Can you believe that in Canada today there are still doctors who refuse to prescribe certain narcotics, or the amount needed to deaden pain, to a terminally ill patient out of fear that the patient might become addicted? Of what possible concern should that be to or about a dying person?

Although there may be ethical and other reasons why certain doctors make some of the decisions they do, I cannot fathom them.

Shortly after tabling our report, I listened to a woman in a public forum describe how her mother, who had died of cancer just a few days before in a palliative care unit, was scolded by her doctor for asking, and was then refused, additional pain medication. I find that outrageous. The medical profession has a heavy responsibility to educate its members on what they can and should do to relieve the suffering of patients whenever possible.

• (2130)

If it would provide the federal government with a copy of its protocols and guidelines, Parliament would be in a position to enact appropriate legislation to clarify the practice beyond a doubt. The public also needs to be fully educated in this area so people will know what they have the right to expect and demand by way of pain relief.

One of the areas in which I believe the committee could have been more forthright and helpful was in its definition of euthanasia. The committee decided it would describe it as "a deliberate act undertaken by one person with the intention of ending the life of another person to relieve that person's suffering where that act is the cause of death." Indeed, that is the definition used by many writers and witnesses.

However, to focus the debate on this issue more clearly and to distinguish the type of act which euthanasia is or should be recognized as encompassing, we have said that the definition should further qualify the act as "being motivated by compassion or mercy." Major dictionaries support my position in their definitions. *Black's Law Dictionary* states "an act of mercy," as does the *Medical Dictionary for Lawyers*. *Webster's Ninth New Collegiate Dictionary* states "for reasons of mercy." *Roget's International Thesaurus* describes it as "a mercy killing." In their papers on the subject, the Canadian Medical Association describes euthanasia as being "undertaken with empathy and compassion and without personal gain." The Law Reform Commission Report No. 20 of July 18, 1983, uses "from compassionate motives" in its definition. The Criminal Justice Branch of British Columbia, in its 1993 policy manual on the subject, uses "motivated by compassion."

Surely, feelings of compassion and mercy, which everyone must feel for a fellow human being in extreme distress, ought to inform every aspect of study and debate on this subject. Yes, it is killing — but it is killing of a very particular kind which may be undertaken only in very special circumstances.

If we keep that in mind, it would dispel the fear, which many people have expressed, of the possible abuse of the act of euthanasia.

The committee was reminded that the withholding and withdrawing of life-sustaining treatment at the request of competent patients, which are medically and legally acceptable practices today, were, 15 or 20 years ago, called "passive euthanasia," and were as vigorously debated then as other forms of euthanasia are today.

Senator Lavoie-Roux stated in her speech that all committee members agreed that there was a fundamental difference between deliberately causing death and not prolonging life. Literally, that is so. However, she went on to say that that difference was why we, the members, made a distinction between euthanasia and assisted suicide, which she described as deliberate on the one hand, and measures to alleviate suffering and the cessation or non-initiation of life-sustaining treatment on the other.

With great respect, I do not agree with that interpretation. In cases of both withholding and withdrawing, a deliberate decision is taken by a competent patient, knowing that death will in all probability occur much earlier than would otherwise be the case. The same is true for a physician who makes a careful, caring and deliberate decision to administer sufficient analgesia to relieve pain, even though it may shorten life. For example, several ethicists and doctors, among them Doctors Dion and Morrisette, who oppose any change to our laws, told the committee that totally sedating a patient, perhaps irreversibly, which is a technique practised today sometimes in palliative care, is very close to euthanasia.

All these decisions are taken by competent individuals. They all require the assistance of a physician. The foreseeable consequence in each case is hastening death.

If there is no moral distinction between any of these acts, why do we continue to make a legal distinction? In my view, it is beyond doubt that the vast majority of Canadians want the legal right to make the decision to terminate their life when necessary either by way of assisted suicide or voluntary euthanasia, in the same way that they now have the legal right to make a decision with respect to withholding or withdrawing life-sustaining treatment.