

*Private Members' Business*

They want some clear direction from the Government of Canada and a clarification of the Criminal Code of Canada. This bill attempts to do that. It attempts to allow individuals to die with a sense of dignity and purpose, sustaining a quality of life that is acceptable and understandable to that dignity.

Advances in medical technology have allowed terminally ill patients to live well beyond and longer than is naturally possible. I want to continue that. I am for the extension of the maximum quality of life to the very end, and I will want that for my life and for the life of everyone I know.

The ability to live longer can also result in a diminished quality of life for those who suffer from degenerative and incurable diseases in particular. As a society and a government, we can no longer avoid this issue.

Canada is becoming an aging society. We are seeing a growth in incurable diseases like cancer, Alzheimers, AIDS, and there is a rising demand in our society for self-determination over the length of one's medical treatment. Yet there exists virtually no governmental regulations or judicial guidance concerning the right of the terminally ill patient to refuse or withdraw treatment.

We need to clarify this in the code and then make way for the living will process that has been passed now in Ontario and is being considered in other jurisdictions.

I take this fundamental position. As a Parliament we must take the opportunity to pass legislation which provides terminally ill patients with the power to determine when they no longer wish to be subject to medical treatment. It sounds so much like common sense that I cannot imagine that there would be inhibitions to that in the law.

Moreover, such legislation should provide the medical profession with the right to do so by the patient or that patient's designated care giver. Terminally ill patients must have the right to determine their own length of treatment. Physicians must not be held liable for following their own patients' wishes.

The Canadian Medical Association Ethics Committee addressed this in its convention this summer and basically it has come up saying the same kind of thing,

establishing that this as an ethical practice but one that is probably slightly ahead of the law.

At this point I would like to outline the state of legislation in Canada on this issue and what I feel can be done to make improvements.

A strict reading of the Criminal Code would indicate that withholding treatment from the terminally ill might constitute a criminal offence. The Criminal Code has a number of sections which either indicate or seem to indicate that doctors must provide their patients with full treatment regardless of circumstances.

Section 14 of the code reads: "No person is entitled to consent to have death inflicted on him", while sections 45 and 215 further impede the right of patients to refuse treatment or doctors to follow their patients' wishes.

• (1800 )

According to Law Reform Commission of Canada working paper 28, cessation of treatment may be an illegal act under a number of provisions of the Criminal Code, ranging from homicide to failure to provide the necessities of life, or even aiding suicide.

It may come as a surprise to many Canadians that there are no laws in Canada which permit physicians to stop administering medical treatment under any circumstances, even at the patient's request. There are no laws allowing doctors to halt treatment if it is no longer serving any useful purpose or is clearly no longer in the best interests of the patient.

The effects of lack of clear laws on the medical profession and its patients is of great concern to many of those who have moved into the powerless state of terminal illness. My outreach to various medical and patient groups has led me to the conclusion that the requested withdrawal of medical treatment for terminally ill patients merely reflects what is common practice in many hospitals and palliative care units across Canada.

My legislation that I am presenting today in many cases would have the effect of legitimizing common practice. In Canada to date there is no record of conviction of a doctor for shortening a patient's life by refusing to provide treatment, which is not to say there would or could not still be convictions or charges. However, the result of potential sources of criminal liability has provided great instability in the medical profession on this issue and has inevitably caused some