

Private Members' Business

abetting suicide should not be removed from the Criminal Code or even, indeed, be revised.

Therefore, it has become apparent that it was unnecessary to legislate the principles recommended in the commission's report, because there are already recognized and generally accepted in the case of terminally ill people.

We do have problems within the Criminal Code. It is a criminal offence with regard to euthanasia. Over a number of years now, and I will not go into how long ago, I was involved in a nursing career and did spend quite a bit of time in certain situations that I found extremely difficult where people certainly did suffer a great deal.

It is hard for the family, it is hard for medical people and nurses to see their patients, their loved ones suffering and yet, there are complications with regard to providing legislation that allows physicians the right to practice euthanasia.

I also listened to my colleague from Delta who spoke on the Canadian Medical Association's position with regard to answering some of the issues raised in Bill C-203. I spent a great deal of time listening and he has raised major issues that I think a legislative committee could look into more thoroughly and come up with suggestions.

What I am also saying is, let us get ahead of the issue. I cannot tell you if it will be three, five or ten years before this particular issue is debated. In certain provincial jurisdictions there have been some recommendations. Legally, within our legislation, within the Criminal Code, we have nothing to protect physicians from making a decision with regard to euthanasia. Therefore, it is difficult.

Today physicians are in danger of being charged. We recognize this. There are competency questions of whether the people in making living wills are competent or are not competent for signing agreements and substitute consents. I realize that a lot of these issues have to be looked at more carefully.

There is civil liability in the area of medical practices and a lot of issues within the Charter of Rights and

Freedoms that we have to be aware of that could prove to be contrary to the bill my colleague has put forward.

I know that today, in the Criminal Code, we cannot accept this. I think we have to take a good look at it. As I said, in my years as a medical professional and also having relatives in senior citizens homes, it is very, very difficult to face death. I do not think any of us here want to see anybody suffer. There can be criteria worked out that I feel can be accepted, not only by the medical fraternity, but the community in general, all assisting health care institutions and the religious areas.

• (1840)

Getting in touch with the church I think is most important.

I just want to say that the negatives are so great that I would like to compliment the member for Fraser Valley and would look forward to seeing this bill discussed in committee.

Mr. Pagtakhani: Mr. Speaker, perhaps I can just get unanimous consent to conclude with a one-minute remark on the bill.

The Acting Speaker (Mr. DeBlois): Members have heard the suggestion. Does the House give its unanimous consent?

Some hon. members: Agreed.

The Acting Speaker (Mr. DeBlois): The hon. member has one minute.

Mr. Pagtakhani: Mr. Speaker, I would just like to say that I support the principle of the bill because it is providing an opportunity for Canadians to examine the issue, which is very vital, and by bringing it to the consciousness of Canadians we can address a very vital issue.

I would just like to end by saying that when we examine this bill let us remember the work of the Manitoba Law Reform Commission issued this year, as well as the paramount principle of medical ethics.

Mr. Don Boudria (Glengarry—Prescott—Russell): Mr. Speaker, I came into the House only moments ago after a committee meeting, not even knowing that this debate was taking place today. But I do not want to let the opportunity go by without expressing at least some concerns that I have.