

January 11, 2016

Mr. Adrian Dix, MLA  
Room 109A, Parliament Buildings  
Victoria, BC V8V 1X4

Dear Mr. Dix:

I am writing in response to the Interim Report of the Select Standing Committee on Health to the Fourth Session of the 40<sup>th</sup> Parliament of British Columbia.

This letter sets forth the concerns of the Catholic community of the Lower Mainland which are undoubtedly shared by many British Columbians.

In the first place, the Catholic community strongly supports increased availability of palliative care. We encourage the Parliament and Government of British Columbia to ensure that equitable and generous access to palliative care is provided to all residents of the Province. We are convinced by our faith, by our long-standing tradition of providing care for the sick and the needy, and by the witness of health care professionals who assist the dying that palliative care is the most practical and ethical way to ensure that all British Columbians can die in a manner that respects human dignity.

Secondly, lest there be any doubt about the matter, the Catholic community does not support suicide, assisted suicide or euthanasia. We are convinced that human dignity is threatened when human life can be taken at will. Moreover, no Catholic – including elected officials, provincial officials, health care workers, administrators, or others closely affected by proposals to provide legalized assisted suicide or euthanasia – can in good conscience support, work towards or promote access to suicide, assisted suicide or euthanasia.

Many British Columbians of other religious or ethical traditions agree with us. Our position does not rest exclusively on a Christian or faith-based foundation, and for that reason includes many and diverse individuals and groups who, for serious reasons, are opposed to the legalized killing of patients.

That said, and with the realization that the Supreme Court of Canada has ruled that Canadians can, under certain circumstances, legally assist in the suicide of others, I would like to address some specific concerns that arise from this decision.

### 1) *Open and Inclusive Consultation*

Changes to laws and regulations governing assisted suicide will affect all British Columbians. It is therefore of great concern that, according to the Interim Report, the Subcommittee of the Select Standing struck to review submissions on the subject of assisted suicide heard only two presentations.<sup>1</sup>

If the laws and regulations governing assisted suicide are going to take into account the needs and concerns of our Province's diverse communities, then it is reasonable to ensure that the process of developing recommendations be open to all and inclusive of all our citizens.

The Catholic community, which includes many Catholic health care facilities in the Province, not to mention Catholic health care professionals and other health care workers, wonders why they did not receive an invitation to be consulted, especially given our contribution to health care in British Columbia.

We recommend, therefore, that the Government consider setting up a new, open and inclusive consultation process.

### 2) *Protection for Vulnerable Persons*

We are concerned that when assisted suicide is legal, vulnerable persons could be coerced into accepting or even requesting suicide.

While we understand that the proposals for the provision of legalized assisted suicide intend to ensure that only persons competent to consent would be so assisted – and while we understand that such proposals intend to ensure that safeguards are put in place to prevent coercion – we are skeptical that coercion can always be avoided.

Ideally, such safeguards would be insurmountable, but we draw your attention to the following potential dangers:

- In some jurisdictions where assisted suicide is legal, the safeguards put in place do not require accurate, transparent and timely reporting of the status of persons killed or the manner in which their death was brought about. This makes it impossible to know if they were coerced or even if they consented. Such concerns are increased if assisted suicide were to take place in a home care setting, as is suggested in the Interim Report.<sup>2</sup>

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<sup>1</sup> As reported in the Interim Report, p.2.

<sup>2</sup> Interim Report, p.4.

- Depression is a leading cause of requests for suicide. Very often, if the depression is treated, the patient withdraws the request. Treatment for depression can often take some time before it becomes effective. Moreover, depressed persons' ability to consent can be compromised by their mental illness. Will depressed persons be given adequate time and treatment so that they can reconsider their decision?
- Elder abuse is, tragically, increasingly common in our Province, especially when the neglect of elderly persons is considered abusive. Certainly, neglect and abuse can motivate a person to consider suicide, and all efforts should be made to exclude such motivators.
- Popular opinion often considers assisted suicide as a reasonable measure for those who are dying, elderly, or severely disabled. The dignity of such vulnerable groups of persons in our society may become compromised if assisted suicide becomes socially acceptable.

### 3) *Conscience Protection*

Everyone has the right to have their conscience respected. Canadians enjoy legal protection of that right, recognized in the Charter of Rights and Freedoms.

We urge you to ensure that laws and regulations that govern access to assisted suicide protect the conscience rights of both individuals and institutions that ethically cannot participate in another person's suicide.

Conscience protections must ensure that individuals who ethically cannot participate in an assisted suicide suffer no harm to their career or any other form of discrimination. Likewise, the right of institutions to avoid participation in assisted suicide must be recognized and explicitly include their continued equitable participation in the provincial health care system.

The issue of referral is of enormous particular concern. No one – and no institution – that is ethically opposed to participation in assisted suicide can be compelled to refer to another person or institution without having their conscience seriously violated. Acts of referral are necessarily acts of complicity. We recognize this in other serious ethical matters; for example, to refer a prisoner for torture in another jurisdiction implicates those officials who refer. No Catholic individual or institution can in good conscience participate in referral for the purpose of assisted suicide.

If medical professionals were in any way coerced into conduct that they consider morally wrong, the standards of ethical decision making would be seriously eroded. We must accept that not everyone in British Columbia agrees on the ethics of medical care, and we should be very concerned if professionals are ever forced to provide services without the freedom to rely on their own judgment.

The Catholic community, as well as other communities in our Province, want to ensure that patients will be able to receive care from providers who respect their ethical standards. If medical professionals were forced to compromise their seriously considered ethical standards, patients would rightly feel that they were unable to access care from providers with high ethical standards.

#### 4) *Palliative Care Should be Protected*

Many providers of palliative care are concerned that palliative care not be confused with suicide or euthanasia. The palliative care centres in Quebec have almost unanimously stated that they will not engage in “medically assisted dying,” for example.<sup>3</sup>

We recommend that no palliative care facility be required to provide assisted suicide or euthanasia. Further, we are convinced that patients must be able to access palliative care that can guarantee them their right to be treated and not to be killed.

The issues of assisted suicide and euthanasia are highly contentious. The stakes are very high for each British Columbian personally as well as for our society collectively. I do not envy you your task of developing laws and regulations that will serve us well as individuals, families, communities, and as a Province. Please be assured of the prayers of the Catholic community for each of you and for the Government.

We are grateful for your efforts and look forward to cooperating with you in developing measures that will ensure that the rights and freedoms that we all cherish are respected in this difficult ethical matter.

With cordial best wishes, I am

Sincerely yours,

✠ J. Michael Miller, CSB  
Archbishop of Vancouver

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<sup>3</sup> <http://www.cbc.ca/news/canada/montreal/palliative-care-dying-with-dignity-quebec-1.3212672>