

Honourable senators, these are very difficult issues which will continue to call for much searching of souls by Canadians not only privately and publicly but also individually and collectively. I should like to conclude my remarks by urging the decision makers who regulate medical practices, both in government and in professional associations, to act quickly on the many recommendations, apart from euthanasia and assisted suicide, on which our committee has reached consensus and has given direction.

[*Translation*]

Hon. Eymard G. Corbin: Honourable senators, it seems that instead of thanking the Speaker, one is supposed to thank one's honourable colleagues. This habit of mine probably goes back to the time when I was in the House of Commons. In any case, I want to thank the Speaker for recognizing me.

I do not have a prepared text, but this was a deliberate decision. After spending 15 months or so on the Special Senate Committee on Euthanasia and Assisted Suicide, I saw no need to sit down and write a speech. I feel I have a good grasp of the subject-matter, and I should have no trouble speaking "off the cuff." I will not keep you any longer than necessary this afternoon.

However, I first want to join the other senators who spoke in thanking Senator Neiman for the way she led the committee in its work and also Senator Thérèse Lavoie-Roux who showed remarkable diligence in her efforts to clarify the issues.

Incidentally, when I was a member of the House of Commons, I did at some point consider presenting a private member's bill to give the House of Commons an opportunity to discuss this question. Over the years, other members did so, which is entirely to their credit. I think it is the first time in Canada's history that one of our two Houses of Parliament decided to proceed with a more or less exhaustive study of the issues of assisted suicide and euthanasia.

I approached both subjects with a relatively open mind. Like everybody else, I have my own opinions, my legacy of moral values, beliefs and experience, but I also have a great deal of respect for the opinions of others. This exercise was in many ways very satisfying from a personal point of view. I got to know my colleagues and other members of the committee in a way I would not have otherwise.

In the heat of the debate, we all at some point let our emotions come to the surface. There was a lot of intensity and conviction in the arguments we heard, both for and against the various issues that came up for discussion. I really appreciated this opportunity to meet well-known figures in the legal and medical professions and people from all walks of life. On the committee I was probably the member with the least experience in this area.

One thing struck me during the initial weeks when witnesses appeared before the committee. There seemed to be something missing from the debate. There was a kind of vacuum. Implicit in the motion referred to our committee was the assumption that one could be either for or against. What about the middle ground? Of course, we wanted to examine all the ethical, moral and political aspects of the question. Was there no middle ground that would satisfy the most ardent supporters of euthanasia as well as its opponents?

It is after hearing one witness after another tell us about the value and the potential of palliative care that I finally made up my mind as a member of the committee. Even though Senator Thérèse Lavoie-Roux, among others, was kind enough to give me credit for writing the chapter on palliative care, I cannot take that credit because, ultimately, it is René Leduc, a researcher whom I hired, who did all the work, who contacted all the provinces, who made numerous phone calls, who reviewed all kinds of documents, and who analyzed the witnesses' position on the issue of palliative care.

It soon became obvious that our country is far from providing the quality of palliative care its citizens could expect. I think that members of the committee pretty well agree on that: we can do better, given the resources already available in the institutional, medical and volunteer sectors.

Since I just alluded to volunteer work, I should add that, if it were not for volunteers, Canada would be lagging behind a whole lot more as regards palliative care. Canadians give from the heart. Hundreds and even thousands of people freely give their time, day and night, to help the sick. It is thanks to these people that our country can take pride in the fact that it has a palliative care network which, albeit limited, is still the envy of many other countries. There is a lot to do. I am personally convinced that through a better allocation of the available fiscal and financial resources, we could dramatically improve palliative care provided to the terminally ill.

Be that as it may, I must tell you something which I should have told you when the final version of the report was being drafted. I actually intended to do so, but I missed the last week of the work of the committee. I can only blame myself for this delay, but I still want to distance myself from the unanimous opinion or recommendation to the effect that the Minister of Justice should consider establishing a third degree of murder which, I want to make it clear, was one of our recommendations. That third degree includes murders committed for compassionate reasons, which would be subject to a reduced penalty.

I think that if there is "compassion" in the commission of a murder, the jury and the judge will take it into consideration. However, I believe that establishing a third category of murder would be inviting some individuals to use what is ultimately a subsequent defence as a motive to commit a murder, something which would result in reduced respect for life.