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The Honourable Peter MacKay
Minister for Justice
509s Center Block
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister,

You may recall that we met in June 2013 when you conferred on me a Doctor of Laws (LL.D.) (Honoris causa) at The Royal Military College of Canada in Kingston. I have never before “lobbied” a Canadian Member of Parliament, let alone a Minister, but I am doing so now because of the gravity of the situation we face as a result of the Supreme Court of Canada’s decision in the *Carter* case.

This decision does not represent an evolution in the foundational values that bind us together as a society, but a revolution, a radical departure from upholding the value of respect for life. This value implements the belief and practice that we must not intentionally kill another human being, the only exceptions being where that is the only reasonable way to save innocent human life, as in justified self-defence. The Supreme Court has now changed two sections of the Criminal Code which uphold respect for life (sec 241(b) which prohibits assisted suicide and sec 14 which provides that consent to the infliction of death is not a justification for inflicting death), to allow physicians to inflict death – that is, to kill.

This constitutes radical change, not only, for individual Canadians, but also, to the institutions of both law and medicine, because the law is changed to allow killing and physicians are authorized to carry it out. In a secular society, such as ours, law and medicine carry the value of respect for life for the society as a whole. Their capacity to do that is seriously damaged by this decision, which is primarily focused on what individuals want, that is on individual autonomy and self-determination.

But even if one agrees with the Supreme Court's focus on the needs of individuals, the judgment also opens up problems at that level. The Court required that informed consent to "doctor assisted dying" (physician-assisted suicide (PAS) and euthanasia (E)) be obtained. But that is not possible unless all reasonable alternatives to the proposed "treatment" are offered (see *Reibl v Hughes* and *Hopp v Lepp*, Supreme Court of Canada). This means that fully adequate palliative care must be available before a patient's consent to PAS/E would be valid. We know, however, that only 16 to 30 percent of Canadians who need palliative care have access to it, which is appalling. We also know that many patients who ask for euthanasia change their minds when given good palliative care (see the work of Dr. Harvey Max Chochinov, a Manitoba psychiatrist who specializes in psychiatric care of terminally ill people). And, because the Canadian Medical Association (CMA) is being proposed as one of the main advisers to the government about the steps you should now take in response to the *Carter* judgment, it's immensely worrying that in their factum as an intervener in the Supreme Court of Canada appeal, they expressly said that the non-availability of palliative care should not be a reason to refuse PAS/E.

With all the above in mind, and much more could be added, I am asking you to establish a Royal Commission to fully enquire into the issue of legalizing "physician assisted death" in Canada and, in the meantime, through the use of the Charter's "notwithstanding" clause to suspend the operation of the Supreme Court's judgment beyond the 12 month period it has allowed, to permit the Commission to report. I cannot imagine any situation that would call more clearly for such a use of the "notwithstanding" clause, much as I know that governments are very wary of employing it.

Making euthanasia and assisted suicide part of medical practice is not, as pro-euthanasia advocates claim, and the trial judge held and the Supreme court agreed, a small incremental change consistent with interventions that we accept as ethical and legal, such as honouring patients' refusals of life-support treatment that allow them to die. Allowing physicians to inflict death on their patients is different-in-kind, not just different-in-degree, from other interventions we accept as ethical and legal. Moreover, legalizing euthanasia represents a seismic shift in our fundamental societal values, not just another step on a path we've already taken.


And for 2,400 years, consistent with the Hippocratic Oath, euthanasia has never been characterized as a medical treatment. Indeed, if legalized, it should be kept out of medicine.

Moreover, the findings of fact by the trial judge with respect to the harms and risks of legalizing euthanasia, which were accepted by the Supreme Court as showing these harms and risks were not serious or could be avoided, are, with respect, not correct. This is a serious error, which is central to both the trial and Supreme Court of Canada decisions.

All such factors need investigation by a Royal Commission and sober second thought, especially on the part of parliamentarians.

Just as we now realize our actions could destroy our physical ecosystem and we must hold it on trust for future generations, we must also hold our metaphysical ecosystem—the collection of values, principles, beliefs, attitudes, shared stories, and so on that bind us together as a society—likewise, on trust for them. In this regard, there is no more important value than respect for life. That requires that we always react to pain and suffering with deep compassion and assistance to relieve it, but that we kill the pain and suffering, not the person with the pain and suffering.

We must also consider the values that we should hold on trust for future generations if they are to inherit a world in which reasonable people would want to live. We must ask ourselves how our great-great-grandchildren will die if we legalize euthanasia. I believe that history will see what we decide about “physician inflicted death” as having been the defining ethical-legal-societal event of the 21st Century, which means it is a momentous decision.

Yours sincerely,


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