Now that we have medical technology that is capable of sustaining existence far beyond the point where all else that gives value to life has departed, is it not time that we legally sanctioned each individual's right to die with dignity?

I believe that that time has arrived. This bill and the suggestion that euthanasia be legalized at their core provide for two things: first, the choice for Canadians living under intolerable, to them, health conditions involving suffering and loss of dignity with no hope of relief and being able to make a choice to die. In other words, it is people having the opportunity and the right to decide when their medical condition is irreversible and intolerable to them to end their life. The second thing is for physicians who assist in carrying out their patient's wishes to be protected from criminal penalty.

In closing, surely as a society we are compassionate, tolerant and caring enough to provide for this choice and this protection.

Mr. Bob Horner (Mississauga West): Mr. Speaker, I rise today to discuss further Bill C-261, which would become the euthanasia and cessation of treatment act.

I commend the hon. member for bringing this forward for discussion, however, in my view this bill is inappropriate as I will try to show.

The difficult question of euthanasia deserves more careful attention than this bill has to offer. With advances in medicine, people are living longer and the number of those suffering from life threatening diseases such as cancer is increasing, as is the number of those with symptoms of Alzheimer's and other degenerative diseases which destroy the mind.

Medical technology now makes it possible to preserve life long after the person is able to function as a sentient being. With the spread of AIDS, many young persons, even babies, face the prospect of early disabling terminal illnesses. All these things have resulted in continued demands by concerned individuals and associations for the decriminalization of voluntary active euthanasia and counselling, aiding or abetting suicide.

At the same time, there is another group of concerns which cannot be left unattended if euthanasia is to be regulated. One is that many doctors will insist on attempting to treat for some time after there is no more hope of preserving or restoring any meaningful life.

In other words, many practitioners feel it is their duty to treat the terminally ill until the very last moment. The issue therefore becomes at what point should treatment cease and the person be allowed to die. There is also the concern that adequate palliative care for terminally ill persons may not be provided because of doctors' fears that administering enough of a drug to relieve pain may result in the death of the patient who has not yet decided or is not capable of deciding whether he or she wishes to die or live.

It can be misleading to confuse voluntary euthanasia with this group of concerns, although they are obviously linked to each other if only because they deal with ways to terminate life.

In my view, one cannot dissociate these concerns. Bill C-261 addresses to some extent these by adding sections having to do with the withholding and cessation of treatment. Unfortunately Bill C-261 does not differentiate between the two types of activities, leaving the issues more confused than before.

Clauses 16 and 17 of Bill C-261 seem to attempt to regulate the following: One, cessation of treatment where treatment is therapeutically useless; two, respect for the decision of a competent adult to refuse treatment; and three, causing death as a result of administering an appropriate amount of a drug to relieve pain of a terminal patient.

These activities do not by themselves entail criminal responsibility because they do not involve intentional killing. Instead, they raise the following types of problems, and I would like to go through this list:

1. How to give legislative recognition to an individual's wish to be allowed to die with dignity;

2. What constitutes treatment, that is, does the right to cease treatment include the right to withdraw nourishment;

3. Whether there are any public policy limits on the autonomy of adults;

4. Determining whether a comatose patient would want to have his or her pain alleviated even at the risk of death;