

This is an extremely sensitive issue that does not easily fit into political positions based on ideology. Supporters for and against this motion can be found in all parties and across the social and political spectrum in our Canadian society.

There is much discussion in Canadian politics and society about individual rights and freedoms. The public and politicians are bombarded with messages which remind us of this. However, within the past, current and I suspect future political discourse, there has rarely been acceptance of an absolute supremacy of individual rights.

Notwithstanding the distinction between passive euthanasia which involved the cessation of treatment and active euthanasia which involves positive, contributing actions leading to death, the people supporting the acceptance of euthanasia and mercy killing would like our society to set aside the principle that intentionally taking the life of another is wrong. They want us to set that principle aside.

• (2040)

I would like to quote from a thoughtful article in *The Ottawa Citizen* of January 18 written by Susan Zimmerman, a lawyer who has been involved with the McGill University Centre for Medicine, Ethics and the Law. She wrote:

If euthanasia is an acceptable option for the terminally ill, should it also be offered to the chronically ill, the severely disabled and the elderly? Should the physicians routinely offer death as an alternative to treatment? Should they be the ones to decide when to raise death as an option?

Acceptance of euthanasia in any form means that death becomes an option where currently it is not. How will we measure the insidious shift this will entail in social attitudes toward the weak, the infirm, the elderly and the dependent?

This article suggested that an acceptance of euthanasia might lead to a change in what society considers a life worth living and what is an impairment which would justify actively ending a life.

Another article in *The Ottawa Citizen* today suggests that in the Netherlands—the Netherlands has been quoted here this evening already—these decisions are not just being considered for the terminally or chronically ill, but also for newborns. When a child is born with a severe physical or mental disability, parents and doctors consult and make a hypothetical determination about

that child's quality of life. Based on that decision they can proceed through a number of steps to put the child to death.

I realize that a single story in a newspaper cannot give the full story, but the idea in itself is extremely disturbing and something to be feared.

The issues which physicians and medical ethics experts deal with when discussing euthanasia are admittedly complex and often lacking in clear definitions. There is active and passive, voluntary and involuntary euthanasia, as well as doctor-assisted euthanasia. Even more confusing is determining acceptable and unacceptable levels of suffering and whether these assessments can be made on behalf of those people who are unable to indicate their situation to caregivers and to loved ones.

Reviews of the law covering euthanasia have been carried out in the recent past. In 1983 the then Law Reform Commission of Canada recommended against decriminalizing voluntary euthanasia. The commission recommended that the offence of counselling, aiding or abetting suicide should not be removed from the Criminal Code or revised.

In the past years there have been a number of developments in relation to terminally ill persons, chronically ill persons and persons who are unconscious and in what physicians call a persistent vegetative state. Public consensus is continuing to develop regarding issues relating to cessation of treatment but no consensus has developed on issues involving euthanasia and aiding suicide.

The Quebec case of Nancy B. involved an incurably, but not terminally, ill woman who had failed to respond to treatment and who wished to have the hospital disconnect the respirator which was keeping her alive. The court found that under the civil law of Quebec the patient had the right to refuse treatment and that this did not conflict with the provisions of the Criminal Code.

Although surveys in the United States and Canada have found people sympathetic to the situation in which some incurably or terminally ill persons find themselves, when referendums were held in the United States that specifically allowed voters to decide whether they wished to decriminalize euthanasia and aided suicide, the voters were unwilling to take this step. They may have remained unpersuaded of the need for such action and