

Removing a respirator at the request of a patient is seen by most as an accepted practice. Withdrawing drugs from a patient in a persistent vegetative state at the request of that patient's family has been recognized as an extension of the patient's own right to refuse treatment. In all of these situations, treatment has not been successful and all that remains is to make the patient as comfortable as possible or to grant the request of the patient or his or her family to cease any further attempt to treat.

Is there a need for action? In 1991 when this House was considering a private member's bill to amend the Criminal Code in respect of terminally ill persons, I had the emotionally draining experience to serve on the legislative committee that studied Bill C-204. Among the evidence we studied were medical witnesses who explained the importance of palliative care for the relief of pain. They rejected the argument that Canadians are faced with a choice between a quick good death and a slow painful one.

Palliative care to relieve pain is intended to relieve symptoms, not to sedate patients and hasten death. A physician with great experience in the provision of palliative care in appearing before the legislative committee expressed his concerns in these words and I quote from the testimony: "At the present time, this option of full palliative care is not available throughout Canada. Instead of our present obsession with euthanasia we should invest more resources so that the option of palliative care is freely accessible to all Canadians".

In other words, there is a need, but the need is not to legalize euthanasia or aiding suicide. The need is rather to consider how best to promote a palliative care strategy which includes widespread education, research and bedside services to relieve Canadians' fear of pain and dying.

There is training in medically accepted methods of palliative treatment to relieve pain, but the sad fact is that there are some physicians who are not aware of this training and the methods of fine-tuning symptom control. Until they are made aware, it is premature to consider the advisability of decriminalizing euthanasia. The danger is that where physicians decide to practise euthanasia or aid suicide, the patients may not be aware of the option of appropriate and effective palliative care.

Similarly, there is little incentive for health care systems to promote and support effective palliative care

where doctors are known to assist suicide or provide euthanasia service. There is a real danger that euthanasia will be regarded as a cheap substitute for palliative care. Those who would debate that last statement need only look at the recent Dutch experience.

There was another medical witness who appeared before our legislative committee in 1991. They compared the situation in the United Kingdom with the situation in the Netherlands. They used the following terms, and again I quote from the evidence presented to the legislative committee studying Bill C-204: "The United Kingdom has pioneered the development of hospices and palliative medicine and is known world-wide for the compassionate care and symptom relief its citizens are afforded. The Netherlands failed to develop hospice programs and as a result is known for its poor standards of palliative care and pain relief. In desperation it has turned to euthanasia as a cheap solution to suffering".

• (1510)

In conclusion, in Canada there has never been criminal responsibility where a palliative care treatment has had the effect of hastening death as long as that treatment is provided without negligence. There are alternatives society should look at before asking Parliament to legislate on euthanasia. We cannot let compassion overrule our moral values. Let us promote palliative care and pain relief. Let us not glorify murder.

I cannot support this motion and I hope no other members will either.

Mr. Raymond Skelly (North Island—Powell River): Mr. Speaker, I wish to speak in support of the motion of my colleague from Port Moody—Coquitlam. It reads as follows:

That, in the opinion of this House, the government should consider the advisability of introducing legislation on the subject of euthanasia and, in particular, of ensuring that those assisting terminally-ill patients who wish to die not be subject to criminal liability.

With deference to the previous speaker from the government side, I wish to put on the record alternate points of view to the ones he expressed. He said the courts are against this. The courts are really neutral on the question of euthanasia. Their hands are tied by the legislation of this Parliament. They do not make judgments about the moral acceptability or unacceptability, as my colleague sees it, they simply read the law and interpret it the way it is written.