



31 January 2020

The Right Honourable Justin Trudeau, P.C., M.P.
Prime Minister of Canada
House of Commons
Ottawa, ON
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Dear Prime Minister,

On behalf of the Catholic Bishops of Canada, I write to voice our very serious concern regarding the proposed changes to the present legislation on what is referred to as “Medical Assistance in Dying” (MAiD). We unequivocally affirm and maintain the fundamental belief in the sacredness of all human life, a value that we share with many others in our country, including persons of different faiths and no faith at all. Despite the misleading euphemism, “Medical Assistance in Dying” (MAiD) remains simply euthanasia and assisted suicide – that is, the direct taking of human life or the participation in his/her suicide, which can never be justified. Suffering and death are indeed terrifying and the instinct to flinch from pain is universal. But euthanasia and assisted suicide are not the answer. We strongly urge the Government of Canada, before proceeding further, to undertake a more extensive, thorough, impartial, and prolonged consultation on the question, in order to ensure all pertinent factors – social, medical, and moral – are carefully and thoroughly considered.

Dangers and inadequacy of current safeguards

The government’s attempt to expand euthanasia to include advance directives, as well as extending it to situations in which death is not reasonably foreseeable, is deeply troubling. Further attempts to make it available to mature minors, the mentally ill, and the cognitively impaired are evidence that the current safeguards are inadequate and can be legally challenged and overturned.

The dangers we see now in Canada, and those that can be foreseen by experiences elsewhere (including euthanasia for depression, child euthanasia, and elder abuse) are shocking and disturbing, and have no place in any society. At this point in Canada’s history, we should ask, with integrity and honesty, what kind of culture we are leaving to future generations.

Our hope is to promote a society in which human life will be received and treated as a gift, and supported in the face of physical, emotional and spiritual vulnerability and suffering.

Present survey is inappropriate, inadequate and biased

We are disappointed and deeply concerned that the federal government has recently refused to appeal the Quebec Superior Court ruling on extending euthanasia/assisted suicide to persons whose deaths are not imminent, i.e., reasonably foreseeable. Furthermore, while we agree in principle with consulting Canadians, we object to the questionnaire devised by the Department of Justice.

- 1) It is inappropriate and superficial to use a survey to address grave moral questions concerning life and death;
- 2) Two weeks is entirely insufficient to study the question as well as to learn from the sobering lessons in other jurisdictions where euthanasia/assisted suicide has been practised with fewer restrictions;
- 3) The way the survey was constructed requires Canadians to agree tacitly in the expansion of euthanasia before even being able to express opposition and any concerns they may have;
- 4) The survey failed to give fundamental attention to the fears and concerns of the elderly and disabled about feeling pressure to relieve their caregivers of the burdens their condition entails by resorting to assisted suicide/euthanasia;
- 5) The consultation should take account of the full range of factors that can influence a decision to request euthanasia/assisted suicide: loneliness, isolation, inadequate or unavailable support services, abandonment by or lack of family and community support, as well as other experiences of physical and psychological crisis;
- 6) The consultation should investigate the patient's vulnerability to being pressured or coerced into choosing euthanasia/assisted suicide.

Priority of protecting the vulnerable

The Church's ministry of healing and accompanying the sick involves national and regional networks of parishes and healthcare institutions on which vulnerable Canadians and their families rely for support and care. We know of many who live with profound suffering of one kind or another. Catholic institutions as well as many individual Catholics, including ourselves as pastors, minister to the physically disabled, the mentally ill, and the developmentally challenged. We visit the elderly who are lonely, isolated, abandoned, and insufficiently supported by healthcare and community services. We listen to those who, gripped by a physical or psychological crisis, see no reason for going on. All of these people are endangered by euthanasia/assisted suicide. They need our steadfast support, our advocacy, and indeed the protection afforded by the very safeguards the government is trying to overturn.

Experience has shown that patients are more likely to request euthanasia/assisted suicide when their pain is not properly managed by palliative care, when their dependence on others is not adequately met, or when they are socially marginalized. The loving presence of family, the support of the community, effective and accessible health care, social support, and research-based improvements in patient care also make a difference in one's choice for life. Healthcare practitioners, elected officials, and policy makers must not have recourse to euthanasia/assisted suicide as an answer to pressures and deficiencies in the current healthcare system given that an alternative already exists, namely palliative care.

We, as Bishops of the Catholic faithful in Canada, call on the government to engage in a more rigorous, impartial and prolonged study of the problems inherent in euthanasia/assisted suicide by involving those whose experiences offer a different perspective and even present inconvenient truths. For example: to hear from parents whose children with mental illness wish to end their lives; to query healthcare providers who in conscience do not wish to be complicit in, or required to cooperate in, euthanasia or assisted suicide; to consider cases of the elderly as well as the physically and cognitively impaired who have been abused by their caregivers; to listen to mental health professionals whose ongoing struggle involves treating the suicidal thoughts of their patients; to study the unanticipated results in Belgium and the Netherlands along with the ever expanding permissibility of euthanasia in their respective legislation. To this end, the decision announced 27 January 2020 by the Government of Quebec to extend its consultations is appropriate in so far as there is need to exercise the greatest caution in broadening the conditions for eligibility.

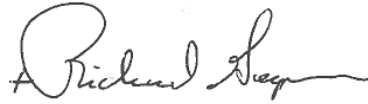
Palliative care, not MAiD

As citizens, we see all levels of government, abetted by regulatory bodies and the media, give priority to those who want to choose euthanasia and assisted suicide while providing minimal funding and support for palliative care, home care and hospices. Palliative care, which has yet to become fully realized and accessible in our own country, offers a compelling answer – the only respectful, comprehensive and ethical alternative to the problem the government is trying to address. Palliative care seeks to alleviate the pain, loneliness, fear, distress, and despair which can lead to the tragic failure of euthanasia/assisted suicide. It is more humane because it is anchored in the recognition that human life has an objective value over and above our free choices.

This past October 2019, after what it describes as an intensive process of consultation with physicians and non-physicians around the world, and in “accord with the views of most physicians worldwide,” the World Medical Association reaffirmed its long-standing policy of opposition to euthanasia and physician-assisted suicide, reiterated “its strong commitment to the principles of medical ethics and that utmost respect has to be maintained for human life,” and confirmed its opposition to any physician being forced to participate in euthanasia and assisted suicide or obliged to make referrals to this end (<https://www.wma.net/news-post/world-medical-association-reaffirms-opposition-to-euthanasia-and-physician-assisted-suicide/>). Furthermore, national and international hospice palliative care organizations, including the Canadian Hospice Palliative Care Association (CHPCA) and the Canadian Society of Palliative Care Physicians (CSPCP), have likewise rejected euthanasia/assisted suicide as being part of hospice palliative care, noting that they are “fundamentally different” and “differing in multiple areas including in philosophy, intention and approach” (<https://www.chpca.net/chpcacspcp>). Needless to say, there are also recorded instances of hospices being compelled to follow provincial MAiD regulations against their inherent and foundational ethos, as has already happened across our own country.

In the hope you will consider our request for a more extensive, thorough, impartial, and prolonged consultation, I wish to assure you that our Conference would welcome any opportunity to discuss and explain our concerns further, should you or your ministers so wish.

Respectfully,

A handwritten signature in black ink, appearing to read "Richard Gagnon". The signature is fluid and cursive, with a long horizontal stroke at the end.

+Richard Gagnon
Archbishop of Winnipeg
President of the Canadian Conference
of Catholic Bishops

c.c.: The Honourable David Lametti, Minister of Justice and Attorney General of Canada
The Honourable Patty Hajdu, Minister of Health
The Honourable Carla Qualtrough, Minister of Employment, Workforce Development
and Disability Inclusion
The Hon. Andrew Scheer, PC, MP, Leader, Conservative Party of Canada
Mr. Yves-François Blanchet, MP, Leader, Bloc Québécois
Mr. Jagmeet Singh, MP, Leader, New Democratic Party of Canada
Ms. Jo-Ann Roberts, MP, Interim Leader, Green Party of Canada