

Private Members' Business

The Government of the Netherlands heard the message from its people. It passed into law a limited provision with plenty of safeguards so that there is no abuse to basically deal with the wishes of terminally ill patients. We have an obligation to do the same thing in this House.

If we let this motion go forward what will happen? We will not have euthanasia. We will move this debate one step further. I commend the hon. member for Fraser Valley West on the government side who put through the first private member's bill on this matter which produced a very positive debate on both sides. They were some of the best arguments I have heard for and against by witnesses who appeared before that committee.

It was an excellent presentation and argument on both sides. There is an obligation on the part of this House representing the people of Canada and those who are terminally ill, those suffering from AIDS or any of the other chronic afflictive illnesses that incapacitate people. We have a responsibility to bring forward and place before the people of Canada a proposal. Let it be limited but let it address the question.

Mr. Fernand Jourdenais (La Prairie): Mr. Speaker, I am pleased to rise today to speak to the motion of the member for Port Moody—Coquitlam.

This motion raises a number of difficult issues which must be resolved before the question of whether legislation can be considered. One issue is how to determine that the patient is terminally ill. As we know from the media reports, many persons initially diagnosed as terminal have continued to live and contribute to society in a meaningful way for many years.

Objections to the consideration of such legislation bring immediately to mind that the diagnosis of terminal illness could in effect have the consequence of labelling a patient as qualifying for euthanasia.

In the Netherlands the courts have approved guidelines which, if met, provide a defence to criminals charged with euthanasia. There have been reports from that country that elderly people fear pressure from society and families to submit to what has become an increasingly prevalent practice.

In this country we have gone a long way to combat the labelling of the disabled as being somehow different from the rest of society. Are we to reverse this practice by making an exception in the case of the terminally ill? A related question is why terminally ill patients should be singled out in this regard when some chronically ill persons may in fact be experiencing greater pain.

Recent reports of the passage of legislative guidelines on euthanasia by the lower houses of Parliament of the Netherlands indicate that this is not proposed to limit euthanasia to terminally ill persons. In practice it has not been so limited.

For the information of hon. members, the Netherlands legislation, which must still be approved by the upper house, is available to those experiencing unacceptable suffering. This is defined as follows: the patient must experience his or her suffering as perpetual, unbearable and hopeless. Although these criteria will always contain an element of subjectivity, the physician must reasonably be able to conclude that the suffering being experienced is unbearable.

• (1520)

If through some such definition euthanasia is made available to chronically ill persons, the same labelling process will result and may cause this group of citizens to fear pressure from society and family not to remain a burden on scarce resources.

There is danger of even more subtle pressure from those responsible for allocating scarce health care resources who may consider that the availability of euthanasia for certain classes of patients excuses them from trying to make scarce dollars available to the medical services that care for these patients.

In other words, the allocation of health resources would reflect the value put on individual persons by society's approval of euthanasia. In such an atmosphere our democratic respect for the intrinsic worth of every individual would be breached and we would not find it so difficult in future to weigh money against life.

I believe that the medical profession as well as other health care workers would oppose the legalization of euthanasia. Indeed medical associations in the United States and in England have already recommended