

*Private Members' Business*

• (1535)

In a sense the motion we are debating today is part of the ongoing duties of the Minister of Justice. I am confident that the Minister of Justice is fulfilling his responsibility.

I have chaired the justice committee for the past five years and I am confident from my experience with the Minister of Justice that he is monitoring the situation with regard to euthanasia, as he does with situations in other areas of the criminal law. I am confident that if he thinks it is necessary to consider legislating on euthanasia he will advise the government to do so.

So far I see nothing wrong with the motion of the member for Port Moody—Coquitlam but I wonder if the motion was meant to ask the government to act too hastily or too quickly. Are we rushing into things?

I have consulted with my constituents. It seems strange to me that we are debating this motion in the House of Commons on the afternoon when the news story this morning was that in Michigan there is a case involving an assisted suicide. The allegation is that the chap changed his mind and now there may be murder charges. I do not want to get concerned about that. It happened in Michigan. I am sure it will be dealt with there. However, I would be very worried to see the government act quickly in such an important area.

We are talking here of a life and death issue. It is worth taking plenty of time to know what we are doing. Before we do anything I would ask the government to look carefully at questions which are of particular concern to me and my constituents.

In his motion the member for Port Moody—Coquitlam is asking the government to consider the advisability of introducing euthanasia legislation to ensure that those assisting terminally-ill patients who wish to die not be subject to criminal liability. This raises the issue of how to determine that a patient is terminally ill.

We all know that sometimes a person who has been diagnosed as terminally ill continues to live against all odds for many years after such a diagnosis has been made, and we have heard of cases from other speakers. A person who would have committed an assisted suicide after hearing the news and becoming understandably depressed would in such a case have been deprived of meaningful years during which this person could have enjoyed his life to some extent and contributed to society.

If the rationale to assist the suicide of a terminally-ill patient is because that person is in pain, then what about the pain suffered by those who are chronically ill? In some cases, they may suffer as much pain as is suffered by the terminally ill. Should we allow them to receive assistance in committing suicide? I think not.

Should we make pain the criteria for assisted suicide? In that case, how do we define pain? What threshold of pain would qualify for assisted suicide? Is the threshold the same for everyone or is it adapted to the individual? Who would decide that a patient had reached the threshold?

There is another important issue that I am concerned about. If euthanasia is available to certain individuals will there be pressure on these individuals to commit suicide in order to be relieved from pain and to relieve their relatives from the burden they impose upon them, even if this burden consists only of making them a witness to their suffering? What about the danger of even more subtle pressure from those responsible for allocating scarce health resources? Would not the availability of euthanasia be an excuse for allocating these resources away from those who request euthanasia?

On such a life and death issue should we not take plenty of time to consult with those who deal with this issue as part of their daily activities? I am speaking of the medical profession. Are they not the ones to whom the patient will turn to get assistance in committing suicide? What if the medical profession and other health care workers are opposed to the legalization of euthanasia?

• (1540)

When the member for Port Moody—Coquitlam mentions in his motion "assistance to terminally-ill patients who wish to die" he raises the issue of consent.

What about children who are terminally ill and wish to die? When would they be considered old enough to consent to their own death? If they are too young who would consent for them? Should the consent be a written one? You would think it should be in a matter of this importance. What about the patient who is too weak to write or who is unable to write for reasons of physical disability? When should consent be given? If a patient has given advance instructions in what is called a living will should these instructions have legal effect after the patient has become unconscious? Or should we appoint a third party to give consent on behalf of the patient who is unconscious?