

Private Members' Business

patients may no longer trust a physician to act in his or her interests, and legally instruct the physicians with living wills. I think in all cases this type of legal document is unnecessary, that instead the doctors, nurses and patients can use the advance directive to determine the course of care for a patient.

Matters involving life and death cannot be made in the office of the lawyer entirely. They must be made in consultation with a doctor, and they must be updated as technology and the prognosis for diseases changes.

Another concern I now have is for the education of doctors in matters of death and dying. There are many faces of these two. It takes many years of experience to recognize them. Medical students must begin with a solid background in the care for the terminally ill and incapacitating diseases. A doctor fresh out of medical school may not have the knowledge to question the request of a patient or recognize the shades of dying, whether it be heart attack or trauma related to choking. Consultation with more experienced doctors should be necessary in this case.

In fact, consultation is always a necessity. The wishes of the patient in regard to death with dignity must be clarified with all staff who attend to that patient. There is a fine line between allowing terminally ill patients to die with dignity at their request and aiding in that death.

Mr. Svend J. Robinson (Burnaby—Kingsway): Mr. Speaker, it is an honour to rise in support of the bill which has been proposed before the House this afternoon by the member for Fraser Valley West. In rising to support the principle of this legislation, because that is, after all, what we are doing at this stage of debate at second reading in the House, I want to pay tribute to the member for bringing before this House an issue which is both sensitive and important, important to millions and millions of Canadians who had to confront the issues which are addressed in this legislation.

I want to note as well that my colleague and spokesperson for health for the federal New Democrats, the member for Saskatoon—Clark's Crossing, had very much hoped to be here to participate in this debate, but unfortunately he is not able to be here. As the member for Fraser Valley West knows, he has himself tabled a private member's bill. It differs somewhat from the bill which has been proposed by the member for Fraser

Valley West, but certainly in principle it is very much in the same spirit.

I would hope that this House will in fact allow both the bill of the member for Fraser Valley West and the bill of the member for Saskatoon—Clark's Crossing to be referred to a committee of this House so that for the first time we as elected representatives will have an opportunity to hear from Canadians about this very important issue. Indeed it is long overdue.

I do not think we need much evidence of the interest and the depth of concern of Canadians about this issue when we look, for example, at the book by Derek Humphrey *Final Exit* has been on the top of the best seller list for some time. Obviously Canadians are deeply concerned about the issues that arise.

I rise to urge this House to act on this legislation in a non-partisan way, to send it to committee, to give Canadians an opportunity to be heard on this important question.

I want to note that at the present time in Canada, as the member for Fraser Valley West has pointed out, the Criminal Code of Canada was adopted in 1892 and has not changed in any significant respect on this important issue. It specifically prohibits any person from aiding the suicide of another, even giving advice about methods of suicide, which can result in up to 14 years of imprisonment. In fact, by the current definition in the Criminal Code, euthanasia is indistinguishable from murder since anyone who clearly intends to take the life of another and does so is guilty of culpable homicide.

These laws have been studied over the years by a number of different bodies. I know the Canadian Medical Association has studied them, the Law Reform Commission, the Canadian Bar Association, and I think it would be very helpful for this House to give an opportunity to representatives of these organizations to appear before the House and give their thoughts on this bill and its principle.

The fundamental principle here is that we must give people the right to make this decision for themselves, this most basic literally life or death decision. This does not in any way diminish our respect for life. Indeed, it is a symbol of our respect for the quality of life and a recognition that people should also be allowed to die with dignity.