

Hon. Brenda Robertson: Honourable senators, I should like to respond briefly to the remarks of the honourable senator. I do so because there has been a misinterpretation of the decision of the committee.

It was determined in committee that we would not change the existing rules. There is no rule excluding an independent senator from permanent membership on a committee. It is left to the Committee of Selection, chaired by Senator Hébert, to determine who shall be a member of each committee.

Thus, if the Committee of Selection chooses an independent, which they have done in the past, that is fine. That decision is not made by the Rules Committee.

Hon. Lowell Murray: Honourable senators, in the lifetime of many of us, it has happened that an independent senator, namely, Senator Molson, was chairman of a standing committee, the standing committee which is now chaired by Senator Robertson. Twelve years ago a special committee was headed by independent Senator Pitfield.

As Senator Robertson points out, these are matters that are the prerogative of the Committee of Selection.

I should add, however, that, normally, the government party takes responsibility for assigning one of its committee slots to an independent senator. I let my friends know that.

Motion agreed to and report adopted.

EUTHANASIA AND ASSISTED SUICIDE

REPORT OF SPECIAL COMMITTEE ADOPTED

On the Order:

Resuming the debate on the consideration of the Final Report of the Special Senate Committee on Euthanasia and Assisted Suicide, entitled: "Of Life and Death," tabled in the Senate on 6th June, 1995.—(*Honourable Joan Neiman*).

Hon. Joan Neiman: Honourable senators, I know we are all looking forward to a pause in this parliamentary session. However, before I ask this chamber to adopt this report of the Special Senate Committee on Euthanasia and Assisted Suicide, I should like to leave with you a few of my personal thoughts on this complex subject.

There once was a woman dying from a particularly devastating disease. Her body was literally disintegrating, but her mind was clear. She knew beyond a doubt that her body would continue to deteriorate and her suffering increase before death finally released her. She wanted a means to die quickly and painlessly,

when she herself decided she could stand no more, that it was time to go.

Sue Rodriguez knew that our courts had been increasingly supportive of the concept of personal choice, even though the choice made by a person might result in the death of that person. She also knew it was permissible to commit suicide but forbidden by section 241 of the Criminal Code to receive assistance in doing so.

Thus, she requested the courts — right through to the Supreme Court of Canada — to reconsider that prohibition in the light of the Bill of Rights and the more recent Charter of Rights and Freedoms. Each court declined, by the narrowest of margins, to make an exception in her case. However, the Chief Justices of the two superior courts both recommended that Parliament deal with the issues her request had raised.

Just days before our committee launched this study, Sue Rodriguez died. Although I had never communicated with her, I heard that she knew our committee had been constituted to study this issue and that she was happy that it was in the works.

Without determining who assisted in her death, British Columbia authorities have just closed her case. The overarching question to which the public still wants an answer, and to which the medical profession and Parliament must ultimately respond, remains: Under what circumstances should it be legally permissible to help shorten the dying process of a terminally ill person?

The committee study and its report marks just the first step in the examination of the issues surrounding assisted suicide and euthanasia. As honourable senators know, it contains many recommendations which, if acted upon, would do much to dispel the worries of many Canadians, particularly the chronically and terminally ill. It would certainly help put our health care house in order.

The committee's assessment of the state of palliative care in Canada, a type of practice which all members and most of our witnesses heartily endorse, was that it is today woefully inadequate, except in a few urban areas. Our recommendations suggest how those responsible can begin to fill the vacuum.

Our recommendations also address current practices with respect to the administration of analgesics, or painkillers, which may be, but need not be, part of palliative care. Committee members were disturbed to be told of patients who were left for hours, and even days, in unremitting pain because their doctors refused to prescribe additional medication for them. This continues to happen in spite of the fact that it is perfectly acceptable, legally and medically, to administer sufficient medication to relieve suffering, even though that may shorten life.