



## The Catholic Women's League of Canada

### Response to the Federal Government's Consultation on Legislative Options on Assisted Dying

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On behalf of the membership of The Catholic Women's League of Canada, we wish to voice its opposition to the deliberate killing of another human being whether by way of euthanasia, assisted suicide or mercy-killing out of a misplaced sense of compassion when a person's condition is judged to be terminal or lacking in quality of life. The League has consistently reaffirmed its respect for life in position papers presented to the federal government in 1986, 1992, 1994, 2006 and 2014. Individuals are stewards of human life, which they have received and share in solidarity with others. They are not the sole owners of this human life, which is a gift, nor is it theirs to dispose of at will. The inalienable right to life of every human individual is a constitutive element of a civil society and its legislation. Allowing physician-assisted dying contradicts that right, devalues human life and diminishes the dignity and value of every life. This inalienable right to life is a common belief promoted by many people in a democratic society.

Physician-assisted dying, which seeks and obtains a medical practitioner's help to die, whether indirectly by physician-assisted suicide or directly by euthanasia, in order to relieve pain and suffering is not health care. Good health care should never involve the killing of patients. Requests for these procedures are often made because of a profound sense of despair, fear, loneliness, isolation or depression when faced with a perceived intolerable condition or terminal illness. Individuals should have options for choosing life and high-quality health care rather than options for death. Society's response should be one of care, compassion, presence, solidarity and love for those facing these medical situations.

High quality palliative care, offered through a team of dedicated medical staff, social workers and volunteers, compassionately aids patients and their loved ones as they continue to live life to the fullest during all stages of an illness and as they approach death. It integrates relieving physical pain with meeting emotional and spiritual needs. Investing in palliative care is essential as it addresses a need that many Canadians will face. Canadians, at all stages in life, should have access to publicly funded high quality palliative care and it should be a core service under all provincial and territorial health plans in Canada. The importance of high quality palliative care dictates the need for medical personnel to have ample training in this field to create informed discussion with their patients and to be able to knowledgeably refer them to palliative care specialists. Funding for new research and education on pain relief should be available and promoted; the benefit to society would be enormous. With respect to hospital costs associated with acute care and intensive care for those who die in hospital, the Institute of Marriage and Family Canada states "...expanding access to quality palliative care would have saved between \$40 and \$354.5 million between 2003 and 2011 in the province of Ontario alone." <sup>i</sup>

All Canadians will be at risk if physician-assisted dying is allowed but most especially the vulnerable in society, the elderly, the disabled and those suffering from mental illness. It is ironic that, on the one hand, society is trying to reduce the stigma attached to dementia, depression and other mental illness, and to increase services that will reduce the suicide rate, while on the other hand, promoting the risk that physician-assisted dying will be considered by those who are vulnerable as a solution to the challenges they face. There could never be enough safeguards that would protect the vulnerable in all situations, as has been documented in other jurisdictions throughout the world that have legalized physician-assisted dying and euthanasia.



The Supreme Court of Canada's decision in the *Carter v. Canada* case struck down the prohibitions against assisted suicide and physician-assisted dying because it deprives individuals of their rights to life, liberty and security guaranteed in the *Canadian Charter of Rights and Freedoms*. However, the *Canadian Charter of Rights and Freedoms* also guarantees freedom of conscience and religion. Therefore no medical personnel or health care providers should be required to, directly or indirectly, take part in physician-assisted dying. The right of freedom of conscience must be protected at a national level and be consistent across Canada.

The short time given to publicly elected lawmakers by the Supreme Court of Canada to enact legislation supporting its decisions is not sufficient to deal with a matter with such grave implications for future generations of Canadians. At its most recent national convention, The Catholic Women's League of Canada adopted Resolution 2015.04 *Invoke Section 33 of the Canadian Charter of Rights and Freedoms in the Case of Carter v. Canada* to allow the federal government sufficient time to deal with the issue of physician-assisted dying. The government needs to thoroughly consult with Canadians before enacting any legislation to deal with such a serious issue. The fact that a body of nine appointed individuals can dictate what an elected parliament must do is unacceptable and irresponsible given the potentially grave consequences to society and provides justification for parliament to invoke Section 33 of the *Canadian Charter of Rights and Freedoms* as requested in Resolution 2015.04.

Respectfully submitted,

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<sup>i</sup> Institute of Marriage and Family Canada. "Why Canada Needs More Palliative Care." June 2013.  
[www.imfcanada.org](http://www.imfcanada.org). Adobe. 5 October 2015.