

The intellectual and emotional struggles involved in this debate surfaced not only among the competing points of view we heard from people across Canada but also, I believe, in the mind of each member of the committee.

• (1540)

Like the justices of the Supreme Court of Canada in their decision on the *Sue Rodriguez* case, our committee has delivered a split decision on the desirability of decriminalizing assisted suicide and euthanasia. I should like to emphasize that these were not partisan — they were honest and considered decisions arrived at after very careful and lengthy deliberations by each individual member of the committee. The differences of opinion that exist reflect the deep divisions of opinion in Canadian society on these issues. They also suggest that, as the Minister of Justice and other members of Parliament consider these issues in the months and years to come, they will not face an easy task of decision-making.

There is another point I should like to emphasize. Reports in the media have concentrated on the absence of a consensus in the committee on the critical issues of assisted suicide and euthanasia. Very little attention has been given to the unanimous consensus of the committee on a number of other issues which are very important to the public, to patients and to health care professionals. Those issues include withholding and withdrawal of treatment, the regulation of pain control, the practice of sedation, the provision and development of palliative care, and the legal and medical treatment of advance directives or “living wills.”

In the case of some of these issues, the committee has simply clarified the legal status of these practices as it has evolved in recent years. That may seem to be a minor accomplishment, but I assure you that many medical practitioners will view that clarification as a welcome relief. In other instances, the committee has identified a need for policy and practice guidelines and has suggested that those guidelines or regulations should be standardized throughout Canada. Again, I can assure you that the health care community and patients would welcome clear policy directives from their ministries of health and clear practice guidelines from their governing bodies on these issues that surround the end of human life.

On the core issues of assisted suicide and euthanasia, the committee members have agreed to disagree with respect to each other's views and reasoning. We have disagreed also in recognition of — and reflecting — the serious divisions of opinion we heard from the public and within medical, legal, religious and other professional communities.

My own views, like those of my colleagues on the committee, are complex. In supporting assisted suicide under carefully

regulated circumstances, I am contradicting my own moral and religious beliefs on this subject. My own beliefs would not allow me to commit suicide or to assist suicide, but as a member of the Senate committee, I feel obliged to reflect the views of what I judge to be the large majority of the Canadian public.

In the case of assisted suicide, I feel that several considerations should be taken into account. First, we heard repeatedly that approximately 5 per cent of dying patients experience physical pain that cannot be relieved by palliative care. Others experience pain of a different sort: emotional or psychological. We must ask whether or not we can legitimately deny the validity of their wishes or deny them their own autonomy. I have a concern also about the legal status or position of members of the health care community in the face of clearly stated and rationally defined wishes of a patient.

In light of those considerations and the apparent fact that assisted suicide does take place, I have concluded that assisted suicide should no longer be prohibited under the provisions of the Criminal Code. I do not take that decision lightly and I feel strongly that any future practice of assisted suicide should be carefully monitored and should be subject to strict guidelines, as the committee's minority has recommended in the report.

On the other hand, I cannot support the decriminalization of voluntary euthanasia. I believe that our society must move slowly and carefully in changing the law on these issues. We should proceed one step at a time with a careful assessment of the results of the first step and any subsequent steps we take. In the case of assisted suicide, the principal agent of death is the dying person — him or herself. The patient retains final control over the situation and has the opportunity at the last moment to change his or her mind. I believe that appropriate and effective controls can be put in place to ensure that. I am not convinced that the same controls would effectively prevent abuses if we were to relax the law on voluntary euthanasia.

I fully acknowledge the concerns of other members that if assisted suicide is decriminalized and not voluntary euthanasia, the result may be an infringement on section 15, the equality provision in the Charter, since it would discriminate against those who are physically incapable of committing assisted suicide and, thus, not afford them the option to choose the time and manner of their death.

There are those who feel strongly that assisted suicide could be proceeded with immediately, independent of euthanasia, in the interests of those who meet these guidelines — and since the guidelines would obviously be quite narrow in any event and exclude large numbers of people. I believe that assisted suicide should be legalized under controlled circumstances.