Mr. Stan Wilbee (Delta): Mr. Speaker, it is indeed a privilege, as the other members have mentioned, to be able to speak on this very important topic today. I am speaking in support of the bill. I believe that it does assist the medical profession in clearing many of the grey areas that have been enumerated today.

Just what is the legal position of a physician in an area where he perhaps removes treatment which could keep the patient alive, or perhaps provides treatment which in order to alleviate pain or suffering may have the side effect of hastening that person's death?

As the hon. member from Fraser Valley West mentioned in his speech, North Americans want to deny that. They do not want to face it, yet we have seen many, many patients in the past who have welcomed the idea of being permitted to leave their pain, suffering and sickness.

In the past, we have seen many physicians who have been criticized. I do not know of anyone who has been actually sued, but they have been taking a lot of criticism because they did not make heroic efforts in order to keep somebody alive who in the physician's opinion had a quality of life not worth the torment that the patient would have to go through.

Very often in the medical profession you are told to do something, it does not matter if it is good or not, you just have to do something. I think that this law permits a physician to do what he thinks is the best thing. Perhaps that is to do nothing but to make sure that that patient is relieved of the suffering.

We are talking in this law today about passive euthanasia. The previous speaker talked about a more active type where death is brought on by a physician. In this particular bill today, we are discussing passive euthanasia. When we use that word, it brings of course a great emotional outburst from many of us.

We have heard today that technology prolongs life, but we do reach that period when as we have mentioned life is intolerable. Perhaps it is nausea, pain or various types of distress and the patient no longer has any will to live. The physician is then faced with the ability to withhold drugs which would prolong the life.

I think here of something like antibiotics in the case of an Alzheimers victim with pneumonia. We can prolong that life. The patient may not know what we have done, but we feel that is unwise, at the same time, perhaps by giving a drug to relieve the pain of a sufferer.

This is mentioned in the second part of this bill, that is, by providing sometimes large amounts of a sedative or morphine that we have the effect of hastening that death.

I thought it would be worth while just to comment for the rest of my time on the stand the Canadian Medical Association has taken. In 1984 as a result of a joint meeting between the Canadian Nursing Association, the Canadian Hospital Association and the Canadian Medical Association, they came forward with a list of directives.

It is called *The Resuscitation of the Terminally Ill* and was published in the *Canadian Medical Association Journal*, Volume 136 on February 15, 1987. This has been updated as recently as this last summer at its convention in Toronto.

Because of the shortness of time, I do not have time to read all of it, but I would like to introduce some of the highlights of the report that was produced. It says: "The Canadian Medical Association believes that the right to accept or reject any treatment or procedure ultimately resides with the patient or a duly empowered proxy. The Association also believes that this includes the right to accept or refuse resuscitative as well as life saving and/or sustaining measures in general should they become medically indicated.

Furthermore, the Association believes that under certain circumstances it may be appropriate that a patient indicate the position to other relevant persons by means of an advanced directive whether the patient wants resuscitative measures taken should the occasion for the use arise."

What we are referring to is better known as the living will.

The Medical Association goes on. "The Association is firmly convinced that the decision to accept or reject any medical treatment or procedure should be only made after an appropriate consultative process with a duly qualified health care professional."

• (1830)

In other words, it is essential that the facts be fully discussed with the patient, with the family, and the pros and cons discussed so that the patient understands fully just what he or she is signing.