

*Private Members' Business*

It seems to me there are two questions that must be asked in responding to this motion. The first is whether there is a need for legislation on euthanasia, and second what affect such legislation might have.

It will be recalled that a 1983 report by the former Law Reform Commission of Canada recommended against decriminalizing voluntary euthanasia and was in favour of continuing to treat it as a culpable homicide. The commission also recommended that the offence of counselling, aiding, or abetting suicide should not be removed from the Criminal Code or revised.

The commission maintained its view in the 1977 report and continued to approve the prosecution of mercy killing as murder but suggested that it should not constitute first degree murder. The term mercy killing has never been defined.

In the time that has elapsed since these reports, there have been a number of developments in relation to terminally-ill persons, chronically ill persons and persons who are unconscious and in what physicians call a persistent vegetative state.

Public consensus is continuing to develop regarding issues related to cessation of treatment but most assuredly no consensus has developed on issues involving euthanasia and aiding suicide. In fact there are strong indications that apart from the special case of the Netherlands, most western industrialized nations are not prepared to legalize practices which currently constitute crimes.

These practices continue to be condemned by the courts and opposed on moral grounds. The medical profession and other health care workers have said they want nothing to do with them. Why we are asking for something for medical practitioners that they do not want astounds me. Doctors I have discussed this with expressed a concern and a local doctor that I talked to told me that well-meaning legislators could very well complicate professional judgment and treatment.

The case of Nancy B. in Quebec is known to all of us, an incurable but not terminally-ill woman who had failed to respond to treatment and who wished to have the hospital disconnect the respirator which was keeping her alive. The court found that under the civil law of Quebec the patient had the right to refuse treatment and that this did not conflict with the provisions of the Criminal Code.

Other similar cases exist around the world. We should not confuse the issues. No one is required to accept medical heroics to maintain life. That principle has been decided. This motion goes beyond that and asks that we open the door to legalizing murder. This is not about turning off respirators. This is not about artificially resuscitating and reviving people. This is not about forcing life into unwilling bodies. This motion asks for permission to kill patients.

• (1505)

What happens if we allow it? Let us look at the American example, the well publicized Dr. Death. I think his name is Kevorkian. He claims to operate on the basis of compassion.

Just today there are media reports that he is being investigated and possibly being charged with murder. Apparently one of his patients changed his mind at the last minute and the well-meaning doctor proceeded with his procedure anyway and killed him. Is this what we want to open the door to? I think not.

I love life and I respect the right of all people to live. I also understand suffering, not my own, but I have sat at the bedside of people who were sick and suffering. I have had a desire to help and felt the frustration in not being able to do anything. We all have compassion. We know what it feels like. Most of us have had that same personal experience with suffering and death. We felt helpless and wanted to help.

Surveys have been done in the United States and Canada that show conclusively that people are sympathetic to the situation that people find themselves in when they are suffering from incurable or terminal illnesses. But when referendums were held in those same areas, which specifically allowed voters to decide whether they wished to decriminalize euthanasia and aiding suicide, the voters were always unwilling to take that step. They may have remained unpersuaded of the need for such action. They may also have been concerned about the effect that it could have.

Nor has a case been made for decriminalization. Court decisions have made it increasingly clear that generally approved medical practices, such as administering palliative care for pain relief, even when it may also have the effect of hastening the death of terminally ill patients, is not murder.