



## **Statement from Cardinal Thomas Collins re: Bill C-7 (Medical Assistance in Dying)**

*Note: The statement below includes content from an earlier communication, released in February 2020, when Bill C-7 was introduced in an earlier session of Parliament.*

The current Covid-19 pandemic has taken the lives of more than 11,000 Canadians. During this health emergency, we have also identified a crisis of isolation and neglect for the elderly and marginalized. It is deeply troubling that at a time where we need, more than ever, to find innovative and thoughtful strategies to protect the lives of the most vulnerable among us, we are making it easier to hasten their deaths.

The federal government has, once again, introduced new legislation expanding the eligibility criteria for euthanasia. The inaccurate term, medical assistance in dying (MAiD), is currently used to describe what is more accurately called euthanasia or assisted suicide. Pain medication and other resources and procedures can be used effectively to medically assist people who are dying, but that is not what MAiD means. It means giving a lethal injection to people who are not dying, so that they will die.

Those who oppose euthanasia expressed concern in 2016, when it was first legalized, that once the state legally provided death for some, it would only be a matter of time before the criteria for that would be expanded. This was dismissed as a slippery slope argument; we were told that “safeguards” would protect the most vulnerable. Now, just four years later, we are far down the slope, and the criteria for euthanasia have been radically expanded.

In recent weeks, thoughtful statements asking for a pause or changes to the legislation have come from more than 70 religious leaders, 1,000 doctors, 150 lawyers and 100 disability rights’ groups or advocates. One would hope that concerns from this cross section of Canadians would compel our legislators to recognize the profound impact expanded access to euthanasia will have on our country. Yet the sprint to allow greater access to lethal injection for more vulnerable Canadians continues.

There is no longer a requirement that the person receiving euthanasia be terminally ill. Under this legislation, any serious incurable illness, disease, or disability would render one eligible for euthanasia. Additionally, without any further study or direction from the courts, the new legislation would legalize euthanasia where consent is obtained by an advance directive. This is a new chapter of death on demand. Canada has cast aside restrictions at a far quicker pace than any other jurisdiction in the world that has legalized euthanasia.



As our legislators and country consider Bill C-7, we should be mindful of the following:

- Under the proposed legislation, disabled Canadians with no terminal illness will now be eligible for lethal injection. People with disabilities already face substantial challenges and discrimination relating to employment, housing, appropriate medical care and support. Their lives matter. They should never be seen as a burden to our society. We should be alarmed that those who have struggled for decades to be treated with equality may well be pressured, whether from family, friends or even their own health care professionals, to “ease their burden” and end their lives. These people need assisted living, not assisted death.
- In 2016, the government indicated that before any new legislation would be introduced, there would be a thorough five-year review of the impact of euthanasia in Canada – no such review has taken place. Yet the government moves forward without such critical analysis, even though it is reported that since 2016 at least 13,000 people have died from lethal injection.
- Where is the political will to push forward on palliative care for all Canadians? Only 30 per cent of Canadians have access to quality palliative care even though we know that pain and loneliness are among the biggest fears of those who are suffering. Palliative care can address these issues. If all Canadians had access to quality palliative care, fewer would seek lethal injection. Instead of developing an overall culture of care, we are rushing towards death on demand. The same doctors who are trying to care for their patients will now be called on to endorse euthanasia for them.

Those who feel that their life no longer has value must be assured by all of us that this is absolutely not the case – there is dignity within each human life, not just when we are young, healthy and able, but even more so, when we are fragile and vulnerable.

It is up to every Canadian to foster a culture of care and love for one another. The answer is not assisted death in its many forms; it is accompanying our family, our friends and even strangers to assist them in life, recognizing the inherent dignity of every person.

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