Private Members' Business

• (1750)

If we are talking about that death or we are talking about the death of friends or family or those who are close to us, it is something we kind of put aside. If we are talking about your death and all of those listening today, that is something we do not talk about. We do not usually talk about it until it is a bit too late, and then a person is very ill and we do not think we should bring the matter up.

I think it is our responsibility, as legislators who do regulate through law life and death issues from cradle to grave, to confront this issue on behalf of the people we serve here.

I think most people have a romantic thought about death hoping that they will be one of the lucky ones, that somehow they will fall asleep painlessly one night, quietly with one's family and friends around, at peace with ourselves, our family, our friends and the world, a Utopian kind of ending. This is an ending that has come to us through history.

John Keats described it this way in the early 1800s: "Darling I listen; and for many a time I have been in love with easeful death, calling him soft names in many a mused rhyme, to take into the air my quiet breath; now more than ever seems rich to die, to cease upon the midnight with no pain".

This is a very romantic and comfortable thought about death, but Shakespeare was probably a little more right when he said: "Last scene of all that ends this strange eventful history is second childishness and mere oblivion, sans teeth, sans eyes, sans taste, sans everything".

Those were views of the older days when death was an easier, more simple, natural process. A people's faith in technology and their search for eternal life know no bounds in the modern world.

In this new age of advancing medical technology in which death finds no easy piece or end and life is extended again and again and again, one can sustain their dying connected to machines and strapped to their hospital bed, rotting and suffering until all or most of their body parts are gone and then what is left can be frozen and refrigerated into eternity until some kind of technology is going to find a new life for that remaining piece.

For those who wish to extend their lives in that way I give them their right and their privilege, but for me and I think for many others, if I am lying in a comatose state or losing my senses and losing my mobility and my capacity to think, or as Shakespeare says "sans everything", there is a time when enough is enough. When will science and the state allow my will and God's will to prevail and allow a natural death? When does natural life end? When does death begin in this modern age or, for the Christian ethic, when will technology end and allow the individual to call for an end to treatment and suffering and put himself or herself in the hands of God so that the beginning of death leads to the ending of life and the beginning of a new life after death?

Who will make that tough, tough decision in this modern technological world? Will it be the state that decides for you and me? Will it be the medical profession, the family, the pastor or some other individual or the individual himself?

I would hope that it would be a combination of these people expressing themselves in the format of a written health care directive or a living will.

That kind of clear process eases the pain of death not just for the person who must pass through it, but for those who are left behind who have understood it and thought about it before the event.

It ends the bickering, arguing and the hurt of families to some degree, and I think that is what we want to try to do. We want our most difficult life experience of all to be eased from the pain and suffering and to sustain the maximum quality of life to the longest point that we can. At that point there should be a choice of allowing natural death to occur.

This bill deals with amendments to the Criminal Code of Canada. Specifically it deals with the serious subject of the right of individuals who are in the latter stages of terminal illness to refuse and withdraw from medical treatment in order that the timing of a more natural death may preclude unnecessary pain and suffering.

In essence, this bill allows all of us in the House of Commons to address this question. This bill is not a be all and an end all. It is not the final answer. It is an opportunity to raise the subject. It is being raised by our constituents and it is being raised by the Canadian Medical Association and the bar associations. They say that we need a clarification and that our courts want to know. Our medical profession wants to know.