

Private Members' Business

they may have also been concerned about the effect it could have.

Neither has the case been made for decriminalization. Court decisions have made it increasingly clear that generally approved medical practices such as administering palliative care for pain relief even when it may also have the effect of hastening the death of terminally ill patients is not murder. Removing a respirator at the request of a patient is seen by most as an accepted practice. Withdrawing drugs and food from patients in a persistent vegetative state at the request of a patient's family has been recognized as an extension of the patient's own right to refuse treatment. In all these situations, treatment has not been successful and all that remains is to make the patient as comfortable as possible or to grant the request of the patient or his or her family to cease any further attempt to treat. Most people involved in the medical profession suggest more importance should be placed on palliative care for the relief of pain instead of forcing people to look at the issue as a choice between a quick painless death and a slow painful death. Palliative care to relieve pain is intended to relieve symptoms, not to sedate patients and hasten death.

There is a need in Canada and that need is to consider how best to promote a palliative care strategy which includes widespread education, research and bedside services to relieve Canadians of the fear of pain and dying.

The danger is that where physicians decide to practice euthanasia or aid in suicide, their patients might not be aware of the option of appropriate and effective palliative care. Similarly, there is little incentive for the health care systems to promote and support palliative care. Where doctors are known to assist suicide or provide euthanasia services, in this sense there is a danger that euthanasia may then be regarded as a cheap substitute for palliative care.

In conclusion, with this motion before us we have a challenge facing us as parliamentarians and citizens. It is an ethical question which forces us to look at ourselves, and I for one, as the representative for Fraser Valley East, cannot bring myself to support the motion or the sentiment surrounding it. I do not want to set aside the

principle that intentionally taking the life of another is no longer wrong. Therefore, if I have the opportunity of voting on this, I will be voting against this motion.

Mr. Tom Wappel (Scarborough West): Mr. Speaker, this is a very emotional subject, one that is going to bring out deep beliefs and deeply held feelings. I think we can discuss this matter on the level of the legalities involved.

I want to spend a few minutes looking at the wording of the motion and talk about some definitions. The motion says: "That in the opinion of this House, the government should consider the advisability of introducing legislation on the subject of euthanasia". That is the first part of the motion. What does euthanasia mean? How can we consider the advisability of bringing forward legislation on a subject unless we know precisely what we are talking about? Let us have a look at some of these definitions.

In a recent article in a newspaper, the author tried to put forward some definitions. The definition for active euthanasia was put forward. Note the adjective. There is not just euthanasia, but it would appear that there are different types of euthanasia. "Active euthanasia—the deliberate termination of the life of a human being who is ill, usually by injection or overdose of medication by a physician or surgeon at the patient's request". Let us look at that definition for a moment.

The deliberate termination of the life of a human being. That is a sanitized way of saying the deliberate execution of a human being, the deliberate killing of a human being. Let us make no mistake about it, that is exactly what it is. The termination of a life is its execution or its killing, usually by injection or overdose of medication, but not necessarily.

Then the author assumes that it will be by a physician or a surgeon as if execution or killing is somehow justified because it is performed by a physician or surgeon. Yet, if we look at this motion we will see that the words physician and surgeon do not even appear.

In the second portion of the motion it says: "and, in particular, of ensuring that those assisting terminally ill patients who wish to die not be subject to criminal liability". It does not even mention that physicians and surgeons assisting terminally ill patients not be subject to criminal liability. Just "those". It could be anybody. It could be a nurse assisting a doctor. It could be a brother.