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Speaker: The Honourable Geoff Regan

Criminal Code

The House resumed consideration of the motion that Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), be read the second time and referred to a committee, and of the motion that this question be now put.

Ms. Dianne L. Watts (South Surrey—White Rock, CPC):

Madam Speaker, I rise to speak to this issue, as many of my colleagues have done throughout the day.

It is most certainly a difficult issue that is faced by many individuals and society at large. Like many of my colleagues, I have had many conversations with my constituents and medical health professionals, with doctors who are in support and doctors who are not. The issues and concerns vary with each and every sector. I have heard concerns around protecting the rights of doctors who do not want to participate. I have heard from constituents who adamantly oppose any type of legislation for moral reasons. I have also heard from constituents who have gone through very difficult times and have had family members who suffered greatly. They support legislation being in place.

However, the significantly short amount of time that has been allocated by the court has indeed posed a challenge on many fronts. While some consultations have been undertaken in some communities in some ridings, there has just not been enough time to engage Canadians across the country in a fulsome debate. In fact, in Quebec, it took six years to go through the process. As one of the options, we should request from the court additional time to really address these complex issues, to engage Canadians far and wide, and to get input from many different sides that were not able to come to the committee or appear as witnesses.

I have a great amount of respect for the members in the House who have worked on the committee. I know it was not an easy task for them. I also respect all the members who have really struggled with this issue on many fronts. However, to rush to develop legislation is really of great concern to me.

I am pleased to see the recommendations from our dissenting report that spoke to the issues of mature minors, persons with mental health issues, and advance directives. Some were implemented and some were not. However, there are still issues around conscience protection for physicians and health care professionals.

The protection of the vulnerable really must be a core foundational aspect of the legislation and framework, as eloquently put by my colleague, the previous speaker. Protection for doctors and health care professionals who do not want to participate must be imbedded within the legislation and not within the preamble.

I want to share a story that really speaks to the issue. I know of a young nurse who just graduated and who recently applied for a nursing position. The interviewer asked her if she would be able to inject a patient who requested to die. The young nurse, who had just graduated, said no, that was something she could not do. Needless to say, the young nurse was not hired. I share this story because within the legislation we need to protect individuals who do not want to participate.

We have failed Canadians as it relates to end-of-life care and providing a robust palliative care system and hospice support. We must institute high-quality palliative care in every community in every province across the country.

I received a handwritten letter from one of my constituents. I was not in this place at the time.

She wrote:

Did you know in June 1995 the Special Senate Committee on Euthanasia and Assisted Suicide advised the government make palliative care programs a priority in the restructuring of the Health Care System;

That was Bill C-545, an act respecting the provision of continuing care to Canadians, a private member's bill. She also noted that only 30% of Canadians have access to palliative care.

She went on to say:

Can you assure that Palliative Care will be available to all citizens of Canada before these same citizens are offered medical assistance in dying?

This is very poignant because, given the legislation that we are discussing and where we are going with it, we need to have a national strategy on palliative care. We need to look at the end-of-life care as a process toward death. This is part of the overall continuum of care. We do not do that now. I think it would be prudent for us to have those measures and plans in place because it is about dealing with people who are coming to the end of their life.

As I said earlier, I believe that a robust palliative care system should be implemented. I also believe that a psychiatrist or social worker needs to be part of the assessment process, and that a palliative care consultation should be undertaken prior to moving to doctor-assisted suicide.

The health minister stated in the House yesterday that \$3 billion would be dedicated to palliative care over four years. I was pleased to hear those comments. However, it was clearly an afterthought because that amount was not included in the budget, nor was there any mention of palliative care or hospice care. This is a fundamental flaw that should be rectified immediately.

In light of this legislation, we need to move very quickly to implement a national strategy on palliative care. This is a very complex issue. I certainly have many concerns on a number of fronts with this legislation. We need strict protections embedded in the legislation regarding the

protection of conscience and the right to have access to palliative care. I stress that these amendments must be embedded within the legislation.

Of most concern is the possibility in the preamble of including mature minors and those with mental health illness at a future date. While the courts have mandated the development of legislation, it has most certainly not allowed the appropriate time to have a thorough discussion with Canadians across the country. This issue is not one that should be rushed. It deserves thoughtful, respectful consultation and debate with everyone.

Hon. Alice Wong (Richmond Centre, CPC):

Madam Speaker, my colleague made a very thoughtful speech, and I agree with her in many areas. I know there are a lot of friends in Parliament who keep saying that if we do not pass the bill, there will be no law with respect to assisted suicide.

I know that I am not alone in stating that the time frame set out by the Supreme Court is not sufficient, and that 16 months is not nearly enough time to adequately examine evidence, consult with Canadians, and prepare well-drafted, carefully examined legislation.

What is our responsibility as lawmakers?

Ms. Dianne L. Watts:

Madam Speaker, fundamentally, our responsibility is to protect the most vulnerable. There are measures within the legislation that do not allow for that. We have been mandated by the court to provide legislation, and it should be the very best legislation that can possibly be put forward. I do not think that we have had adequate consultation with and input from many sectors across the country. I believe it is premature to be at the place where we are right now.

Mr. Pierre-Luc Dusseault (Sherbrooke, NDP):

Madam Speaker, I would like to thank my colleague for her speech.

I heard many members say that they did not have enough time, even though the Supreme Court rendered its decision on February 6, 2015.

Several months went by between the time when the Supreme Court rendered its decision and the time when the new government took office following the October 19 election. We finally have a bill because of the new government's agenda and an extension until June.

If parliamentarians had worked on this issue from the start, it might have been resolved in time to meet the Supreme Court's deadline. Does my colleague not agree?

Ms. Dianne L. Watts:

Madam Speaker, when the time frame was handed down by the Supreme Court I believe there were preliminary consultations that had begun at that point. I also know that there was an election. During the election, I believe a lot of the work ceased because of the election. Then it was incumbent on the new government to continue developing the legislation.

I go back to the Quebec example that was six years in the making. I go back to other countries that have dealt with this issue, and it was 10 years in the making. Even if there were a continuation of that work for 16 months, it would still not be adequate.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):

Madam Speaker, the member made reference, in answering a question, to seeing her primary job as protecting the most vulnerable.

Does the member not recognize that if the legislation were not to pass, the most vulnerable she wants to protect are going to be that much more vulnerable because there is no law? Would the member not agree that it is better to have this brought forward before June 6 in order to protect the vulnerable?

Ms. Dianne L. Watts:

Madam Speaker, we have good legislation and bad legislation, so depending on the legislation and the amendments to the legislation, we will look at how it protects or does not protect the vulnerable.

There is still a lot of work to do and there are amendments that have to be put in place.