

Private Members' Business

rejected twice is certainly not addressing modern concerns.

Do I have a couple of minutes left?

The Acting Speaker (Mr. DeBlois): Is there unanimous consent of the members?

Some hon. members: Agreed.

Mr. Horner: I thank the hon. member for Glengarry—Prescott—Russell for giving me consent to proceed.

For these and other reasons, this bill is totally unacceptable. Its provisions are unfair to doctors, as well as to the general public. Under this bill, a doctor could administer euthanasia when the individual had changed his mind and the doctor was unaware of the change.

Under this bill an euthanasia certificate may be revoked by its destruction or cancelling it by writing "cancelled" or something similar on its face, but there is no requirement that the doctor review the situation with the person involved or even review the certificate before administering euthanasia. There is very little responsibility on the doctor to do anything after he gets the certificate from the euthanasia referee.

This approach could be compared with the Canadian Medical Association's position on resuscitation of the terminally ill, which requires that the attending physician and the nursing staff review a no resuscitation order at appropriate intervals and that a request by the patient to rescind a no resuscitation order should be implemented immediately.

It seems clear that there is a need to examine the claims of those who currently advocate the need for euthanasia legislation, as well as the position of the Law Reform Commission of Canada, that of other groups and the experience of other jurisdictions. It has been suggested that Canada follow the Netherlands model. It may be useful to inquire why the Netherlands, like the other European community countries, has no euthanasia legislation, although there is protection in Netherlands case law for euthanasia under very stringent conditions.

I want to conclude by saying that what is needed at present is an analysis of the issues and informed discussion, rather than an attempt to give an anachronistic British bill new life in the Parliament of Canada.

[*Translation*]

Mr. Don Boudria (Glengarry—Prescott—Russell): Mr. Speaker, this is one of those days when I wonder whether I should be angry or sad; sad about the role we are being asked to play in the House today.

Mr. Speaker, this may sound old fashioned to some people, but I maintain that no one on earth has the right to decide whether someone may live or die.

Mr. Speaker, the bill before the House today concerns so-called euthanasia. I always wonder why people feel they must use these terms in this kind of bill. I see here on page 2 of the bill: "Application for administration of euthanasia". If I ask Mrs. So-and-So in my riding to tell me what that means, she probably won't be able to give me a definition. Of course, what it means is an application to have someone else help us commit suicide. That is what it means. We can give it another name, but let's not forget what we are really saying.

[*English*]

Section 4 of the bill describes who is eligible for euthanasia. A person who is suffering from an irremediable condition and is not less than 18 years of age may make a written application to the referee on euthanasia for an euthanasia certificate.

Let us look at the definition of that word irremediable. It says: "means an incurable illness, disease, or impairment". It does not have to be life threatening or anything like that. Diabetes certainly qualifies in that group. It is incurable, at least as far as we know today. But is something that is incurable today incurable tomorrow? Probably all forms of cancer were incurable some decades ago. That is not true today. What is incurable at one point may very well change. Further, it does not even have to be a terminal disease.

Surely there is something wrong. Even if someone disagrees with me in my original statement, surely there is something wrong with that definition.