against such a step. There are a number of reasons for their opposition.

In the first place it would effect the relationship between physician and patient because of the conflict that would exist between the common expectation that the doctor will advise what is best for the patient and the legal reality that some diagnoses will mark the patient as a possible candidate for euthanasia or assisted suicide.

A conflict of this nature could go a long way toward destroying the relationship of trust which the medical profession is attempting to preserve even in this era of more impersonal health care where fewer people have a family physician who has looked after them for many years.

A similar conflict would exist between patients and other health care workers. Nurses, for example, have in addition to their other responsibilities regarded themselves as advocates for the patients. If euthanasia was legal, they could be faced with situations whereby reporting their observations they would contribute to marking the patient as a possible candidate for euthanasia and to the resulting pressure on the patient to agree to euthanasia in order not to be a burden on the medical facility or on the family. This could lead to an undesirable conflict between the nurse's duty to the patient and his or her responsibility to carry out the instruction of the physician.

I am concerned that the decriminalization of euthanasia would result in undue pressure on patients to resort to this solution and that it would affect the relationship between the patient and health care professionals. I cannot support the motion from the hon. member for Port Moody—Coquitlam.

Mr. Jesse Flis (Parkdale—High Park): Mr. Speaker, I thank the hon. member for Port Moody—Coquitlam for presenting this motion because it does allow us to at least debate the issue in this House. The intent of the motion is:

> That the government should consider the advisability of introducing legislation on the subject of euthanasia and, in particular, of ensuring that those willing to assist terminally ill patients who wish to die not be subject to criminal liability.

I want to share with the House personal experiences with two different cases which could almost give both sides of this issue. One case is about a young man in his thirties who was walking home from a meeting with his friends. He was hit by a car, went flying into the air and crashed to the pavement. His head injuries were so severe that he was in a coma. He was taken to Queen Elizabeth Hospital in my riding. The young man was married and had two children, ages four and six. His wife and children would visit him every day, sometimes twice a day, in hospital. My wife and I also visited him because we knew him very well. As a matter of fact, he had worked in my first campaign.

• (1525)

Months went by and the man was still in a coma. One year went by and the man was still in a coma. Two years went by, the man was still in a coma. Four years and the man was fed intravenously. He looked quite healthy lying in his bed. It was quite heartbreaking to see the children bring cards they would make for their dad, saying: dad, please wake up, please come back to us.

After four years, this man finally passed away. How tough it was on this mother and the children to go through this for four years, disrupting the whole family. In that case you could argue that maybe it was better with modern medical advice to have disconnected the tubes after one year in a coma, or maybe after two years in a coma, because the doctors were quite sure that he would not come out of this coma. So it may have been a more humane thing to allow this gentleman to pass on in the first year and save a lot of grief and hardship for the family.

But then I have another case, a gentleman who was beaten up in the subway in Toronto about 20 years ago. He had brain injuries back then. But then about 10 years ago he had a heart attack and a stroke. He was rushed to Western Hospital in Toronto on Bathurst Street.

I found out about it through his family. So my wife and I went and paid him a visit and it reminded me of the first incident. Here was this gentleman, in a coma, hooked up with all sorts of tubes and being fed intravenously, and evidently just not hearing who was visiting him, who was talking to him. But we started talking to this gentleman and my wife started saying to him: "Takhur, Bhonjai is here". He called my wife Bhonjai, which in his language meant something like sister-in-law. My wife kept saying: "Takhur, Bhonjai is here, Bhonjai is here". And as he was lying on his side a tear rolled from his eyes.

We were there for about an hour and it was time to leave and the doctor happened to be by the desk as we were walking out and we asked him what his chances were of coming out of this coma. The doctor said: "No, there is no way that he will come out of this". But my wife and I said: "But his eye twitched when we spoke to him; surely he must be hearing what we were saying". The doctor said that no, it was just reflexes and he would not come out of it. We took the doctor's advice. We went home.