



UNIVERSAL PERIODIC REVIEW

**Submission to the 44th Session of the Human Rights
Council's Universal Periodic Review Working Group**

April 2023

Geneva, Switzerland

CANADA

Joint submission by:

ADF International
Canadian Physicians for Life

Introduction

1. The following report is a joint submission between ADF International and Canadian Physicians for Life, focused particularly on Canada's implementation of its obligation to protect the inherent right to life of every person. The information contained in this report was obtained through research and first-hand accounts from these organisations.
2. ADF International is a faith-based legal advocacy organization that protects fundamental freedoms and promotes the inherent dignity of all people.
3. Canadian Physicians for Life (CPL) is a national association of pro-life physicians, medical students and residents, and retired physicians. CPL was founded in 1975 and is a registered charitable organization. It promotes healthcare in the Hippocratic tradition that situates the patient's good at the heart of all medical practice. Dedicated to humanizing healthcare, it advocates for the value of every human life. CPL affirms that the proper goal of medical science and, therefore, of its practitioners is to preserve and protect life across the full breadth of the human experience.
4. This report notes with grave concern Canada's further expansion of access to euthanasia to individuals whose natural death is not reasonably foreseeable. Additionally, it highlights the government's ongoing efforts to expand euthanasia to persons with mental illnesses as the sole underlying condition, as well as to "mature minors".

(a) Right to Life, Non-discrimination, and Health

Background

5. In Canada, so-called "medical assistance in dying" (MAiD) encompasses both assisted suicide and euthanasia. While assisted suicide refers to providers giving patients the means to end their own life, euthanasia occurs when a medical practitioner performs the intervention causing death. Euthanasia makes up over 99 percent of MAiD cases in the country.¹
6. MAiD has been legal in Canada since 2015 following a ruling handed down by the Supreme Court of Canada.² Bill C-14, adopted in the spring of 2016, limited access to MAiD to individuals with a "grievous and irremediable medical condition where natural death is reasonably foreseeable", meeting the following requirements:
 - they are eligible for government-provided health services in Canada;
 - they are at least 18 years of age and capable of making decisions with respect to their health;
 - their request for MAiD is made voluntary and without external pressure; and
 - they give informed consent after having been informed of all available options to relieve the suffering, including palliative care.

¹ ARPA Canada 'Assisted Suicide and Euthanasia (2021) pg4 <<https://arpacanada.ca/wp-content/uploads/2021/09/ARPA-RespSub-Maid2021-CIT.pdf>>.

² *Carter v. Canada*, Supreme Court of Canada (February 6, 2015) <<https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do>>.

7. In March 2021, in response to a 2019 judgment by the Superior Court of Quebec which declared Bill C-14 unconstitutional in light of its limited scope,³ Canada's Parliament passed Bill C-7, expanding the eligibility for MAiD to individuals whose natural death is not reasonably foreseeable but fulfil the other eligibility criteria already set in Bill C-14. The Bill also established new sets of "safeguards" in this regard.⁴
8. It is worth noting that Bill C-7 prohibits mental illness from being considered a grievous and irremediable condition when it is a person's sole medical condition. However, the ineligibility for MAiD for patients suffering solely from mental illness was only temporary, according to a sunset clause initially set to expire on 17 March 2023.⁵ In February 2023, the Government of Canada introduced Bill C-39 to extend this clause until 17 March 2024.⁶
9. Bill C-7 created two sets of safeguards: "Track One" for situations where a person's death is reasonably foreseeable and "Track Two", where not foreseeable. This Bill waives several safeguards contained in Bill C-14. In both Track One and Track Two cases, only one instead of two "independent" witnesses must now confirm that the person requesting MAiD had given informed consent.⁷ Furthermore, Bill C-7 undermines the independence of witnesses by extending witness status to persons paid to provide personal care or health care services to the person requesting MAiD.⁸ Additionally, for Track One applicants, the compulsory 10-day waiting period between signing of a request for MAiD and the day MAiD is provided has been removed.⁹
10. Cases of MAiD have been rapidly increasing over the last few years.¹⁰ Only in 2021, there were 10'064 MAiD provisions, comprising 3.3 percent of total deaths in that year.¹¹ In Quebec, between 2021 and 2022, 5.1 percent of deaths were medically assisted. In this province, MAiD requests have doubled since the start of the COVID-19 pandemic.¹²

Impact of MAiD Expansion on Vulnerable Persons, Particularly Persons with Disabilities

³ *Truchon c. Procureur général du Canada*, Superior Court of the Province of Quebec, District of Montreal (September 11, 2019) <https://www.canlii.org/fr/qc/qccs/doc/2019/2019qccs3792/2019qccs3792.html>

⁴ Bill C-7, An Act to amend the Criminal Code, medical assistance in dying (March 17, 2021) Section 241.2.3 <<https://parl.ca/DocumentViewer/en/43-2/bill/C-7/royal-assent>>.

⁵ Bill C-7 Section 241.2.1; Government of Canada 'Delay of eligibility for medical assistance in dying for persons suffering solely from mental illness proposed by Ministers of Justice and Health' <<https://www.canada.ca/en/departement-justice/news/2023/02/delay-of-eligibility-for-medical-assistance-in-dying-for-persons-suffering-solely-from-mental-illness-proposed-by-ministers-of-justice-and-health.html>>.

⁶ Bill C-39, An Act to amend the Criminal Code, medical assistance in dying (First Reading February 2, 2023) <<https://www.parl.ca/DocumentViewer/en/44-1/bill/C-39/first-reading>>.

⁷ Bill C-7, amendments (4) and (7).

⁸ *Ibid*, amendment (8).

⁹ *Ibid* (5).

¹⁰ 2018: Health Canada 'Fourth Interim Report on Medical Assistance in Dying' (2019) <https://publications.gc.ca/collections/collection_2019/sc-hc/H14-230-4-2019-eng.pdf>; 2021: Health Canada, 'Third Annual Report on Medical Assistance in Dying (2021)' <<https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2021.html>>.

¹¹ Health Canada, 'Third Annual Report on Medical Assistance in Dying (2021)' <<https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2021.html>>.

¹² NewsWire 'Dépôt du rapport annuel 2021-2022 de la Commission sur les soins de fin de vie : le Québec continue de bien faire les choses en matière d'aide médicale à mourir' (December 9, 2022) <<https://www.newswire.ca/fr/news-releases/depot-du-rapport-annuel-2021-2022-de-la-commission-sur-les-soins-de-fin-de-vie-le-quebec-continue-de-bien-faire-les-choses-en-matiere-d-aide-medicale-a-mourir-854666793.html>>.

11. 41 percent of Canadians living below the poverty line have a disability.¹³ No province or territory provides a disability benefit income above the poverty threshold. In contrast, these benefits account for less than half of the funding provided by the government to people unable to work during the COVID-19 pandemic.¹⁴ The government of Canada has not raised disability benefits since then. Only in June 2022, when Bill C-22 was presented to Parliament, the government of Canada has proposed the establishment of a new disability benefit, called the “Canada disability benefit” (CDB), to further support the financial security of persons with disabilities.¹⁵ However, the Bill does not clarify the eligibility criteria and the amount of the CDB itself. Since Bill C-22 is still being studied in the Senate Committee of the Canadian Parliament and will therefore not come into effect until at least a year after Royal Assent, funding will not flow into this program until late 2024.
12. The gradual expansion of access to euthanasia and assisted suicide in Canada has raised grave concern among persons with disabilities and their representative organizations. In February 2021, a coalition of 147 Canadian civil society organisations, many of which advocating for the rights of persons with disabilities, sent an open letter to the Canadian government describing Bill C-7 as “dangerous and discriminatory” and standing in violation of international obligations relating to the human rights of persons with disabilities. The letter urged the government to “rethink the radical and highly divisive changes” proposed in Bill C-7 and to reject the bill entirely.¹⁶ Moreover, every testimony and brief introduced by persons with disabilities and their representative organisations before the parliamentary committee working on Bill C-7 was opposed to the expansion of MAiD.¹⁷
13. Numerous cases have emerged of physicians, nurses and other professionals recommending MAiD to vulnerable persons living with disabilities without them having ever shown interest, as well as of persons with disabilities themselves resorting to MAiD due to financial insecurity and lack of support.
14. In August 2018, Roger Foley, a 42-year-old man suffering from an incurable neurological disease, released audio recordings of hospital staff repeatedly suggesting MAiD to him, threatening to otherwise charge him 1,800 Canadian Dollars per day for continued hospital care, despite his repeated requests to live at home with appropriate support. Foley has filed a number of lawsuits alleging that he had been illegally denied access to appropriate care, undermining his dignity, autonomy and physical and psychological integrity.¹⁸ Speaking virtually to a group of policymakers, he argued that new provisions on MAiD “facilitate the humiliation, abuse, and

¹³ Feed Opportunity ‘50% of Canadians who struggle with food insecurity have a disability. We must act’ (September 1, 2022) <<https://www.feedopportunity.com/blog/50-of-canadians-who-struggle-with-food-insecurity-have-a-disability-we-must-act>>.

¹⁴ AP News “Disturbing’: Experts troubled by Canada’s euthanasia laws’ (August 11, 2022) <<https://apnews.com/article/covid-science-health-toronto-7c631558a457188d2bd2b5cfd360a867>>.

¹⁵ Bill C-22, An Act to reduce poverty and to support the financial security of persons with disabilities by establishing the Canada disability benefit and making a consequential amendment to the Income Tax Act (December 14, 2022) <<https://www.parl.ca/DocumentViewer/en/44-1/bill/C-22/second-reading>>.

¹⁶ Vulnerable Persons Standard (February 24, 2021) <<http://www.vps-npv.ca/stopc7>>.

¹⁷ House of Commons Canada, Standing Committee on Justice and Human Rights, 43rd Parliament, 2nd Session (November 10, 2020) <<https://www.ourcommons.ca/Committees/en/JUST/StudyActivity?studyActivityId=10983212>>.

¹⁸ Ontario Superior Court of Justice, Court File No <<http://www.assistedlife.ca/superiorcourt-assistedlifecase.pdf?fbclid=IwAR01axeZ5cMheLbabscZQaaELUSwTay065g4-e-http://www.assistedlife.ca/superiorcourt-assistedlifecase.pdf>>.

degradation of ... vulnerable people with disabilities by improperly exploiting vulnerability and weakness in times of desperation".¹⁹ The United Nations Special Rapporteur on the rights of persons with disabilities brought attention to Mr. Foley's case in a communication addressed to the Government of Canada, expressing serious concern, among others, about the consequent threats to his right to life.²⁰

15. In December 2022 a Paralympian and military veteran who requested a wheelchair ramp at her home through Veterans Affairs Canada, was offered MAiD by her caseworker. This incident occurred a week after the Minister of Veterans Affairs testified before a parliamentary committee that four other veterans were offered the same, prompting an internal investigation.²¹ As revealed during a House of Commons committee hearing in November 2022, one of the five veterans did accept the offer.²²
16. In December 2022, a 65-year-old man obtained the first approval of his request for euthanasia by a medical professional. While suffering from epilepsy and a number of other chronic health conditions, he has explicitly cited his failing financial situation as the primary motivation for his decision, and expressed his intention to "shop" for a second doctor willing to sign off on the request.²³ In February 2023, the man claimed to have received the necessary second approval.²⁴
17. In October 2022, the Government of Canada released a report on the "Cost Estimate for Bill C-7", assessing that the expansion of MAiD eligibility as proposed in Bill C-7 provision of MAiD reduced total national healthcare costs in 2021 by 62 million Canadian dollars, on top of the 87 million saved under the previous MAiD regulations.²⁵ The report leaves open the controversial question as to whether expanding access to MAiD incentivises the Government to deny critical care and in-home services to those in need, in the interest of saving financial resources.
18. Instead of addressing the underlying challenges faced by vulnerable persons, including those with disabilities, MAiD undermines their human dignity by questioning, at a societal level, whether theirs are lives worth living. Research on the cost-saving effects of MAiD for the health-care system further reinforce a message of quantification of the value of life, opening the door to a culture of deep discrimination and stigmatization of persons in the basis of their disability and health status. In the

¹⁹ Dying Well 'Roger Foley' <<https://www.dyingwell.co.uk/stories/roger-foley/>>.

²⁰ The Special Rapporteur on the right of persons with disabilities and the Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, UA CAN 3/2019 (August 7, 2021) <<https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=24754>>.

²¹ CTV News 'Paralympian trying to get wheelchair ramp says Veterans Affairs employee offered her assisted dying' (December 3, 2022) <<https://www.ctvnews.ca/politics/paralympian-trying-to-get-wheelchair-ramp-says-veterans-affairs-employee-offered-her-assisted-dying-1.6179325>>.

²² Canadian veterans were offered assisted suicide in five instances, committee hears (November 25, 2022) <<https://nationalpost.com/news/canadian-veterans-assisted-suicide/>>.

²³ Daily Mail 'EXCLUSIVE: 'I don't want to die, but I don't want to be homeless': Canadian man, 65, has a doctor's approval for euthanasia despite admitting becoming POOR is a main reason he's applying to die' (December 9, 2022) <<https://www.dailymail.co.uk/news/article-11516989/Canadian-man-doctors-approval-euthanasia-despite-admitting-POVERTY-main-factor.html>>.

²⁴ Bridge City News 'Medicine Hat senior charged with kidnapping, receives second approval on MAiD application' (January 18, 2023) <<https://bridgecitynews.ca/medicine-hat-senior-charged-with-kidnapping-receives-second-approval-on-maid-application/>>.

²⁵ Office of the Parliamentary Budget Officer 'Cost Estimate for Bill C-7 "Medial Assistance in Dying"' (October 20, 2020) <https://www.pbo-dpb.gc.ca/web/default/files/Documents/Reports/RP-2021-025-M/RP-2021-025-M_en.pdf>.

words of one Canadian academic and human rights researcher, “Bill C-7 opens a normative space [which] facilitates the cultural emergence of categories of human beings whose lives can be legally and morally disposed of.”²⁶

Health-care Access Crisis and Lack of Resources for Palliative Care

19. Palliative care is an interdisciplinary medical caregiving approach aimed at optimizing quality of life and mitigating suffering among people with serious, complex, and often terminal illnesses.²⁷ Evidence supports the efficacy of a palliative care approach in improving a person's quality of life, including where such care includes a social support dimension.²⁸ Not only investing in palliative care programs uphold the human dignity of vulnerable persons; it also has the potential to eliminate the need for MAiD.
20. As primary health care providers, family doctors play a central role in providing an “entry point” for individuals into the health care system, particularly into specialized health care such as palliative care. In Canada, however, access to a family doctor remains limited. According to a September 2022 study, 20 percent of those residing in Canada do not have a family doctor, and among them, one third have been searching for one for at least a year. Another 33 percent reported being unable to see their doctor within a week of needing them.²⁹ Furthermore, individuals without a family doctor overwhelmingly reported difficulties in accessing tests and appointments, with 79 percent reporting it was hard, if not impossible, to get an appointment with a specialist.³⁰
21. This issue can be largely attributed to a staffing shortage: according to a press statement by the Canadian Medical Association, interest in family medicine has dropped dramatically among medical graduates in recent years.³¹ In some parts of Canada, there is only a single family doctor for an entire town, and in Quebec, where MAiD numbers are highest, nearly a quarter of those surveyed said they had no doctor but wanted one.³²
22. Before the COVID-19 pandemic, Quebec's College of Physicians acknowledged that the lack of access to palliative care would lead patients to choose MAiD.³³ Palliative care, however, remains underfunded in Canada: in a survey report of Canadian Hospice Palliative Care Association, respondents pointed out that there was a lack of resources for hospice palliative care in favour of MAiD, which is also considered to be

²⁶ Policy Options ‘Bill C-7, assisted dying and “lives not worth living” (December 14, 2020)

<<https://policyoptions.irpp.org/magazines/december-2020/bill-c-7-assisted-dying-and-lives-not-worth-living/>>.

²⁷ American Association of Hospice and Palliative Medicine, Zhukovsky D. ‘Primer of Palliative Care’ (2019).

²⁸ See for example: European Journal of Cancer Care ‘Effectiveness of palliative care interventions offering social support to people with life-limited illness—A systematic review’ (March 24, 2018) <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6001732/>>.

²⁹ Angus Reid Institute ‘Doc Deficits: Half of Canadians either can't find a doctor or can't get a timely appointment with the one they have’ (September 8, 2022) p.4 <https://angusreid.org/wp-content/uploads/2022/09/2022.09.08_HC_part_2_doctors.pdf>.

³⁰ Ibid, p. 7.

³¹ Canadian Medical Association ‘Critical family physician shortage must be addressed’ (May 9, 2022)

<<https://www.cma.ca/news-releases-and-statements/critical-family-physician-shortage-must-be-addressed-cma>>.

³² CTV News ‘6M Canadians don't have a family doctor, a third of them have been looking for over a year: report’ (September 8, 2022) <<https://www.ctvnews.ca/canada/6m-canadians-don-t-have-a-family-doctor-a-third-of-them-have-been-looking-for-over-a-year-report-1.6059581>>.

³³ ehospice ‘Lack of palliative care pushing Quebecers toward medically assisted death, College of Physicians says’ (May 31, 2018) <https://ehospice.com/canada_english_posts/lack-of-palliative-care-pushing-quebecers-toward-medically-assisted-death-college-of-physicians-says/>.

more accessible and an easier end-of-life “option”. Respondents expressed that the lack of funding surrounding hospice palliative care also meant that there were less hospice palliative care beds/services in the community, and therefore fewer options to choose from among those requiring care and comfort at the end of their lives.³⁴

23. A study on the negative impact of MAiD on palliative care in Canada showed that physicians and nurses who practice in settings where patients could access MAiD reported feeling the need to withhold symptom control medication that could cause sedation or confusion in order to avoid jeopardising their eligibility of MAiD, even if the medication could significantly alleviate their patient’s pain. Clinicians were also concerned that not prohibiting doctors and other medical professionals from discussing MAiD with patients may be misinterpreted as an invitation to request it, adding to the burden of vulnerable patients and eroding families’ trust. Clinicians also described how patients thought that palliative care included assisted death, and how this affected their relationships with them.³⁵

Lack of Effective Suicide Prevention and Mental Health Services

24. According to the country’s 2021 MAiD Annual Report, a significant percentage of individuals opting for euthanasia or assisted suicide cited psychosocial factors, including loss of dignity (54.3%), perceived burden on family, friends or caregivers (35.7%), isolation or loneliness (17.3%), as well as emotional distress, anxiety, fear or existential suffering (3.0%).³⁶ The impact of psychosocial factors on decisions on MAiD highlights the need for improved mental health and social support services, as well as adequate suicide prevention systems across country.
25. MAiD eligibility in Canada is expanding in the context of a mental health crisis and a lack of effective access to mental health services. According to the Centre for Addiction and Mental Health Canada, mental illness affects more than 6.7 million people in the country. In fact, one in two Canadians suffer—or have suffered—a mental illness by the time they reach 40 years of age. One third of Canadians aged 15 or older with mental health care needs reported that those needs were not fully met, while only half of Canadians who experienced a major depressive episode reported receiving “potentially adequate care.”³⁷
26. A wealth of evidence indicates that having, resourcing, and implementing a national suicide prevention strategy clearly correlates to a reduction in suicidality. Regrettably, however, Canada remains one of the few industrialized countries without a comprehensive national suicide prevention strategy.³⁸ While there exists a general Federal Framework on Suicide Prevention and a 13-point National Action Plan for Suicide Prevention, both are underwhelming and fall short of a comprehensive

³⁴ Canadian Hospice Palliative Care Association ‘Palliative Care and MAiD: Co-existing in the new environment’ (November 2018)

<https://www.virtualhospice.ca/Assets/MAiD_Report_Final_October_15_2018_20181218165246.pdf>.

³⁵ Palliative Medicine, Mathews JJ et al, ‘Impact of Medical Assistance in Dying on palliative care: A qualitative study’ (October 30, 2020) <<https://journals.sagepub.com/doi/10.1177/0269216320968517>>.

³⁶ Health Canada ‘Third annual report on Medical Assistance in Dying in Canada 2021’ section 4.3 <<https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2021.html#a4.3>>.

³⁷ The Centre for Addiction and Mental Health Canada ‘The Crisis is Real’ <<https://www.camh.ca/en/driving-change/the-crisis-is-real>>.

³⁸ Canadian Association for Suicide Prevention ‘The Case for a National Strategy and Nationwide Hotline’ (January 14, 2020) <<https://suicideprevention.ca/media/the-case-for-a-national-strategy-and-nationwide-hotline/>>.

national strategy.³⁹ The Federal Framework on Suicide Prevention, for example, was not accompanied by funding, does not include goals, timelines or specific activities intended to reduce suicides, and does not assign responsibility for any multi-jurisdictional action.⁴⁰

Misrepresentation of Euthanasia to the Public

27. Retail companies are actively glorifying MAiD in their corporate advertisements. For example, a Quebec-based fashion retailer created a commercial called “All is Beauty”, profiling the final weeks of a woman living with Ehlers Danlos syndrome and approved for MAiD. The commercial, which went viral on social media, romanticises Canada’s regime of medically assisted death. However, it did not disclose the woman’s identity nor the fact that when resorting to MAiD she had explicitly lamented the lack of access to health care, admitting that that was the motivation to look into MAiD and apply.⁴¹
28. Medical certificates of death are not obligated to reflect MAiD. In the absence of binding federal directions, provincial and territorial legislation or regulatory authorities (Colleges) may determine what information should be included in the event of euthanasia or assisted suicide.⁴² In Ontario, physicians are instructed by the local college of physicians and surgeons to list the illness, disease, or disability leading to the request for MAiD as the cause of death, stating that they must not make any reference to MAiD or drugs administered on the death certificate.⁴³ In September 2018, the province of Saskatchewan changed its practice of recording MAiD as suicides, now using the label “unclassified” on medical certificates of death. Family members are also able to change the manner of death recorded on the certificates retroactively.⁴⁴ Such approaches does not only make the gathering of relevant statistics difficult, but also carry significant risks of abuse.
29. Significant concerns also exist with respect to the normalization of euthanasia and assisted suicide among children. In December 2022, Canadian Virtual Hospice, a provider of support on palliative and end-of-life care, published an activity book for children on the topic of MAiD, funded by Health Canada, department of the Government of Canada responsible for national health policy.⁴⁵ Specifically intended

³⁹ Canadian Medical Association Journal ‘Federal suicide prevention framework underwhelms’ (January 16, 2017) <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5235942/>>; Canadian Association for Suicide Prevention ‘CASP Strongly Believes Canada Needs National Suicide Prevention Strategy’ (September 28, 2021) <<https://suicideprevention.ca/media/casp-strongly-believes-canada-needs-a-national-suicide-prevention-strategy/>>.

⁴⁰ WHO ‘Live Life: An implementation guide for suicide prevention in countries’ (June 17, 2021) <<https://www.who.int/publications/i/item/9789240026629>>.

⁴¹ CTV News “Easier to let go” without support: B.C. woman approved for medically assisted death speaks out’ (June 9, 2022) <<https://bc.ctvnews.ca/easier-to-let-go-without-support-b-c-woman-approved-for-medically-assisted-death-speaks-out-1.5937496>>.

⁴² Canadian Medical Protection Association ‘Completing medical certificates of death: Who’s responsible?’ (April 2019) <<https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2016/completing-medical-certificates-of-death-who-s-responsible>>.

⁴³ College of Physicians and Surgeons Ontario ‘Medical Assistance in Dying (April 2021) <<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Medical-Assistance-in-Dying>>.

⁴⁴ CBC News ‘Sask. ends practice of recording medically assisted deaths as suicides’ (October 5, 2018) <<https://www.cbc.ca/news/canada/saskatchewan/maid-medically-assisted-deaths-suicide-saskatchewan-1.4851451>>.

⁴⁵ Canadian Virtual Hospice and Health Canada ‘Medical Assistance in Dying (MAiD) Activity Book’ (2022), <<https://www.virtualhospice.ca/maid/media/3bdlkrve/maid-activity-book.pdf>>; National Post ‘Canada funded this assisted suicide ‘activity book’ for children’ (December 21, 2022) <<https://nationalpost.com/news/canada/canada-funded-this-assisted-suicide-activity-book-for-children>>.

for “young people who have someone in their life who may have MAiD”, the book “use[s] words that the child can understand”, to teach them that MAiD is nothing but “the use of medicines to stop the person’s body from working” due to “incurable illnesses”. The medicines are described as making the person “feel very relaxed and fall asleep...they may even yawn, snore or mumble”.

Access of Children to MAiD

30. In December 2018, at the request of the Minister of Health, the Minister of Justice, and Attorney General of Canada, the Council for Canadian Academies prepared a report on “The State of Knowledge of Medical Assistance in Dying for Mature Minors”. Tragically, the report keeps the door open to the further liberalization of access to MAiD. In particular, it stated that “Although observations and rulings made in mature minor cases do not explicitly apply to MAiD, they suggest that, to be granted the right to MAiD, a minor would need to demonstrate the ability to deeply understand and appreciate their situation, and make a mature, independent decision...”⁴⁶
31. Based on the report’s findings, a special joint committee of Members of Parliament and Senators began a review in 2022 considering whether to expand the Bill C-7 further to allow mature youth to be eligible. During a hearing in November 2022, a special joint committee voted to keep open the possibility of expanding MAiD to infants under the age of one. Specifically, the following motion was struck down with a vote of seven to five: “That the committee report to the House that it is of the opinion that it rejects the Quebec College of Physicians assertion on October 7, 2022, that the expansion of MAiD is appropriate for infants up to age one who are born with severe and grave syndromes”.⁴⁷

The Right to Life in International Law

32. There is no “right to die” under international law. The right to life does not include a diametrically opposite right to die. Rather, the state has an obligation to protect the right to life of all without discrimination, as well as to ensure the highest quality of care to those suffering from physical or psychological causes, including palliative care for persons with chronic or terminal conditions.
33. As stated in Article 6(1) of the International Covenant on Civil and Political Rights, “Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”
34. Canada should reaffirm the right to life as the supreme right requiring protection until natural death and therefore also repeal its so-called “medical assistance in dying” law. Instead of ending their lives, the State should focus on providing individuals with quality medical care and treatment, should ensure that patients have access to high-quality, comprehensive palliative care to control pain and other symptoms, and to provide the necessary psychological, socio-economic, and spiritual assistance.

⁴⁶ Canadian Virtual Hospice and Health Canada ‘Medical Assistance in Dying (MAiD) Activity Book’ (2022), pg.

34 <<https://www.virtualhospice.ca/maid/media/3bdlkrve/maid-activity-book.pdf>>.

⁴⁷ Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities, Meeting No. 44 HUMA (November 16, 2022)

<<https://parl.vu.parl.gc.ca/Harmony/en/PowerBrowser/PowerBrowserV2/20221116/-1/38054?Language=English&Stream=Video>>.

35. In February 2021, the Special Rapporteur on the rights of persons with disabilities, the Independent Expert on the enjoyment of all human rights by older persons, and the Special Rapporteur on extreme poverty and human rights sent a letter to the Canadian Government identifying the human rights violations likely to occur if Bill C-7, designed to expand access to people with disabilities who are not suffering from a terminal illness, was passed into law. The UN experts highlighted that Bill C-7 would violate the right to life of persons with disabilities under all core international human rights instruments.⁴⁸
36. Following a visit to Canada in 2019, the Special Rapporteur on the rights of persons with disabilities noted with extreme concern the implementation of the legislation on medical assistance in dying from a disability perspective, highlighting in particular that persons with disabilities in institutions are being pressured to seek medical assistance in dying.⁴⁹
37. Already in 2017, due to concerns regarding Bill C-14, the Committee on Rights of Persons with Disabilities (CPRD) had specifically recommended Canada to ensure that persons who seek MAiD have access to alternative courses of action and to a dignified life made possible with appropriate palliative care, disability support, home care and other social measures that support human flourishing.⁵⁰
38. The permissibility of euthanasia and assisted suicide in Canada and its expanding scope stand in flagrant violation of international law. It follows that States should not permit individuals to actively facilitate the suicide of others. Accordingly, the Canadian legal framework should be reformed to recognise and respect the equal dignity and right to life of all persons including particularly persons with disabilities and other people in vulnerable situations.
39. It is worth stressing that an expansion of euthanasia to children would specifically be at odds with the provisions of the Convention on the Rights of the Child (CRC), independent of their perceived degree of maturity.
40. Article 12 of the CRC states that children who are capable of forming their views have the right to express those freely in all matters affecting them, the views of children being given due weight in accordance with their age and maturity. Regarding the concept of maturity, however, the Committee on the Rights of the Child has stated that "the greater the impact of the outcome on the child, the more relevant the appropriate assessment of maturity of that child."⁵¹ Nothing is as impactful on a child's outcome than his or her own death. MAiD by definition, interrupts holistic development and erases any possibility of survival of the child by eradicating the patient rather than the disease.

⁴⁸ Mandates of the Special Rapporteur on the rights of persons with disabilities; the Independent Expert on the enjoyment of all human rights by older persons; and the Special Rapporteur on extreme poverty and human rights, OL CAN 2/2021 (February 3, 2021)

<<https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gld=26002>>.

⁴⁹ Report of the Special Rapporteur on the rights of persons with disabilities 'Visit to Canada', A/HRC/43/41/Add.2 (December 19, 2020) para 69 <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G19/348/81/PDF/G1934881.pdf?OpenElement>>.

⁵⁰ Committee on the Rights of Persons with Disabilities 'Concluding observations on the initial report of Canada (May 8, 2017) <<https://daccess-ods.un.org/tmp/4047725.4986763.html>>.

⁵¹ Committee on the Rights of the Child, general comment No. 12 (2009), <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G09/436/99/PDF/G0943699.pdf?OpenElement>>, para 30.

41. Moreover, the rights of the child are embedded within a social context of familial and parental rights. Article 5 of the CRC asserts that “States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.”
42. With regard to the best interest of the child, the child’s views is only one of the factors that must be considered when assessing it. Other factors include the preservation of the family environment and maintaining relations, care, protection and safety of the child, situation of vulnerability, and the child's right to health. The termination of a child’s life runs contrary to these factors and thus cannot be said to be in the best interest of the child.
43. If all these points are considered in light of the Preamble of the CRC, which acknowledges that the child, by reason of physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, as well as Article 6, which recognizes that, like every human being, “every child has the inherent right to life,” it is clear that further extending MAiD access to children would result in an abhorrent violation of human rights and human dignity.

(b) Recommendations

44. In light of the aforementioned, ADF International suggests the following recommendations to be made to Canada:
 - a. Repeal all laws which allow for euthanasia or assisted suicide, acknowledging that there is no “right to die” under international law and that such practices violate the right to life;
 - b. Refrain from further extending access to medical assistance in dying, particularly to children as well as persons with mental illness;
 - c. Undertake legal and policy measures to protect the dignity and human rights of persons with disabilities, the elderly, sick, children and other vulnerable members of society;
 - d. Strengthen policies and increase investments to promote the medical, psychological, social and economic well-being of persons with disabilities and other vulnerable members of society;
 - e. Ensure that all patients are provided with high-quality, comprehensive palliative care;
 - f. Incorporate an explicit provision into its criminal legislation making it a criminal offense to persuade, encourage, or induce individuals to seek medical assistance in dying;
 - g. Develop and fast-track a comprehensive national suicide prevention strategy;

- h. Promote awareness-raising campaigns to eliminate harmful stereotypes about disability and ageing;