

EUTHANASIA PROJECT

Since we represent the English-speaking parish of St. Augustine of Canterbury in St-Bruno-de-Montarville, QC. our brief will be in English. Copies will be available after this presentation. We would, first of all, like to extend our thanks to you, Mr. Kelly, and to the members of this Committee for this opportunity to express the views of our parishioners.

Our community wishes to participate in the "Dying with Dignity" debate requested by the National Assembly of Québec because the extremely important issue of euthanasia has been brought to the public forum. We have discussed it as a congregation and in small groups.

When individual parishioners started completing the questionnaire on "Dying with Dignity" issued by the Select Committee, it became apparent that the questionnaire was slanted towards support for euthanasia and assisted suicide. For example, question nine (9) is clearly biased and, together with the insistence that all questions be answered, seems a deliberate attempt to produce a statistic so favourable to either euthanasia or assisted suicide that opposition may be dismissed. Some of the other questions are also confusing, or repetitive or leave the impression that they are simply fillers and are not designed to get information that is actually needed.

Many people were not only confused by the questionnaire but also upset that the Committee was holding this consultation during the summer vacation period and that an early deadline was set for participation through presentations and briefs. Furthermore, the document titled "Dying with Dignity" makes little attempt at neutrality and expresses primarily opinions favouring euthanasia and assisted suicide, even to the extent of citing organizations supposedly in favour of euthanasia; the Québec women's group, AFEAS, and the seniors' ARQ for example. We were made aware that the executives of neither group consulted their members. In addition, various physicians' groups of Québec are also said to be in favour when less than 20% of their members even responded to the questionnaire.

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We are bound to ask the question, "Why is the National Assembly doing this?" There must be a reason. While the text of "Dying with Dignity" suggests there is a popular demand for euthanasia, a close examination of the reasons stated reveals that, apart from a very few high-profile individual cases and hollow organizational citations, there is no popular support. When the physicians of Québec realized what was happening, many responded resoundingly against euthanasia through letters, briefs, seminars and public presentations; we attach a pamphlet of one such public panel held in our area. Some members of the AFEAS have already protested both to their executive and to the Committee regarding this misrepresentation, since members of their organization were not surveyed.

It is, therefore, easy to see that true support for euthanasia is not very high. We are aware that this "Dying with Dignity" debate was initiated by the National Assembly and that all parties are cooperating in this undertaking.

What are the objectives? A detailed reading of "Dying with Dignity" reveals that there is no clear objective. We understand that euthanasia and assisted suicide fall under the Criminal Code of Canada and are therefore under federal jurisdiction. We know that the Parliament of Canada recently voted against a Bloc Québécois private member's bill to decriminalize euthanasia and assisted suicide. So there is no basis for the Committee's questionnaire to ask: "If euthanasia or assisted death had to be legalized, which would you choose?" Where is the compulsion? Québec has no jurisdiction in this matter; to imply otherwise is a misrepresentation. However, Québec could advise provincially appointed Crown Prosecutors not to prosecute those who practise euthanasia and assisted suicide, as did the Province of British Columbia in the Sue Rodrigues case.

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The National Assembly seems intent on directing this debate so as to provide for some kind of action - but to what end? When we look at the low level of support for euthanasia, the biased documentation and questionnaire, and the absence of provincial jurisdiction, we wonder if the spectre of rising health costs is hovering over the debate. All parties in the Assembly have agreed to make an issue of euthanasia, and whoever wins the next election will be faced with the financial implications of increasingly expensive medical care and an aging population.

We do have an aging population which means lower tax revenues and higher costs in health services. Already, 45% of the Provincial budget goes to health services. Palliative care costs are also rising and will continue to do so; more such services are necessary since, by the government's own assessment, there are insufficient palliative care facilities. We know that investment in such facilities is costly. Do some legislators see the practice of euthanasia and assisted suicide as a way of eliminating some of the demand? In the absence of a clear statement of objectives, we are left to speculate.

We believe that human life, all human life, is priceless. Concerns about health budgets can certainly not justify taking life. We represent a parish of 400 registered families who believe that God is the creator and master of life and death.

This public consultation with its biased questionnaire calls into question the most fundamental and widely held values in our society. A society stands to be judged by the way it treats its most vulnerable members. Surely the aged, the ill and the dying fall into this category!

All participants in the public discussion about euthanasia, but particularly the supporters of euthanasia, have an obligation to make it clear what they are talking about. It is obvious that there is much misunderstanding.

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Euthanasia is not palliative care. It is not the rejection or interruption of extraordinary life-support measures. It is the deliberate taking of someone's life on grounds that he or she is better off dead.

Doctors tell us that there have been major and substantial developments in palliative care and as a result virtually all pain and suffering are manageable today - more needs to be done and more facilities are needed. The objective must be to "kill the pain, not the patient"

A natural end to life can be one of the most poignant, tender and loving opportunities of an entire lifetime. It is a moment for the most heartfelt expression and demonstration of love, within families, between spouses, among friends. These poignant, tender and loving expressions are what bring true dignity to men and women at the hour of death.

It is important not to be misled by such euphemisms as "euthanasia" and "assisted suicide"; voluntary interruption of life, active aid in dying, hastened death or physician-assisted death. The protection of human life until natural death is a fundamental underpinning for all law and morality in every culture and in every age. Acceptance of euthanasia or assisted suicide would be an evil in and of itself and would also further weaken the moral fibre of our society. Palliative care professionals say that suffering in the final stages of life can be largely or almost completely eliminated.

Our objective as a society must be to strengthen palliative care by all possible means.

We, the members of St. Augustine of Canterbury Parish, most strongly recommend that the Québec National Assembly, give no consideration to the implementation of euthanasia or assisted suicide. We recommend instead that the Assembly accept the responsibility for continued funding for more palliative-care facilities and resources, and expand these as necessary.

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The Committee should also recommend a program to enlighten and inform the general public of the benefits of palliative care and also of the right to refuse extraordinary measures to prolong life. All of us must build a social barrier against euthanasia and assisted suicide.

Finally, we thank the Committee for this opportunity to express the position of our parish members.

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