



Jody Wilson-Raybould, P.C., MP  
Minister of Justice and Attorney General of Canada  
House of Commons,  
Algonquin Territory  
Ottawa, Ontario  
K1A 0A6

**Re.: The report of the Special Joint Committee on Physician Assisted Dying**

March 10, 2016

Minister Wilson-Raybould

First of all please accept our greetings and belated congratulations on your appointment as Minister of Justice. We wish you the blessings of wisdom and discernment for this critical role. The Centre for Public Dialogue is committed to building relationships with policy makers and appreciates your government's expressed commitment to dialogue with civil society and stakeholders. In the diverse and pluralistic context that is Canada, the rule of law is built on robust and inclusive public dialogue. We approach that conversation from a Christian Biblical and confessional perspective, emphasizing principles of justice and compassion, and with respect and appreciation for the diversity of voices in the Canadian mosaic. We recognize full well that your mandate is both challenging and pressing. Therefore we hope to engage in ongoing constructive dialogue with you and your colleagues on a range of justice and reconciliation issues.

We know that one of the key challenges facing you and Parliament is a legislative response to the Supreme Court of Canada decision on *Carter v. Canada* (SCC Carter). Medical assistance in dying (MAID) is most certainly an issue that requires deep public deliberation. We have followed the proceedings of the *External Panel* and the *Special Joint Committee on Physician Assisted Dying* (Special Committee) with interest and concern. We appreciated the opportunity to submit a written brief to the Joint Committee (attached for your reference). While we have grave reservations about the legalization of MAID, we recognize that clear legislative measures are a necessary response to SCC Carter. Therefore, we offer the following reflections on the Special Committee's report for your consideration in the development of legislation:

**Reporting and Review:**

We appreciate the inclusion of recommendations 16 and 17. We trust that regular reports to Parliament that include a full scope of statistics on MAID will provide insights on policy efficacy and weaknesses. This in turn will provide meaningful information and trends to be considered in the statutory review called for in recommendation 17. We support regular statutory review that is robust, fully consultative, and empowered to recommend legislative amendments that will address the ethical and legal challenges likely to arise.

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Algonquin Territory 140 Laurier Ave. W. Ottawa 613.686.6298  
[publicdialogue@crcna.ca](mailto:publicdialogue@crcna.ca) [www.crcna.ca/PublicDialogue](http://www.crcna.ca/PublicDialogue)



### **Spiritual Services:**

Recommendation 18 calls for “culturally and spiritually appropriate end-of-life care services” for Indigenous patients. This is excellent and appropriate in an era of truth and reconciliation. It is also important to note that a full range of cultural and faith communities have distinctive needs deserving of respect at the end of life. We hope that any legislation on MAID, and needed developments in a national palliative care strategy will honour spiritual care and community care as critical elements of end of life care and decision making for all people in Canada. At the same time we most certainly honour the Special Committee’s reflections on respect for Indigenous patients.

### **Eligibility:**

As you are no doubt aware, the implementation of Recommendations 2 and 3 will create significant challenges in the determination of competence of people with certain psychiatric conditions. One of our primary concerns in MAID legalization is the prevention of involuntary euthanasia, or in the case of vulnerable psychiatric patients, unwitting and premature euthanasia. In this light we have reservations about the implementation of Recommendations 2 and 3. Detailed consultations and thoughtful consideration of these issues in a measured time frame (not necessarily as long as suggested in Recommendation 6) is, we believe, a constructive alternative to immediate implementation of Recommendations 2 and 3.

We appreciate the Special Committee’s strong support for informed consent in Recommendation 5.

The Special Committee does an admirable job navigating the complicated legal realm of consent and competence in advance. We appreciate their Recommendation 7 that advance requests for MAID be acceptable only after diagnosis.

### **Conscience Protection:**

Conscience protection of medical care providers is a matter of deep significance in any MAID regime. We appreciate the fact that Recommendation 10 calls for a process of dialogue with medical regulatory bodies on the balance of respect for medical practitioner’s freedom of conscience and patient wishes for MAID.

We note that the Recommendation 10 provision for effective referral is extraordinary when compared to MAID regimes internationally. We appreciate the Canadian Medical Association’s measured approach on the referral issue: physicians with conscientious objection to MAID “are expected to provide the patient with complete information on all options available, including assisted dying, and advise the patient on how to access any separate central information, counselling and referral service.” (CMA brief to the Special Committee, p. 8)

Recommendation 11 suggests a requirement that all publically funded institutions provide MAID services. We note that exemptions for the provision of other services with moral and ethical controversy are currently available for publically funded institutions. We request that similar

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exemptions apply with respect to MAID for hospitals and extended care facilities with conscientious objections to MAID.

Finally we have been attuned to the media generated controversies on the possibility of free votes in the House of Commons on MAID legislation. Given the profound diversity of moral conviction on this critical issue we ask you and your government to honour that diversity, and the conscience of MPs, in the provision of free votes at every stage of forthcoming MAID debate.

Minister Wilson-Raybould, we recognize that MAID will be a legal reality in Canada. This reality causes concern in our communities but we recognize the critical importance of avoiding a legal vacuum on this issue. In sum we hope that MAID will be a carefully regulated and rare occurrence in Canada; that vulnerable persons will be protected from involuntary euthanasia; that conscience protection for medical service providers will be robust; and that every effort will be made to enhance compassionate care at the end of life through a national commitment to palliative care. We certainly pray for wisdom for you and your colleagues for the challenge of developing legislation on MAID.

With sincere respect,

Rev. Marijke Strong  
Executive Secretary  
Regional Synod of Canada  
Reformed Church in America

Rev. Darren Roorda  
Director of Canadian Ministries  
Christian Reformed Church

Mike Hogeterp  
Director,  
Centre for Public Dialogue

Cc: Hon. Jane Philpott  
Hon. Rob Nicholson  
Hon. Kellie Leitch  
Murray Rankin  
Don Davies  
Members of the Special Joint Committee on Physician Assisted Dying