

Bill C-7: An Act to Amend the Criminal Code (Medical Assistance in Dying)

Information Package

Prepared by
Dying With Dignity Canada
Winter 2021

Dying With Dignity Canada

500 – 1835 Yonge Street, Toronto, ON, M4S 1X8

info@dyingwithdignity.ca

Phone: 416-486-3998 / Toll free: 1-800-495-6156

Charity Registration Number: 11889 0086 RR0001

Dear Senator:

Dying With Dignity Canada (DWDC) is pleased to share with you an information package related to Bill C-7: An Act to Amend the Criminal Code of Canada (Medical Assistance In Dying).

It is clear the debate around Bill C-7 – whether in Canadian’s homes or in Parliament – has been an emotional one and has brought to the surface many reasonable perspectives from all sides. At the same time however, the ability to distinguish myth from fact has been made complicated by an onslaught of messages that have created confusion around both Bill C-7 and its scope, and around the current medical assistance in dying (MAID) legislation and practice.

This package has been designed to offer plain language and factual information around some of the key issues being debated by Canadians and studied by Parliamentarians, including the impact of Bill C-7 on people with disabilities, the removal or easing of certain safeguards and the issue of advance consent.

Also addressed in this package is the protection of conscience rights of clinicians as found in Bill C-14 and the Charter of Rights and Freedoms, as well as DWDC’s position of support for increasing access to palliative care and other end-of-life supports.

A small sample of the thousands of the lived experiences that have been shared with DWDC by Canadians familiar with MAID through their capacity as caregiver, friend, family member, or clinician is also included.

As we near the February 26 deadline to pass Bill C-7, DWDC believes it is also important to remind all parliamentarians of the significant support shown by Canadians across the country for MAID and Bill C-7. January 2020 research conducted by Ipsos on behalf of DWDC makes clear this support:

- Reasonably foreseeable - over 70% of Canadians strongly support removing the requirement that a person’s death be ‘reasonably foreseeable’ for them to be eligible for MAID
- 67% of Canadians with a chronic condition support removing the reasonably foreseeable death requirement
- Advance requests - over eight in 10 Canadians (82%) believe people diagnosed with a grievous and irremediable medical condition, including those with dementia, should be allowed to make advance requests for medical assistance in dying (MAID)
- Audrey’s Amendment (Advance Consent) - 85% of respondents believe a person’s request for MAID should be respected if they have been assessed and approved for assisted dying but lose their capacity to consent prior to the planned date for MAID

- Individuals with chronic physical or mental health conditions or disability (those who report being unable to carry out the basic activities of daily living without assistance) are 81% in support of allowing Canadians with a grievous and irremediable illness to consent in advance to assisted dying

Strong support for Bill C-7 is evident too in the exceptional level of engagement by Canadians across the country who have submitted more than 200,000 letters to your offices and to those of your parliamentary colleagues.

The federal government's consultations with Canadians in early 2020 (which received over 300,000 responses) indicate strong levels of support for changes to Canada's MAID legislation:

- When asked if the current safeguards were enough to prevent abuse or misuse of MAID if the reasonably foreseeable criterion were removed, 73% agreed they were
- Close to 79% indicated their support for a doctor or nurse practitioner to provide MAID to a person who has already been assessed and approved and are waiting for the procedure but who do not have the capacity to consent at the time of the procedure
- Over 79% of people support a doctor or nurse practitioner providing MAID to a person who has prepared a document that says they would like to receive MAID under certain conditions and when they may not be able to ask for it

DWDC is aware of the challenging issues facing the Legal and Constitutional Affairs Committee as it prepares to resume study of Bill C-7. We believe the most notable is the Bill's exclusion of people whose sole underlying medical condition is a mental illness from seeking access to MAID, which DWDC has long called stigmatizing, discriminatory and likely unconstitutional. We agree with the position of the Canadian Psychiatric Association that "Patients with a psychiatric illness should not be discriminated against solely on the basis of their disability and should have available the same options regarding MAID as available to all patients". DWDC is thus supportive of any senate amendments to Bill C-7 that would immediately remove this exclusion or would limit the exclusion to a specified time-period such as 12 months, after which time the exclusion would expire.

DWDC is also aware of the debates several years back around Canada's current MAID legislation, Bill C-14. You and many of your colleagues may recall that much of this debate centered around some of the same issues we are debating today, namely the belief, held by many parliamentarians at the time and currently, that the criterion that one's death be reasonably foreseeable to be eligible for MAID would only serve to discriminate against groups of people who are suffering intolerably but are not close to death.

The 2019 decision in Truchon has confirmed these concerns and Bill C-7 has been introduced, in large part, to specifically deal with that decision. Additional concerns that have been raised during the debate, including advance requests, mature minors and the state of palliative care, should be reviewed during the mandated five-year parliamentary review, which should begin once Bill C-7 is dealt with.

DWDC hopes the information provided in this package is of assistance as you consider Bill C-7. We would be pleased to meet with you via video conference to discuss the contents of this package and to answer any questions you may have. To arrange a time to meet, please do not hesitate to have your staff contact Mr. Puneet Luthra, Director of Government Relations at puneet.luthra@dyingwithdignity.ca or 647-956-4127, Ext. 27.

Sincerely,

The image shows two handwritten signatures in black ink. The signature on the left is for Helen Long, and the signature on the right is for Senator James Cowan. Both are cursive and fluid.

Helen Long
Chief Executive Officer

Senator James Cowan
Board Chair

Fact Sheet

Removal of the reasonably foreseeable criterion and people with disabilities

Myth: The removal of reasonably foreseeable criterion singles out and devalues the lives of people with disabilities.

Removal of the reasonably foreseeable criterion will expand the constitutional right to seek access to MAID to people who are suffering intolerably but who are not near death. Those with a disability must have the same right to autonomy and end-of-life choice.

DWDC strongly advocates increasing investments into additional supports for people with disabilities, including those targeted at enhancing income and social supports, reducing waiting lists for housing, specialist care, day programs and assistive devices, and assisting with the navigation of a complex and confusing healthcare system.

- Bill C-7 is a response by the Department of Justice to a 2019 ruling in Quebec that found limiting access to MAID to people who are suffering intolerably but whose death is not reasonably foreseeable was unconstitutional as it infringed on the rights of individuals with a physical disability, such as the plaintiffs, Jean Truchon and Nicole Gladu
- Removal of the reasonably foreseeable eligibility criteria will expand the constitutional right to MAID to people who are suffering intolerably but who are not near death
- The proposed removal of the reasonably foreseeable criterion does not remove the requirement that a person must have a grievous and irremediable medical condition and meet all of the following criteria:
 - ▶ The person has a serious and incurable illness, disease, or disability
 - ▶ The person must be in an advanced state of irreversible decline in capability
 - ▶ The person has enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable
- It does not remove the requirement that a person make a voluntary request for medical assistance in dying that is not the result of outside pressure or influence
- January 2020 Ipsos poll conducted on behalf of DWDC: Over 70% support removing the “reasonably foreseeable” requirement

Myth: People with disabilities will be coerced into seeking MAID

Though neither Bill C-7 nor C-14 explicitly speak to the practice of assessing for coercion, the information provided by MAID assessors and providers to DWDC indicates clearly that this is done through on-going and open and honest conversations between clinicians and their patients.

The questions raised by clinicians in their conversations, as they relate to possible coercion, seek to understand:

- whether anyone is pressuring the patient to seek MAID
- the origin of the patient's request for MAID
- the value system held by the patient
- the consistency of thoughts around MAID
- confirmation of the reason for the consultation in the patient's own words
- the context around the first time the patient thought about MAID
- whether the patient spoke with anyone else about their thoughts on MAID

Myth: People with disabilities are individuals of a vulnerable group in need of protection from themselves.

As Nicole Gladu states: "Vulnerability is a concept used ad nauseam by paternalistic people in good health (for) standing in the way of MAID".

From Justice Baudouin, in the 2019 Quebec Superior Court ruling that found the reasonably foreseeable criterion to be unconstitutional as it infringed on the rights of people with disabilities:

- "In the Court's view, however, we cannot, in the name of the principle of protecting certain persons from themselves or of socially affirming the inherent value of life, deny medical assistance in dying to an entire community of persons with disabilities precisely because of their disability"
- "the vulnerability of a person requesting medical assistance in dying must be assessed exclusively on a case-by-case basis, according to the characteristics of the person and not based on a reference group of so-called "vulnerable persons"
- "the patient's ability to understand and to consent is ultimately the decisive factor, in addition to the other legal criteria."

Bill C-7 and safeguards

Myth: Removing the 10-day reflection period means you can request and access MAID in a day

Forcing someone who has been assessed and approved for MAID to wait an additional 10 days only serves to prolong suffering. DWDC agrees with the proposed removal of the 10-day reflection period.

- The proposed removal of the 10-day reflection period is based on the lived experiences of clinicians, caregivers and family members over the last four years which have made clear that forcing someone who has already been assessed and approved for MAID to wait an additional ten days only serves to prolong suffering

- The argument that removal of the 10-day reflection period means one can request and receive MAID in one-day is misleading. Given the process, this is highly unlikely as can be seen when disease progression is so quick there is little time to implement the required steps in the MAID process
- It should be noted that the procedure may be scheduled to occur in a day where a patient is at risk of death or loss of capacity, and they have already been assessed and approved for MAID

Myth: Reducing the number of required witnesses from two to one just makes MAID easier to access

The requirement for two independent witnesses to witness a request for MAID serves as a barrier to accessing this constitutionally protected right.

- Bill C-7's proposal to reduce the witnessing requirement from two to one is based on the lived experiences of clinicians, caregivers and family members who over the last four years have found the requirement of two witnesses to serve as a barrier to accessing MAID for people living in rural and/or remote communities
- Considering that seeking access to MAID is a highly personal decision, reducing the number of witnesses from two to one will help those who are concerned about maintaining their privacy
- What is being witnessed is only the patient's written request for MAID
- The witnessing requirement is not and has never been a part of the eligibility/assessment process

Audrey's Amendment – Waiver of Final Consent

Myth: The ability to waive the requirement for final consent means people who have lost the capacity to consent will be killed

With this amendment, no one who has been assessed and approved for MAID will have to choose to end their life early because they fear they will not have capacity to consent at the time of the MAID procedure.

This amendment is of particular importance to people who fear a loss of capacity to consent at the time of the MAID procedure. Further, the amendment recognizes the real-world experiences of patients who feel they have no choice but to reduce or even stop taking their medication(s) for the sole purpose of maintaining their capacity to consent at the time of the MAID procedure.

The waiver of final consent is based on the end-of-life experience of Ms. Audrey Parker, whose last wish was to spend one last Christmas with her family but who was forced to reschedule her MAID procedure to an earlier date in fear of losing capacity.

- Bill C-7 proposes to include the opportunity to waive the requirement to provide final consent (consent just prior to the MAID procedure) if:
 - ▶ the person's death is reasonably foreseeable, and
 - ▶ they have already been assessed and approved for MAID, and
 - ▶ A date has already been scheduled for the MAID procedure, and
 - ▶ they have made in consultation with their MAID provider a written agreement to receive MAID on the scheduled day if they are no longer able to provide consent on that day
- Consent given in advance is invalidated if the person demonstrates refusal or resistance to the administration of MAID at the time of the procedure
- January 2020 Ipsos poll conducted on behalf of DWDC: 85% support MAID for “patients who meet all the criteria, have been approved and who are competent at the time of the request, but who lose competency before the procedure can be carried out”.

Conscience rights

Myth: Bill C-7 completely ignores the protection of the conscience rights of health professionals who object to MAID

Bill C-7 does not propose any changes to any of the existing conscience protections. The rights of health professionals who object to MAID are already protected in Canada’s MAID legislation and in the Charter of Rights and Freedoms. Further:

- The Carter decision states, in paragraph 132, that, “In our view, nothing in the declaration of invalidity which we propose to issue would compel physicians to provide assistance in dying”
- Although DWDC believes that clinicians who are opposed to MAID should be required to provide patients an effective referral, we recognize this is a provincial issue that should/must be addressed by the respective regulatory bodies

Palliative Care

Myth: The government wants to use Bill C-7 to make it easier for people to die rather than investing in end-of-life supports

DWDC strongly supports new investments to increase access to palliative care. DWDC points out that the 2019 report by Health Quality Ontario indicates that about 61% of Ontarians had received palliative care in their final year, an increase of about 3 percent over 2014-15, but about half of those only received it in their final month. DWDC

therefore calls upon governments across Canada to increase information on and access to quality end-of-life supports, including palliative care.

- The Carter decision made clear that individuals seeking MAID are not required to pursue treatment that is unacceptable to them
- As per Health Canada's first annual report on MAID (2019):
 - ▶ Over 82% of persons receiving MAID were reported to have received palliative care services
 - ▶ Of those MAID recipients who did not access palliative care services prior to receiving MAID, approximately 90% had access to these services but chose not to do so, according to the reporting practitioner

Lived Experiences

Kelly

On Monday, November 4th, 2020 my sister, Kelly Knuckle, a 49-year-old mother of three, died by suicide. She did this alone and in pain in the cold, unfamiliar surroundings of an anonymous hotel room. She chose this place because she had no better choice. She had been struggling with an untreatable neurological disorder and was experiencing increasingly more severe symptoms. Her decline looked to be leading her toward a long and agonizing death. At the time of her death, she was severely debilitated and living back home with my mother, but her death was not reasonably foreseeable.

So rather than watch her family endure the pain, sorrow, and frustration that she knew would accompany her decline, she decided to end her life on her own terms. And rather than chance the possibility of at some point becoming physically incapable of carrying out a final plan, she chose to do it much sooner than she would have otherwise preferred. And rather than take the chance of exposing others to the possibility of any legal repercussions, she chose to be alone during her final moments. And rather than take the chance of a loved one finding her corpse, she chose a hotel room. And rather than expose her mother and children to the devastation of knowing in advance of a plan that was sure to upend their world, she chose to hide it from them. And, because her husband and siblings had witnessed her decline, and believed in its inevitability, we gave her our full support. On the night of her death, a handful of close confidantes knew that she was alone in some unnamed hotel room, and what she was doing there.

All through the night of November 3rd, my daughter knew that her grandmother would wake up and look into Kelly's room as she did each morning and would not find her there. When my mother phoned me the next morning to tell me that she couldn't find Kelly, I had to pretend I didn't know what was going on.

So, I just listened as my mother tried to piece together the strange little abnormalities in Kelly's behaviour the previous night – the papers spread out on Kelly's bed when my mom went in to say goodnight (I knew these were the personal goodbye notes she had planned to prepare for all of us), and the extra-long, extra-strong hug that Kelly gave her when they parted for the night (I knew that it was the goodbye hug between a daughter and the Mother she would never see again).

The worst part of all of this is that it did not have to happen this way:

She could have died in her own bed.

She could have died surrounded by loved ones.

She could have gone peacefully and comfortably, rather than by her own hands.

She could have had more time with us if she knew medical assistance was guaranteed in the end.

And she could have had a legal, transparent, and cathartic final celebration which would have provided the closure she and her loved ones so badly needed.

But none of this happened - because her death was not reasonably foreseeable.

Canada has come a long way in our quest in allowing for medical assistance in death, but we have further to go. My sister did not qualify for M.A.I.D. because her death was not reasonably foreseeable. She was in pain; she was filled with grief; she was desperate and out of options; and most importantly, her mind was made up. She was going to die with or without medical assistance. But her death was not reasonably foreseeable.

Is it reasonable to assume that the only circumstance under which a person should consider suicide is that death is already imminent? Are profound grief, unbearable pain, perpetual suffering, and eternal hopelessness not worthy of consideration as possible factors in a person's wish to end his or her life? These feelings are not relegated only to a time or situation where death is reasonably foreseeable. Who are we, as a society, to decide that the only reason for which we will agree to eliminate one's pain, grief, and/or suffering is if he or she is going to die anyway.

I ask that, as politicians and human beings, you pass this legislation and allow for the simple desire for cessation of pain, suffering, and/or grief as a consideration in granting Medical Assistance in Death in Canada.

Rich Knuckle

Ernest

I can't remember what it's like to not be in pain. Every second of every minute, hour after hour, day after day the pain is there. It hasn't stopped for over twelve years. Even in my dreams, I'm in pain. On the best of days, which are all too rare, I'd rather have my wisdom teeth removed again than suffering through the agony of another hour. I write this not because I want pity, but because I can't continue to live with my chronic pain, and I need help to end it, even though it means ending my life. "Chronic pain" doesn't begin to describe the state of perpetual agony in which I live. "Chronic pain" is typically used to describe persistent pain that lasts over six months, but I've had fibromyalgia for more than twenty times that long. A better term to describe my condition would be lifelong agony, as it will continue to plague me for as long as I live. It is a permanent disability that I cannot continue to suffer with for the next fifty years, which is how long it would likely take before I die of "natural causes", given that the average life expectancy in Canada is seventy-seven, and I am twenty eight. Choosing to die was never my first choice, nor second or third. It is a choice that I only ever made after countless nights of crying myself to sleep, and endless days of pain. I've tried every treatment that every doctor I seen has recommended, and I've simply reached the point where medical science has nothing left to offer. I need the option to have help to end my life, not because I want to die, but because I can't stand living anymore.

Every day before I open my eyes, the pain is there. I sit in the same chair for at least eight hours every day, trapped by the constant agony. I take over forty pills a day, but they do no more than to slightly dull the pain. After seeing more than fifteen different doctors, from rheumatologists to neurologists, I've exhausted every possible treatment. At least five doctors have told me outright that there are no more treatments left to try. The rest have simply stopped suggesting new treatments, and instead start talking about learning to live with the pain. I can see the look of pity in their eyes, but pity does nothing to dull the pain. I've tried treatments that some of the doctors I've seen have never heard of, but medical science simply doesn't have all the answers.

I've had fibromyalgia for over a decade, and there are still only three drugs that are specifically approved for treating it. Everything else is prescribed off-label, and it's very much the process of trying everything to see what, if any, medications have an effect. At the end of the day, with chronic pain it comes down to two questions: how bad is the pain, and can you live with it?

Every person is different, and pain is unique to everyone. Many of the doctors I've seen ask before every visit to rate the pain on a scale of zero to ten, where zero is no pain and ten is the worst pain you can imagine. I find this scale flawed, since my scale is much different than the average person. When I tell a doctor that my pain is at a three, that means that I'd rather have my wisdom teeth removed, and the pain never gets below that without the use of narcotic painkillers. When the pain reaches six for more

than an hour or two, I need medications too strong to take regularly, either narcotic painkillers or enough cannabis oil that it impairs my memory. At eight, I develop tremors in my hands and have difficulty standing. When the pain reaches a ten, my vision narrows to a spot, I can no longer hear clearly, I lose track of time completely, and can no longer feel any sensation but pain. All I can do at that point is curl up in the fetal position and cry. Most days the pain is at a five. It takes half a dozen different medications in order to sleep, because without them, it takes one to two hours to fall asleep, and then the pain wakes me every hour and a half. The pain has become so pervasive that even in my dreams I am in constant pain. This isn't life. It's a living hell.

When my life ends, it is going to be because it is my choice. It's not going to be because I need more supports. I have all the supports possible. It's not going to be due to societal pressure, nor due to pressure from anyone I know. I've seen no evidence of pressure from society, and my family and friends don't want me to die. Rather, they understand that I'm in too much pain to continue living. It's true that there could be a lot more done to support people like me who have disabilities, but having a disability is not part of the criteria required, either in Bill C-14 nor the proposed Bill C-7, for a doctor to approve an assessment for MAID. Suffering is the primary criteria for being eligible. Suffering, and the capacity to provide consent. The Supreme Court required that a competent adult have "a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual" in order to be eligible for MAID. They made no mention of "reasonably foreseeable" death. I've been waiting for five years to access MAID, and I can't stand to wait any longer. MAID needs to be available as an option for Canadians like me who are suffering intolerably. It's not the right choice for everyone, but it needs to be an option. We need to trust that doctors are able to properly assess whether a patient is capable of giving consent, as we have for decades with every other health care decision. Doctors are intelligent, compassionate people who are never going to rubber stamp a MAID application, and it's insulting to them to think otherwise. It's well past time to allow Canadians to have the option to end their suffering. Sue Rodriguez posed the question "If I cannot give consent to my own death, whose body is this? Who owns my life? Whose life is it, anyway?" It's time to give an answer.

Ernest Frederiksen

Cheryl

My name is Cheryl Romaine. I've been alive but very far from living, since October of 2017. I have no hope of being fixed or cured, or even of improvement anymore, I suffer endlessly through grossly inadequate symptom and pain control and live with the knowledge and fear that my condition will continue to decline. I am 44 years old.

I was diagnosed as having adhesive arachnoiditis, a rare and complex disease where the spinal nerves stick together due to inflammation of the arachnoid, one of the layers surrounding the brain, spinal cord, and cauda equina nerve roots. It causes multiple neurological impairments, autoimmunity, and severe, constant, medication resistant, intractable pain. It is one of the most insidious and painful conditions that a human being can have, similar to the pain levels in complex regional pain syndrome (CRSP) and metastatic bone cancer.

The pain I manage to exist through is progressively getting worse and will continue to do so. It hasn't been livable for quite some time, and I legally requested MAID for the first time on June 12, 2019. I was denied because I did not have a reasonably foreseeable natural death. I was left stranded, with my body under assault at my highest pain level, with no relief in sight.

Every second of every minute of every hour of every day I am suffering. I never get a break. When you forget about my pain, I am still suffering. It feels like my tailbone, SI joints, buttocks, and hips are being crushed by a 100lb rock and if they would break apart it might actually feel better. The nerves in my legs, in particular my left sciatic nerve, are stuck spasming severely with waves of burning hot, yet icy, lightning bolts of stabbing electricity that never stop. Never. Not for 1 second. It. Never. Stops.

I am about 70% numb completely from the waist down, with roving areas of numbness that go right up to 100%. There are times that my legs are so numb I feel nothing at all. Except of course for the nerves in spasm.

Most of my waist length thick hair has fallen out, my fingernails are falling out, I burn a low-grade fever a lot of the time, have pain in my joints, especially my SI joints, and even though I've had low blood pressure for most of my life I now have uncontrolled hypertension. I cannot go out in the sun without breaking out in a severe rash within minutes. My Achilles tendons burn sharply and constantly. I take methotrexate once a week now because I was also diagnosed with severe psoriasis, but not much has improved. I am positive for HLA B27, the gene strongly linked to several autoimmune diseases such as ankylosing spondylitis and psoriatic arthritis. I failed to get a diagnosis from a rheumatologist though, and therefore any treatment options either.

3 years ago, I was a very fit woman, I did yoga almost every day, and walked my dog 4 kilometers daily. I now struggle to walk more than about 50 feet. Sometimes my left leg suddenly loses strength to the point I struggle to hold my own weight on it. I cannot sit down without severe pain and tailbone pressure, at all, ever. Any ride in a car is agony for me. I have been homebound since October of 2017, and I now require help from Homecare 5 days a week just to complete the basics. As much as I appreciate that I'm able to get Homecare, it doesn't help my pain.

I have spent the last 3 years, while getting progressively worse, being run around in endless circles that went nowhere by Alberta Health Services, trying to receive treatment from an appropriate specialist. My primary care physician Dr. Sockanathan always went above and beyond to advocate for me, but he could only do so much in the face of the roadblocks we encountered. I did two complaints through the College of Physicians and Surgeons of Alberta against three doctors which were ultimately successful, as well as a complaint through the Patient Concerns Resolution Process with the Patient Concerns Officer. I have a stack of apologies, and acknowledgements that I did not receive the care or fair access to the care that I should have received, but that doesn't help my pain.

I exist in suffering while I try everything available to me to get some improvement. In the last three years I have had 27 invasive and painful spine procedures, as well as the second of two lumbar microdiscectomy spine surgeries. (The first one was in 2010). I've had epidurals, nerve root blocks, corticosteroid injections, median branch blocks, radiofrequency ablations, non-surgical decompression, shockwave therapy, acupuncture, endless physiotherapy, and completed the program at the chronic pain clinic, just to name a few. Nothing has worked. I was lucky to eventually find one doctor, Dr. Burnham, who took the time to actually listen to my journey, and offer help, a diagnosis, and hope. He was able to help with some of my mechanical back pain in the last year, but not my nerve pain, or the other consequences of the never-ending assault that intractable pain is on my body.

I've been told I require a spinal cord stimulator implant: neuromodulation. It's like a pacemaker for your central nervous system, and it's the only treatment option there is that would give any significant amount of relief for my pain. I have not been able to access that treatment in a fair, or timely manner though, and after three years of fighting to, I am confident that I never will.

A team of people including the AHS Patient Concerns Officer, AHS Patient Relations, and my health advocate Catherine Douglas from AHS Health Advocates all tried to help me access treatment, but that process was extremely slow, and often went in circles, as my health continued to decline and my pain got progressively worse. It was over three full years before I finally saw the functional neurosurgeon who does neuromodulation, and by that point it was too late. He, unfortunately, didn't have much to offer. He decided

that I must repeat the year-long program at the chronic pain clinic that I just completed in March of 2020 again (with no reason given as to why), and stop most, to all, pain medication first. That is no longer an option. If I didn't need the pain meds, I wouldn't need the implant.

I don't know if I will ever be able to forgive the heartbreaking irony of knowing that if I had been able to be seen by an appropriate specialist when I should have been seen, then the high dose pain medication I now require wouldn't be an issue. That pain medication was a last resort for me, and even with it my pain is not well controlled. Neuromodulation is for patients who have tried everything else first and had it fail, not for patients who don't need any pain meds. That may explain why only a handful of people received a spinal cord stimulator implant in Alberta last year, even though there was a budget for many more.

My pain level now ranges from "barely tolerable to sustain life" to "I wish for sudden death just to stop the pain for a couple of minutes". I get waves of pain so intense that my body will suddenly vomit my food where I stand with no warning, I shake and sweat, I cannot form a clear thought, and twice now I have lost consciousness just from the severity of my pain alone. Maybe here I should mention that I had two babies with no epidurals and breathed through both labours without screaming. This is worse.

Since September of 2018 my quality of life has been minimal, even though my family does what they can to help. I rely on my son for nearly everything, and that breaks my heart. I struggle to make it from my bedroom to the kitchen to fix something to eat. The mechanics of just bathing are now challenging to me. Sometimes even just having a shower causes me so much pain and takes so much energy that that is the only thing I can do that day. I do not attend family functions, I do not leave my house other than to go to medical appointments, and it's been that way for three years now. Even just the car ride to and from an appointment is excruciating for me and I suffer for days afterwards. Every minute of every hour of every day the crushing weight of pain and pressure on my tailbone and SI joints increases, and the nerve pain in my left leg and foot is at times all consuming.

I cannot stand up for longer than 10 minutes at a time. I cannot sit for more than 10 minutes at a time either, and I cannot lay down for more than a couple of hours before my body stiffens up and that causes more pain. I live in a brain fog caused by both the blinding pain and the narcotics used to try to mask it. I am currently on 14 medications. I do not sleep for more than a few hours at a time because of the pain. I am tired. Right down to my soul tired.

Despite all this, I am happy. I have raised two wonderful children who have grown into wonderful young adults that I am so proud of. I have travelled. I have lived. I am not living anymore, and I haven't been for quite some time. Every day is torture for me, and

it will only continue to get worse. Pain this severe must have an end date.

I have done everything in my power to withstand the never-ending agony for this long, out of love and empathy for my family. It is time for me to be able to feel relief now. My family understands my need to end my suffering, and while they do not wish for me to die, they wish for me to finally be pain free. They support my request for medical assistance in dying.

I have been left suffering immensely by the healthcare system, for over three years now. I have exhausted all available treatment options. I have no hope for improvement. Waiting for the proposed changes to the MAID laws to come into effect has been difficult but knowing there is relief in sight is what keeps me going now. I am very grateful that I will have the right to choose when to end my suffering, even without a terminal diagnosis. A decision like this is deeply personal and should be made by the person doing the suffering, no one else.

Please pass Bill C-7 and let me die with dignity.

Cheryl Romaine

Andrew

My name is Andrew Adams I am 31 years old and living in British Columbia, Canada. I am of First Nations and English heritage living on un-ceded territory. I am writing to you about my support of Bill C7.

I have been suffering long term from a condition called abdominal migraines. Most times this is experienced in childhood and grown out of in adulthood. In my instance I started having painful symptoms around 5 years old and my family members would wonder where I disappeared to when I would hide during the pain.–I did not grow out of these episodes and continue to have them regularly as an adult. The symptoms are like having a bad case of food poisoning and a migraine rolled into one experience.– It is debilitating and torturous and made all the worse because none of the treatments I have tried have offered any meaningful improvement.

I started thinking about MAID as a concept in high school as my symptoms continued to rage, disrupting my attendance at school. I thought it seemed indecent to capture people who are suffering immensely in life with no way out besides violent suicide methods. There are many intelligent and strong-willed people in Canada who can decide for themselves what they want to do with their own bodies. It is a mistake to try to patronize people through the law. Such small mindedness was allowed to persist for too long due to a death denying culture that believed in living at all costs. Bill C7 would establish MAID as a safety valve for intolerable and intractable suffering.

I believe this is what assisted dying is meant to be about. Offering terminally ill people access to MAID is with all due respect a bit of a no-brainer. Obviously, people in such conditions such as cancer should not be denied a choice. It is people who suffering in life with no end in sight who benefit most from the promise of MAID because of the psychological relief of knowing that you are not abandoned by the law. Smart and capable people will not just accept that they should live at all costs just because a primitive cultural norm says they should. People like this will plan their suicide as a backup whether MAID is available or not. As an atheist and free thinker, I claim exemption to any idea of a deity or moral obligation to live. I also recognize that family and friends are invested in my continued existence. Knowing that I wasn't excluded from the assisted dying criteria as establish in Carter V. Canada would remove the "cruel choice" that the court recognized in its unanimous decision. I am asking you to uphold my Charter rights and grant me peace of mind so I can get on with living my life in peace.

Andrew Adams