

*Private Members' Business*

doctors not to carry out their patient's wishes to halt medical treatment because of their fear of the law.

Currently some doctors will make it their practice to sign a "do not resuscitate" order to end medical treatment at a patient's request, and still others have to be coerced into doing so. Others will simply refuse to stop treatment for fear of legal consequences.

This legal void may already have encouraged discrepancies in the quality of medical practices and services throughout the country. It may have led to life and death issues and decisions based on ethical position of a particular doctor rather than as guided through legislation.

Under the current law, many people who decide to withdraw from medical treatment are forced to die alone because loved ones fear being charged under the Criminal Code for aiding and abetting suicide, or even manslaughter if they simply remain with the patient. It may be more than the patient, it might be a mother, father, brother or sister. If they stay with them, they are afraid of prosecution.

It is truly unjust, unfair and harshly cruel to deny a terminally ill patient the comfort of their loved ones in their final moments.

What this legislation does is provide for the right of terminally ill patients to refuse further medical treatment and the right of physicians to follow their patients' wishes in these circumstances.

As concern for the right to die with dignity has become widespread, and as a greater portion of our population reaches old age, more Canadians are looking to formulate documents such as living wills or advanced health care directives to make it clear at what point of terminal illness they would no longer wish to receive medical treatment.

I think it is time that we act, that we act now. This is not my specific concern now, but it is the concern of all of us. It is the responsibility of all of us to remove as far as the law can the pain, the suffering of a person who must pass through this time, to remove some of the fear, some of the uncertainty, and to assure that quiet,

peaceful death that is, of course, the object and hope for all of us.

I recommend this bill to you, Mr. Speaker, and I look for support from all parties in the House of Commons to assure that it is carried forward.

**Mr. Rey Pagtakhan (Winnipeg North):** Mr. Speaker, I would like to congratulate the member for Fraser Valley West for asking me to speak on Private Members' Bill C-203, an act to amend the Criminal Code (terminally ill persons). Although I rise as the Liberal critic for National Health and Welfare, there is another plain on which I also studied this particular bill. It is a bill that could affect personally and profoundly physicians and members of the health care teams.

As a physician by professional background, I have stood at the bedside of patients and upon request written a "no resuscitation" order on the chart. Writing those two words runs against my first prerogative as a doctor, knowing that first and foremost it is my duty to sustain life. But life of what quality, I ask?

Is life in a coma, fed intravenously and given breath through a respirator, with brain activity almost non-existent, the kind of life I, myself, would choose before death? What of a life where the body constantly contorts in pain, racked by spasms and unrelenting agony? I would refuse to live like that unless I was sure at the end I could be healthy once again.

To be healthy again is not a possibility for terminally ill people at the final stage of their diseases. It could be Parkinson's, AIDS, cancer, cystic fibrosis, or any number of horrific illnesses that brings patients to the end of their lives. It is at this time that the manner of our deaths comes to the forefront, and I think it is being addressed by this bill.

I believe in the patient's right to die with dignity. But there are a myriad of aspects to the right to die question. These aspects need more redress than this bill may allow. Issues like suicide, death for economic reasons, pressure by family members, the feeling of burdensomeness and that the dying are a strain on the health care system, all must be resisted. I believe the possibility exists that people could be pressured into selecting a quick death and use the medical system to terminate