

*** Hi all, this letter has been submitted but please keep sending in signatures! We'll update the AG next week if we have an increase in signatories!***

October 2019

Hon. David Lametti, MP. Attorney General

Cc:

Right Hon. Justin Trudeau, Prime Minister, Leader of the Liberal Party of Canada,
Hon. Carla Qualtrough, MP. Minister of Accessibility, Liberal Party of Canada
Hon. Ginette Petitpas Taylor, MP. Minister of Health, Liberal Party of Canada

Dear Minister Lametti,

Re: Physicians Call for Appeal of the Quebec Superior Court's Decision in *Truchon & Gladu*

We, the undersigned, are physicians representing a broad range of specialties and geographical regions across Canada. We write to add our strong support to the call for an appeal of the Quebec Superior Court's decision in *Truchon & Gladu*. Groups representing citizens who are living with disabilities are also making a very strong case for a federal appeal of this flawed ruling from the perspective of inclusion and equality. We heartily endorse their points and their conclusions¹. In addition, we add a number of concerns from our own perspective.

As physicians, we are eyewitnesses to the myriad vulnerabilities and challenges that are faced by our patients and their loved ones every day. To those living with limitations, difficulties which may seem minor to the general public can present enormous obstacles to healthy, fulfilling life in community. Many of these obstacles and difficulties result *not* primarily from a medical condition *per se*, however, but from a lack of adequate or appropriate supports for the social determinants of health.

Day after day, we participate in a healthcare system and a social support system that do not come close to meeting the basic needs of our most vulnerable patients. Many physicians experience significant distress due to these disheartening interactions with those whom we are pledged to help, but to whom we have only paltry resources to offer. We are aware of numerous patients across Canada who have chosen medical assistance in dying (MAiD) due to the suffering caused by a lack of proper supports². For all patients who seek an assisted death, we

¹ The letter can be viewed here:

<https://cacf.ca/2019/10/04/advocates-call-for-disability-rights-based-appeal-of-the-quebec-superior-courts-decision-in-truchon-gladu/>
Et en Français, ici:
<https://cacf.ca/2019/10/04/jugement-de-la-cour-superieure-du-quebec-dans-laffaire-truchon-et-gladu-des-intervenants-reclament-un-pourvoi-fonde-sur-les-droits-des-personnes-handicapees/>

² See, for example:

must ask first if they have had access to adequate and funded social and living supports, as well as exemplary health care and symptom management, in order to assure that they are not seeking an assisted death due to the lack of such basic care and support.

When the original medical assistance in dying legislation was debated in Parliament, there was a clear understanding that MAiD must have limits; that individual rights must be balanced with protections not only for our most vulnerable citizens, but for our society as well. One of the most important foundations of our Canadian identity is that we are a caring, compassionate country. We are proud of our universal healthcare mandate, and we place a high premium on being inclusive and tolerant while working hard toward the accommodation and integration of minority members of our communities. And yet, if the Quebec decision is allowed to stand, we will be in serious danger of losing this fundamental element of our Canadian identity. Our neighbours and our loved ones living with disabilities already continually experience the devaluation of their lives. They are frequently told—often bluntly—that they would be “better off dead.” The Foley case in London, Ontario, is one example of this.³ This decision, if it remains unquestioned, will simply erode provincial health responsibilities for expert clinical care and social support of citizens who are fragile.

“Autonomy” means little without assurance of a predicate right to the elements needed for a full, if different or physically restricted, life. If unchallenged, the judicial decision as it stands means MAiD will proceed without assuring all citizens first have a right to life with dignity—despite limits—rather than only a quick death delivered without the assurance that people who are fragile receive necessary care. In addition, future courts will be more likely to open MAiD to ever-wider “indications” for hastened death if the balance between individual desires and the necessity of community protection and support is not clarified by an appeal of the *Truchon & Gladu* decision to the Québec Court of Appeal and, if necessary, up to the Supreme Court of Canada. Without an appeal, Canada will have moved well beyond allowing an autonomous life-ending decision at the end of life into the realm of death on demand—for almost any reason at any time.

Court decisions matter, and if we truly desire a Canadian society that is inclusive and compassionate, we must defend both our laws and our citizens from misguided decisions such as this one. With strong evidence from the millions of collective patient encounters that we represent, we are deeply concerned for our most vulnerable patients and their loved ones if this decision is not appealed. With the hope of retaining our Canadian identity as a compassionate society and a strong desire to protect both our patients and our healthcare system, we urge Mr. Lametti to appeal the *Truchon & Gladu* decision. We also urge all Canadians to take immediate

a) <https://montrealgazette.com/news/local-news/saying-goodbye-to-archie-rolland>

b) <https://www.cbc.ca/news/canada/british-columbia/als-bc-man-medically-assisted-death-1.5244731>

³ See:

<https://www.ctvnews.ca/health/chronically-ill-man-releases-audio-of-hospital-staff-offering-assisted-death-1.4038841>

action by contacting both Minister Lametti and their own Members of Parliament to urge an appeal before the deadline passes on October 11th, 2019.

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224. Victoria Marianchuk, MD

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225. John R McLeod, BSC, MD, CCFP.

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226. Robert Banner, MD, CCFP, FCFP, FRCP(C)

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227. Iris Liu, BSc, MD, CCFP

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Faculty of Behavioral Medicine and Scholar at Abbotsford-Mission Site of Family Medicine, UBC

228. Shannon Rabuka, MD, FRCPC

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229. Dr. James Yeung, MD, FRCPC

Rheumatologist
Richmond, BC

230. Wi-Guan Lim M.D.

Family physician
Vancouver, B.C.

231. Dr. Philippa Hawley FRCPC (PM)

BC Cancer
Vancouver, BC

232. Dr. Genevieve Eder, MSc, MD, CCFP

Family Physician
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233. Dr Bill Martin CCFP

FP/ER
Miramichi, NB

234. William F. Sullivan, MD, CCPF (COE), PhD
Associate Professor, Dept. of Family and Community Medicine, University of Toronto
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235. Dr. Julia Bright, MD
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236. Dr Toyin Adeyemo, MD FRCPC
Psychiatrist
Langley Memorial Hospital
237. Sheila Rutledge Harding, MD, MA, FRCPC
Medical Consultant & Division Head, Transfusion Medicine, Saskatoon Area
Professor, College of Medicine, University of Saskatchewan
Saskatoon, SK
238. Cyril Chan M.D
Family Physician (retired)
British Columbia
239. Dr. Joel Emery
Staff Physician
Kamloops, BC
240. Vanna Schiralli, MD, CCFP, FCFP
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242. Harvey Max Chochinov, OC, OM, MD, PhD, FRCPC, FRSC, FCAHS
Distinguished Professor of Psychiatry, University of Manitoba
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243. Lucinda McQuarrie, MD, CCFPC
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244. Dr. Althea Burrell BSc MD FRCPC
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246. Melaine Ryper, MD, FRCP

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247. Dr Virgil Danescu CCFP

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249. Carolyn Van Schagen

Family doctor
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250. Dr. Hailey Barker BSc, MD

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251. Hester Vivier

Family Physician
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252. Paul Graham, MD, CCFP

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253. Dr Alicia Bong, MD, CCFP

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254. Philip J. Hanam MD, CCFP

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255. Warren Terry MD, MEd, CCFP(EM), FRCSC

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256. Christopher More, MD, CCFP (FPA)

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257. Renata Leong, MDcM, MHSc, CCFP, FCFP

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258. Pamela Gold, MD, CCFP
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*** Hi all, this letter has been submitted but please keep sending in signatures! We'll update the AG next week if we have an increase in signatories!***