5.

[22] ARPA Canada has published a book on this topic – *Building on Sand: Human Dignity in Canadian Law and Society*, by Mark Penninga, which can be read online at ARPACanada.ca/publications.

[23] Charles Lewis, "The burden of mercy," *The National Post*, 30 November 2007. See also Factum of the Council of Canadians with Disabilities in the Carter Case at the Supreme Court of Canada, particularly paras. 26-38.

[24] ARPA Canada, *Protecting Life*, *supra* note 9, at p.8. See also Schutten, André, "Lethal Discrimination: A Case Against Legalizing Assisted Suicide in Canada," *The Supreme Court Law Review* (2016) 73 S.C.L.R. (2d), 143-184, esp. p. 168-179.

[25] David Albert Jones and Dr. David Paton, "How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide," *Southern Medical Journal* 108 (10): 599-604.

[26] Health Canada, "Third Interim Report on Medical Assistance in Dying in Canada," June 2018, p. 5. Note: these statistics include some deaths from Quebec which permitted MAID prior to federal legislation.

[27] *Ibid*, at 10-11.

[28] Canada Gazette, "Monitoring of Medical Assistance in Dying Regulations," Part I: Vol. 151, No. 50, 16 December 2017.

[29] *Carter v. Canada*, *supra* note 1 at para. 105.

[30] Dr. John Keown, "Carter: A Stain on Canadian Jurisprudence?" in *The Supreme Court Law Review* Vol. 85, 2018: 20. In a recent *Charter* challenge to Bill C-14 – a challenge which seeks to expand euthanasia access even further – the trial court and the B.C. Court of Appeal (2018) both concluded that the case should not proceed based only on the evidentiary findings in *Carter*. The plaintiff's lawyer obviously thought that the findings of fact in *Carter* were convenient for his case. It seems, however, that the courts are taking seriously the criticism of *Carter*, or they at least recognize that there have been significant developments in Canada and other jurisdictions in the last few years that must be examined. *See Lamb v. Canada (Attorney General)*, 2018 BCCA 266.

[31] Robert Preston, "Death on demand? An analysis of physician-administered euthanasia in The Netherlands," *British Medical Bulletin:* 125, 12 February 2018, at p. 147.

[32] *Ibid.*

[33] *Ibid*. In 2010, physicians reported a total of 3,136 euthanasia deaths, whereas *Stats NL* estimated 4,051. A similar analysis was done in 2015, which found

that physicians underreported the number of physician-assisted deaths by 1,306 uncounted deaths.

[34] See Alex Schadenberg, "Netherlands 2013 euthanasia report - 15% increase, euthanasia for psychiatric problems and dementia," 29 Sept 2014.

[35] See Eduard Verhagen and Pieter Sauer, "The Groningen Protocol – Euthanasia in Severely Ill Newborns," *New England Journal of Medicine*, March 10, 2005.

[36] Kenneth Chambaere et al., "Physician-assisted deaths under euthanasia law in Belgium: A population-based survey," *Canadian Medical Association Journal*, 15 June 2010, at p. 896.

[37] Etienne Montero, "The Belgian Experience of Euthanasia Since Its Legal Implementation in 2002," in *Euthanasia and Assisted Suicide: Lessons from Belgium*, edited by David Albert Jones, Anscombe Bioethics Centre, 2017, at p. 28.

[38] BBC.com "Belgium's Parliament votes through child euthanasia," 13 February 2014.

[39] Trudo Lemmens, "Charter Scrutiny of Canada's Medical Assistance in Dying Law and the Shifting Landscape of Belgian and Dutch Euthanasia Practice," *Supreme Court Law Review* II Vol. 85, 2018, at p. 498.

[40] Montero, "The Belgian Experience", *supra* note 37 at p. 33. See also Trudo Lemmens, "The Conflict between Open-Ended Access to Physician-Assisted Dying and the Protection of the Vulnerable: Lessons from Belgium's Euthanasia Regime for the Canadian Post-Carter Era" in Catherine Regis, Lara Khoury & Robert Kouri, eds., *Key Conflicts in Health Law* (Cowensville: Yvon Blais, 2016), pp. 261-317. Figures from the Dutch Euthanasia Review Committee also show that euthanasia in the Netherlands has also steadily increased – by 76% since just 2010, with more than 5,500 reported cases in the country last year alone.

[41] Derek Miedema, "No second chances: The illusion of limited legalized euthanasia," *IMFC Review*, May 19, 2011, at pp. 2-3.

[42] Lemmens, "Charter Scrutiny" *supra* note 39 at p. 479.

[43] Lemmens, "Charter Scrutiny" *supra* note 39 at p. 478. In 2017 PAS deaths only constituted 0.399% of the overall deaths in Oregon, whereas in the Netherlands this figure was 4.5% (2015) and in Belgium 4.6% (2013).

[44] Margaret Somerville, "What the top court left out in judgment on assisted suicide," *The Globe and Mail*, Published 27 October 2015, Updated 15 May 2018.

[45] Andrew Coyne, "Canada is making suicide a public service. Have we lost our way as a society?" *National Post*, 29 February 2016.

[46] Jorge Barrera, "Indigenous Liberal MP Ouellette voting against government's assisted dying bill", *APTN National News*, 20 April 2016.

[47] Vulnerable Persons Standard, "Introducing the Vulnerable Persons Standard."

[48] CBC Radio, "Jean Vanier, founder of L'Arche, urges caution on doctor-assisted dying law," *CBC*, 1 June 2016.

[49] Derek Ross & John Sikkema, "It Breaks a Village: What Autonomy Rhetoric Doesn't Teach Us About (Assisted) Suicide" *Law Matters*, Summer 2016, Vol. 41 No.2, p. 34-38.

[50] *Criminal Code*, RSC 1985, c C-46, s. 241.2 (2)(d).

[51] Council of Canadian Academies. "Medical Assistance in Dying."

[52] Bill C-14, *supra* note 2 at s. 242.31 (3).

[53] *Carter v. Canada*, *supra* note 1 at paras. 27, 29, 105.

[54] ARPA Canada, *Protecting Life*, *supra* note 9 at p. 15.

[55] Consider the sad story of Roger Foley, 42, an Ontario man suffering from an incurable neurological disease. The hospital staff offered him medically assisted death, despite his repeated requests to live at home. "Chronically ill man releases audio of hospital staff offering assisted death," *CTV News*, 2 August 2018.

[56] For example, see "The Carter decision authorizes only assisted suicide" by *Living with Dignity*, 13 March 2015.

[57] Lemmens, "Charter Scrutiny" *supra* note 39 at p. 502.

[58] *United States of America v. Burns*, [2001] 1 S.C.R. 283, 2001 SCC 7, at para. 102; see also paras. 70-71, 76-78.

[59] *Carter v. Canada (Attorney General)*, 2012 BCSC 886, at para 685.

We hope you enjoyed reading this policy report.

We know that championing our policy recommendations will take courage, dedication, and hard work. We at ARPA Canada strongly believe that doing so would be consistent with God's calling for you in a position of civil authority (Romans 13), and for promoting the well-being of our neighbours, in line with Canada's constitution and legal history. We are grateful for your service and we remember you in our prayers.

Respectfully Submitted,
Association for Reformed Political Action (ARPA) Canada

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