Standing Committee on Justice and Human Rights with regard to its study on Bill C-14 An Act to amend the Criminal Code and to make related amendments to other Acts (Medical Assistance in Dying)

May 2, 2016

Leadership, Partnership & Networking

ABOUT THE DISABLED WOMEN’S NETWORK OF CANADA (DAWN-RAFH CANADA)

DisAbled Women’s Network (DAWN-RAFH) Canada is a national, feminist, cross-disability organization whose mission is to end the poverty, isolation, discrimination and violence experienced by Canadian women with disabilities and Deaf women. DAWN-RAFH is an organization that works towards the advancement and inclusion of women and girls with disabilities and Deaf women in Canada. Our overarching strategic theme is one of leadership, partnership and networking to engage all levels of government and the wider disability and women’s sectors and other stakeholders in addressing our key issues.

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Presenter: Carmela Hutchison is the President of DAWN-RAFH Canada
Overview

Disabled Women’s Network of Canada- Réseau d’action des femmes handicappées du Canada (DAWN-RAFH Canada) is concerned about the lack of consultation and speed with this legislation is being moved through the Parliament.

Many “protective” principles the Preamble are not supported within the body of the legislation. Measures to address intersectional barriers of ableism, racism, violence, poverty, discrimination, lack of disability resources and supports for women with disabilities to lead safe and effective lives are legislation though five motions were made by a Member of Parliament during our 04 Feb 2016 Presentation. The Government of Canada must comply with CRPD, in particular Article 6.

Amendments

(Preamble page 1)

Add Phrase: “strikes the most appropriate balance between the autonomy of persons who seek medical assistance in dying, on one hand, and the interests of vulnerable persons in need of protection and those of society, on the other” through the use of the Vulnerable Persons Standard; (added phrase)

(Preamble page 2)

(ADD New Clause) Whereas the Government of Canada has committed to uphold its commitment to the Convention on the Rights of Persons with Disabilities;

Whereas the Government of Canada has committed to uphold the principles set out in the Canada Health Act — public administration, comprehensiveness, universality, portability and accessibility — with respect to medical assistance in dying; (This clause should be struck) And whereas the Government of Canada has committed to develop non-legislative measures that would support the improvement of a full range of options for end-of-life care, respect the personal convictions of health care providers and explore other situations — each having unique implications — in which a person may seek access to medical assistance in dying, namely situations giving rise to requests by mature minors, advance requests and requests where mental illness is the sole underlying medical condition;

INCLUDE LEGISLATION TO UPHOLD ALL PRINCIPLES IN THE PREAMBLE
Consent to death; Medical assistance in dying means

All members of the healthcare team must be able to communicate amongst themselves and with patients about MAID because medicine is now carried out in multidisciplinary teams. The actual act of MAID should be limited to specialized teams defined within the legislation.

Grievous and irremediable medical condition

(2) (c) that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
(2) (d) Their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

Safeguards

(3) (d) ensure that the person has been informed that they may, at any time and in any manner, withdraw their request; (DAWN-RAFH Canada: how can a person withdraw their request once MAID has been administered?)

(3) (g) ensure that there are at least 15 clear days .....is provided or — if they and the other medical practitioner or nurse practitioner referred to in paragraph (e) are both of the opinion that the person’s death, or the loss of their capacity to provide informed consent, is imminent — any shorter period that the first medical practitioner or nurse practitioner considers appropriate in the circumstances; (DAWN-RAFH Canada: if the person is going to lose capacity in such a short time, their capacity to consent to their death is shaky at best; lines 30 to 35 should be struck or this clause will constantly be used as a means to circumvent the law.)

Ensure the Vulnerable Person’s standard is embedded in the legislation as well as the preamble.

Failure to comply with safeguards; Forgery; Destruction of Documents;
Criminal Code provisions must make it an offense for Medical Aid in Dying or DNR Orders to EVER be used as a means of as a means of coercion or incentive to reducing the patient population within the health care system, so only “worthy people” receive health care or to “make room” for others who “need the beds”. Penalties must be strengthened to a minimum of murder, manslaughter or negligent homicide; even then these will be pled down but, let’s try a least to get some traction under deterrence.

Source: Vulnerable Persons’ Standard: http://www.vps-npv.ca/