



January 20, 2016

The Honourable Jody Wilson-Raybould
Minister of Justice and Attorney General of Canada
284 Wellington Street
Ottawa, Ontario K1A 0H8

The Honourable Jane Philpott
Minister of Health
Health Canada
70 Colombine Driveway, Tunney's Pasture
Ottawa, Ontario K1A 0K9

Dear Minister Wilson-Raybould and Minister Philpott,

I wish to begin by thanking the Government of Canada for having attempted to delay the implementation of doctor-assisted suicide by the Government of Quebec, and also for having asked the Supreme Court of Canada to extend the period in which our country can reflect on the Court's decision of last February in *Carter v. Canada*. Secondly, I respectfully request that the Canadian Conference of Catholic Bishops be among the groups and organizations to be invited to appear before the Special Joint Committee on Physician-Assisted Dying.

Our Conference is the national assembly of the Roman Catholic and Eastern Catholic Bishops. As its principal pastors who officially speak on behalf of the Church in Canada, the Bishops are the spiritual leaders and teachers of more than thirteen million Canadian Catholics. Moreover, our concerns are widely shared in Canada, and so are the principles, values and the official stance of the Catholic Church on euthanasia and assisted suicide. This is evident in a recent Declaration on assisted suicide and euthanasia ([Enclosure 1](#)), developed by our Conference in unison with the Evangelical Fellowship of Canada, and endorsed by Jewish and Muslim representatives as well as the leaders of the Orthodox Churches and members of main-line Protestant Christians. To date, almost 6,000 Canadians have signed the Declaration (see <http://www.euthanasiadeclaration.ca/signatories/>).

Our Church clearly teaches, as it has consistently and emphatically done over the centuries, that life is a sacred gift to be defended and protected. Our country, for its part, has made great strides over the decades in constructing "safety nets" that help safeguard human lives from the worst onslaughts of poverty, in wisely agreeing to forego the use of capital punishment, and in challenging and questioning every call to war. These efforts, which we applaud, are in recognition of the paramount importance of respecting and sustaining the life and inviolable dignity of individuals from conception to natural death. Likewise, such efforts acknowledge the

negative and indeed nefarious consequences on society itself and on the hearts and minds of future generations, if there are not sustained and continued efforts to protect human dignity. Most regrettably, Canada has become somewhat indifferent to how human life is demeaned and devalued in ways such as abortion, and is now on the brink of allowing suicide to be considered a medical procedure.

The experiences of those few other nations which have legalized euthanasia and assisted suicide indicate that any legislation intended to limit these solely to certain cases is easily challenged and soon weakened. The effects of legalized assisted suicide on individual persons and families as well as on society as a whole are easily predictable: new efforts to extend assisted suicide and euthanasia to other medical situations; a growing sense of anxiety among the handicapped, the elderly, the chronically ill, the depressed, and the dying, with the increased threat to their lives and serenity; the erosion of a patient's trust in his or her physician; greater anxiety and increased pressures on health-care providers; and a greater risk of family and social pressure on the vulnerable not to "be a burden." By focusing so narrowly on the liberty and preferences of a small minority of individuals, the Supreme Court has voided our society's moral obligation to protect the lives of its members, especially the most vulnerable and feeble.

Indeed, many Canadians have already experienced the detrimental impact that suicide has made in their own personal lives and in the lives of their communities – how it engenders feelings of guilt, anger and futility, and can sinisterly and tragically encourage others to take their own lives. As stated in *Not to be Forgotten: Care of Vulnerable Canadians* (p.71), the 2011 report by the Parliamentary Committee on Palliative and Compassionate Care, suicide deaths in Canada "are particularly high among young people, especially aboriginal and Inuit young people, middle aged men, and the elderly. Suicide is the second leading cause of death among young people aged 10-24. Suicide rates among aboriginal youth are five to seven times higher than the rate among non-aboriginal youth. Quebec and the territories have the highest rates of suicide in Canada."

Following the tabling of the report in 2011, in May 2014, Parliament almost unanimously endorsed a call for a cross-country strategy on palliative and end-of-life care. Those supporting the motion noted the "dangerous and failed route of assisted suicide or euthanasia tried by other countries." With the Supreme Court's decision, the false economics of physician-assisted suicide will inevitably tempt governments, health-care institutions and families not to invest further in palliative care.

Physician-assisted suicide and euthanasia have already been idealized by media, and a number of Canadians and their institutions now portray it as a "right". The Supreme Court's decision last year did not take into account its own past rulings against euthanasia and assisted suicide, nor was its decision based on the legal traditions of the Western world, nor on past and proven ethical principles. For more than two thousand years, medical ethics have been guided by the principles of the Hippocratic Oath: to do no harm or injustice, not to give a lethal drug to anyone if asked nor to advise such a plan, and not to cause an abortion. The ruling of the Court is arbitrary in terms of its decision as well as with regard to the limits and the delay it has attempted to impose. Citizens can currently appeal to a provincial or territorial court to authorize physician-assisted suicide, even though the respective medical and health associations do not have guidelines on this. It is difficult to imagine the Supreme Court's ruling will not be used, sooner rather than later, to justify other forms of assisted suicide as well as euthanasia in general. The

Canadian Medical Association has estimated almost two-thirds of physicians in this country do not wish to be involved in such suicides, and the overwhelming majority of palliative care centres in Quebec have said they will not facilitate physician-assisted suicide.

The Catholic Church and the Catholic Bishops of Canada have great compassion for the suffering, those in pain, and for the dying. The first health-care institutions in Canada were established by Catholic religious communities. Many Catholic laity today are involved in providing dedicated health-care services, while at the same time our Church encourages all its members to be merciful and attentive to the needs of others, and to pray and care for the sick, the suffering, and the dying, accompanying them and offering them comfort and companionship. Assisted suicide and euthanasia are not the solution to human pain and suffering. As the Parliamentary Committee noted in *Not to be Forgotten* (pp. 8, 23, 34 [first bullet], 44, 45):

The palliative care philosophy is person-centered, family-focused and community-based. It moves us from disease or condition-specific care to person-centered care. It recognizes that the psycho-social and spiritual dimensions have profound impact upon health and wellbeing, and that a variety of specific conditions may be operating on different levels in the chronically ill or dying person's life.

The only health care, however, that offers [patient-centred care in Canada] consistently, effectively and across all jurisdictions is palliative care. This is all the more noteworthy in that much of our palliative care infrastructure was developed at the margins of the health care system, with little or no financial support, often as the result of grass roots community endeavour.

The "various professional colleges and organizations" need to collaborate "to meet the legitimate needs of Canadians; that doctors, nurses, and related professionals receive significantly more palliative/end-of-life and pain control training. The medical schools, nursing schools, pharmacy schools, and related professional schools need to significantly increase the number of hours spent on training in palliative care, pain and symptom management.

Pain control is gravely deficient in Canada. Acute pain is often poorly managed, despite the availability of pain management knowledge and technology. It is critical to treat acute pain adequately, not only to decrease suffering but to minimize the chances of the pain becoming a persistent chronic condition.

Pain control training is inadequate for health care professionals. Professional schools give pain management a low priority, in terms of class room hours. It is a sad irony that veterinarians receive 5 times more education on pain control than do doctors who treat humans.

Caring for the dying does not include killing them or helping them kill themselves. For all the above reasons, this past November, in my letter to the Right Honourable Justin Trudeau (Enclosure 2), I indicated that the Catholic Bishops of Canada would have preferred that the Government use the not-withstanding clause in order to postpone any implementation of physician-assisted suicide for at least the next five years. This could have provided sufficient time for calm reflection, reasoned reconsideration, thorough consultation, and much needed

clarity in the definitions being used (many Canadians still do not understand that so-called “assisted dying” is a deliberately misleading term for physician-assisted suicide and euthanasia).

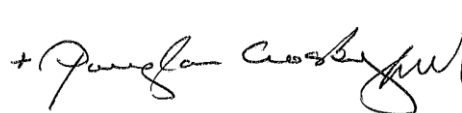
Now, as the Government of Canada engages in a process of reflecting on the implementation of the *Carter v. Canada* decision, our Bishops’ Conference, continuing its own consultations and dialogue with other religious groups in this country, respectfully requests that the Government of Canada:

- 1) Prioritize palliative care by implementing *Not to be Forgotten*, the 2011 report by the Parliamentary Committee on Palliative and Compassionate Care, so Canadians have a true choice in end-of-life care and fully understand that assisted suicide, by its very nature, is not part of palliative care;
- 2) Provide funding for further research and education in pain relief;
- 3) Implement the National Plan for the Prevention of Suicide, as proposed to Parliament in 2011;
- 4) Ensure there is not a “patch-work” approach to interpreting the law by each province and territory, or by individual physicians and patients;
- 5) Guarantee the right of every health-care provider and all health-care institutions not to be coerced into providing, facilitating or abetting assisted suicide, nor forced into referring patients to physicians or institutions that provide assisted suicide or euthanasia.

As further background on the position of our Conference and of the Catholic Church on euthanasia and physician-assisted suicide, I am enclosing a copy of our earlier submission to the Expert Panel on Options for a Legislative Response to *Carter v. Canada* (Enclosure 3).

In closing, I assure you that the prayers of the Catholic Bishops of Canada accompany you in your reflections on this life and death issue.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Douglas Crosby".

(Most Rev.) Douglas Crosby, OMI
Bishop of Hamilton and
President of the Canadian Conference
of Catholic Bishops

Enclosure 1: Canadian Conference of Catholic Bishops and The Evangelical Fellowship of Canada, Declaration on Euthanasia and Assisted Suicide, launched October 29, 2015

Enclosure 2: Letter to The Right Honourable Justin Trudeau, Prime Minister of Canada, November 4, 2015

Enclosure 3: Submission by the President of the Canadian Conference of Catholic Bishops to the Expert Panel on Options for a Legislative Response to *Carter v. Canada*, “The position of the Catholic Church and the stance of the Catholic Bishops of Canada on ‘the giving of assistance in dying’”, October 19, 2015