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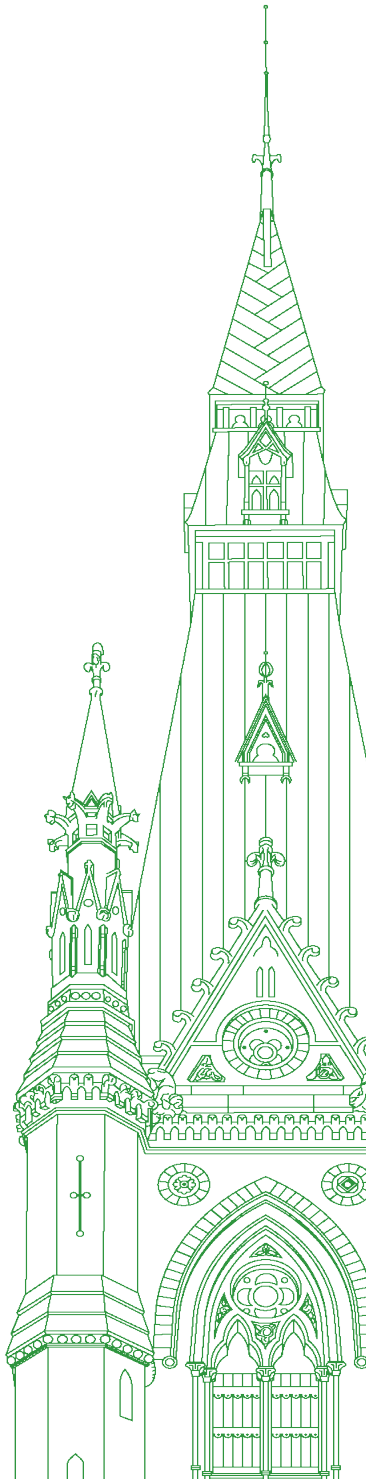

Speaker: The Honourable Anthony Rota

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HOUSE OF COMMONS

Thursday, February 27, 2020

The House met at 10 a.m.

Prayer

ROUTINE PROCEEDINGS

● (1005)

[*English*]

PARLIAMENTARY BUDGET OFFICER

The Speaker: Pursuant to subsection 79.2(2) of the Parliament of Canada Act, it is my duty to present to the House a report from the Parliamentary Budget Officer entitled "Fiscal Sustainability Report 2020".

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[*Translation*]

MAIN ESTIMATES, 2020-21

A message from His Excellency the Governor General transmitting estimates for the financial year ending March 31, 2021, was presented by the President of the Treasury Board and read by the Speaker to the House.

Hon. Jean-Yves Duclos (President of the Treasury Board, Lib.): Mr. Speaker, I have the honour to table, in both official languages, the Main Estimates, 2020-21.

* * *

2020 REPORT ON FEDERAL TAX EXPENDITURES

Hon. Jean-Yves Duclos (President of the Treasury Board, Lib.): Mr. Speaker, pursuant to Standing Order 32(2), I have the honour to table, in both official languages, on behalf of the Minister of Finance, the 2020 Report on Federal Tax Expenditures.

* * *

[*English*]

COMMITTEES OF THE HOUSE

INTERNATIONAL TRADE

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the first report of the Standing Committee on International Trade in relation to Bill C-4, an act to implement the agreement between Canada, the United States of America and the United Mexican States.

The committee has studied the bill and has decided to report the bill back to the House without amendment. It has been an honour for all of us as parliamentarians to work on a bill that is going to create thousands of jobs and provide lots of opportunity for growth in our country and to ensure that we continue to work in a very positive way with the United States and Mexico as we move forward.

I want to thank the committee members and all of the staff who worked with us. We had over 102 witnesses. The clerks did a great job. My thanks as well to our deputy prime minister, Ms. Freeland, who did a tremendous amount of work along with our Prime Minister and all of the other witnesses.

It is a great honour to present this report to you, Mr. Speaker.

The Speaker: I just want to remind the hon. members not to refer to each other by their names, but by their riding or their position.

* * *

NATIONAL FRAMEWORK FOR DIABETES ACT

Ms. Sonia Sidhu (Brampton South, Lib.) moved for leave to introduce Bill C-237, an act to establish a national framework for diabetes.

She said: Mr. Speaker, I am honoured to rise in the House today to introduce my bill, an act to establish a national framework for diabetes. Today, 11 million Canadians have diabetes or pre-diabetes. Brampton has the highest rate of diabetes. In the birthplace of insulin, how can we not take stronger action toward improving the lives of nearly one-third of Canadians?

Presently, 20 Canadians are diagnosed with diabetes every hour of every day. The national framework seeks to improve access to treatment and prevention of diabetes through education, consultation with the federal and provincial governments and indigenous groups, clinical practice guidelines and, most importantly, a united approach to ensure better health outcomes for Canadians.

Through my bill, I am confident that one day soon we will extinguish the torch outside Banting House. Together, we will find a way to defeat diabetes.

I want to thank the member for Coquitlam—Port Coquitlam for seconding the motion to introduce my bill.

I encourage all members in the House to join in support of improving the lives of millions of Canadians across Canada.

(Motions deemed adopted, bill read the first time and printed)

● (1010)

Mr. Bob Saroya (Markham—Unionville, CPC) moved for leave to introduce Bill C-238, an act to amend the Criminal Code (possession of unlawfully imported firearms).

He said: Mr. Speaker, people from across the GTA and my riding are scared. Every day the media reports new shootings that are more horrible than the last, and this weekend was no different. In 2018, shootings reached an all-time high. In 2019, the record was broken again. We know that organized crime is behind most of the shootings and innocent people get caught up in the violence. According to the Toronto chief of police, smuggled guns are the weapons of choice for these criminals.

When I spoke with members of law enforcement, they said they were frustrated. Police pick up dangerous offenders and they are back on the streets the next day on bail. When convicted, serious criminals are getting a slap on the wrist.

There is no reason to have smuggled guns. Today, I am proposing a bill that would have the punishment fit the crime for this dangerous offence.

(Motions deemed adopted, bill read the first time and printed)

Hon. Candice Bergen: Mr. Speaker, I think if you seek it you will find unanimous consent for the following motion: That notwithstanding the Standing Orders or usual practices of the House, Bill C-4, an act to implement the agreement between Canada, the United States of America and the United Mexican States, reported back earlier today, be permitted to be considered by the House tomorrow at report stage.

The Speaker: Does the hon. member have unanimous consent of the House to move the motion?

Some hon. members: Agreed.

Some hon. members: No.

* * *

PETITIONS

INDIGENOUS AFFAIRS

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, it is an honour to rise today to present a petition from thousands of Canadians who are concerned that six years since the Truth and Reconciliation Commission we have not fulfilled the 94 calls to action. The petitioners call on the House of Commons to immediately undertake to encourage provinces to reform their jury selection systems and other judicial reforms and enact their own reforms, particularly as it relates to the calls to action numbers 25 to 42, to ensure justice for indigenous peoples.

● (1015)

HUMAN ORGAN TRAFFICKING

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, it is a pleasure for me to table a petition in support of Bill S-204. This bill is in the Senate, and it would make it a criminal offence for someone to go abroad to receive an organ for which there has not been consent by the donor. It seeks to deal with the very serious issue of forced organ harvesting and trafficking.

ANIMAL WELFARE

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Mr. Speaker, it is an honour to put forward two petitions today.

The first petition is from many of my constituents in Nanaimo—Ladysmith. This is a petition that was signed at The Body Shop at Woodgrove Mall.

The petitioners call upon the House of Commons to ban the sale and manufacturing of animal-tested cosmetics and their ingredients in Canada. This is to get us up to the European Union standards.

THE ENVIRONMENT

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Mr. Speaker, the second petition has been signed by residents up and down Vancouver Island.

The petitioners call upon the House of Commons to establish a permanent ban on crude oil tankers on the west coast of Canada to protect B.C. fisheries, tourism, coastal communities and natural ecosystems forever.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I would ask that all questions be allowed to stand.

The Speaker: Is that agreed?

Some hon. members: Agreed.

* * *

PRIVATE MEMBERS' BILLS

(Bill C-217. On the Order: Private Members' Bills:)

February 24, 2020—Bill C-217, An Act to amend the Employment Insurance Act (illness, injury or quarantine)—Mrs. Claude DeBellefeuille.

The Speaker: I would like to take a few minutes to inform members of an error on the Order Paper. Two private member's bills, which are substantially the same, are currently listed under Private Members' Business, items outside the order of precedence. Specifically, Bill C-212 on the Employment Insurance Act, standing in the name of the member for Elmwood—Transcona, was introduced and read the first time on Thursday, February 20, and Bill C-217, standing in the name of the member for Salaberry—Suroît was introduced and read the first time on Monday, February 24.

[*Translation*]

Pursuant to Standing Order 86(4), the Speaker can refuse a notice when he determines that the two items are so similar as to be substantially the same.

In this case, only the first of the two bills should have been put on the Notice Paper. As a result, Bill C-217 is currently before the House in error. I therefore order that the order for the second reading of Bill C-217 be revoked and that the bill be dropped from the Order Paper.

I am sorry for any inconvenience that this error may have caused members. I thank members for their attention.

(Order discharged and bill withdrawn)

* * *

[*English*]

PRIVILEGE

RESPONSE BY JUSTICE MINISTER TO ORDER PAPER QUESTION—SPEAKER'S RULING

The Speaker: I am ready to rule on a question of privilege raised on February 18, 2020, by the member for Timmins—James Bay concerning the government's response to written Question No. 163.

In his intervention, the member alleged that the Minister of Justice and Attorney General of Canada deliberately misled the House in a response to a written question about the costs incurred in legal proceedings related to Canadian Human Rights Tribunal cases. In short, the member argued that there is a discrepancy between the costs specified in the government's response and the amounts provided to members of the public who obtained the information through access to information requests. In his opinion, the government is in contempt of the House for having deliberately misled it by providing incomplete or inaccurate information in its answer to written Question No. 163.

In response, the parliamentary secretary to the government House leader asserted that the government uses a consistent formula for calculating litigation costs when responding to written questions, while the methodology used for the compilation of the amounts obtained by other people is unknown. He added that this discrepancy in the information by no means suggests that the calculations by the government were done in bad faith or to deliberately mislead the House, and that this matter should not be considered a legitimate question of privilege since it consisted more in a debate as to the facts. In other words, his view is that members disagree on how the final number was arrived at, but that such disagreements are not unusual in debating an issue from different perspectives.

I thank the members for their interventions. Essentially, the member for Timmins—James Bay contends that the response was deliberately misleading because, as he mentioned in his remarks, it does not align with the information obtained by an academic and a journalist through other means, while the parliamentary secretary suggests that the methodologies employed by other sources may have differed from the one employed by the government.

Speaker's Ruling

● (1020)

[*Translation*]

Ultimately, this seems to be a dispute as to facts which, as Speaker, it is not my role to assess. Our precedents on this subject are clear and, as stated in *House of Commons Procedure and Practice*, third edition, at page 529:

> There are no provisions in the rules for the Speaker to review government responses to questions.

[*English*]

Furthermore, in the case before us, contrary to the precedents cited by the member for Timmins—James Bay, we do not have a situation where the same individual has presented two different sets of facts to the House, nor is there any evidence to suggest that there was an attempt to deliberately mislead the House. For these reasons, the Chair cannot find that there is a prima facie question of privilege in this case.

It may be that the member for Timmins—James Bay is not satisfied with the response he received. There is however an array of options available for him to pursue this issue, whether it be resubmitting a written question worded differently or by asking questions to the minister directly during Oral Questions or a committee meeting.

The parliamentary secretary, in his intervention on February 25, 2020, also suggested that members could approach a minister or a parliamentary secretary directly to seek clarification when they feel that the information is incomplete or appears to be inconsistent with other sources of information. He contended that, more often than not, these inconsistencies may simply be a mistake, an omission or a misunderstanding instead of a deliberate attempt to mislead the House.

[*Translation*]

The Chair must admit that perhaps better communication between members, who seek the information, and the government, which provides that information, could be a solution to improve how the information is shared in this process, without escalating any dissatisfaction to a question of privilege. However, the Chair wants to reassure the House that whenever members feel that their privileges have been breached, it is their right to bring the matter to the attention of the Speaker in this way.

[*English*]

In conclusion, as Speakers before me have expressed several times, I would like to reiterate the importance of the accuracy of information from the government on which the members rely to perform their parliamentary duties.

I thank all members for their attention.

GOVERNMENT ORDERS

[*English*]

CRIMINAL CODE

The House resumed from February 26, consideration of the motion that Bill C-7, An Act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, we are debating a bill today that strips away safeguards from the existing regime for euthanasia and assisted suicide. Debate started yesterday, and I want to continue in the line I was talking about.

Yesterday, I spoke about some of the philosophical problems underlining the government's desire to remove safeguards. Those philosophical ideas are clearly best understood in the realities of life under legal euthanasia and assisted suicide, in the experience of people and families who have been affected by it and in the concerns of people who will be further impacted by the proposed expansion of the practice and removal of safeguards.

The fact is that the expectation at the time of the Carter decision was for a legal regime that would apply narrowly. However, we have seen the alarmingly rapid process of expansion at the level of policy and practice continuing with this legislation. Given that this bill comes ahead of a scheduled statutory review, it looks like the pace of expansion of removal of safeguards and enlarging eligibility will continue apace even after this. Rates of identified euthanasia and assisted suicide have gone up dramatically every year since legalization, from about a thousand in 2016 to over five times that in 2019. Those rate increases show no sign of abating.

More and more horror stories are coming out about how the current regime has already changed the dynamics of our health care system. My grandmother was a Holocaust survivor, so I know about the long-standing traumatic effects that stay with many survivors for the rest of their lives. One instance of euthanasia at the Louis Brier nursing home in Vancouver, a Jewish facility that has Holocaust survivors among its clientele, was particularly traumatic for residents and staff.

Doctor Ellen Wiebe met with Barry Hyman and his family in the spring of 2018 and determined that he met all the criteria. She later went to the nursing home and closed his door without informing or consulting with nursing home staff. Hyman was killed by Dr. Wiebe on the evening of June 29, without any consultation with his primary caregivers at the nursing home. Perhaps Dr. Wiebe had good intentions, but someone sneaking into a nursing home and then asking us to trust her own notes as evidence of consent raises serious concerns.

Dr. Keselman, CEO of the Louis Brier nursing home, agrees. He said:

> Imagine the implications for our staff and our residents and their families. We have a lot of Holocaust survivors. To have a doctor sneak in and kill someone without telling anyone. They're going to feel like they're at risk when you learn someone was sneaking in and killing someone.

Clearly Dr. Wiebe, in this case, was pushing the envelope. I doubt most doctors would behave in such a fashion, but we do see from analyses that have taken place in other countries that a small number of activist, pro-euthanasia physicians are overrepresented in cases with problems. A majority of doctors are trying to do the right thing, but a lot of death can flow from the choices of a small number of envelope-pushers.

In a paper studying cases of euthanasia in Holland between 2012 and 2016, bioethicists David Miller and Scott Kim of the U.S. National Institutes of Health noted significant problems in the application of these laws for vulnerable people, if the screws were not tightened properly.

During that period, Miller and Kim found 33 cases in which doctors had broken at least one rule while killing someone, though apparently none of these justified prosecution. Miller and Kim specifically identified the overrepresentation of certain activist doctors in cases that raised red flags.

I spoke in the House in 2016 about another case in Canada, where a physician declared a depressed person eligible for euthanasia even before examining that person, because the patient "could easily get bed sores and then die of infection". A person's death was, prior to examination, declared reasonably foreseeable because the person could theoretically die from an as-yet-uncontracted bedsore infection.

It is striking that we have these cases to look to at all in Canada, given the massive data collection gaps. There is no requirement for advance legal review to determine if criteria are being met. There are no national standards on tracking data. In fact, in many cases when a patient dies as a result of euthanasia, their death certificate will not even indicate that as the cause of death.

People who have had bad experiences cannot tell their stories in most cases. The data that the government refers to is severely constrained by these realities. We tried, during the debate on the last euthanasia bill, to push for mechanisms for better data collection and reporting to ensure evaluation and protection was possible, but at the time unfortunately the government did not listen.

Those who have had negative experiences and have lived are understandably reluctant to speak out. However, I want to share one story, with permission, of someone close to me who had a negative interaction with the system after this regime began. This is Taylor's story.

● (1025)

Taylor Hyatt is a twentysomething former member of my staff. She has cerebral palsy. She is vibrant, accomplished and full of life. She went to the hospital a couple of years ago with cold symptoms. She was told that she would probably need some oxygen and was asked if she wanted that. She replied, "Yes, of course", but then the doctors pressed her on the point by asking if she was sure. Taylor was asked if she was sure she wanted oxygen. She just had pneumonia.

When we look at the government's proposal to further expand euthanasia and assisted suicide, and to expand eligibility criteria and remove the small number of safeguards that exist, we need to ask the same question: Is it sure?

As these cases illustrate, we have particular reason to be concerned about cases in which people receive euthanasia or assisted suicide immediately or alone. If multiple family members and health care staff can see, over a period of time, that a person is clear in the desire to have life end, then there is less risk of vulnerability or abuse.

Imagine a case, though, in which children visit their mother in hospital on a Monday. It seems like she is having a good day and she makes no mention of wanting to die. She is experiencing some pain, but the nurse says she has promising ideas about how to manage that pain. The nurse says she thinks she needs to adjust the levels of a few things that should settle the pain down, and she will work on that as soon as the doctor has a chance to see her. The children leave on Monday feeling reassured.

Then the children are informed on Wednesday that their mother is dead. They are told that when she met with the doctor, she was in extreme pain and expressed the desire to die, so she was killed right away. They did not get a chance to say goodbye and they do not know if the doctor got it right or wrong.

Perhaps their mother really wanted to die, but maybe she was just experiencing a temporary low point from which she would have recovered. Her children will never know the details or the situation. Because of the absence of witnesses and legal review, there is very little evidence left behind. If their mother really wanted to die, she could, but would it be so unreasonable for the doctor to have given it a few days for the children to have been able to talk to her about her wishes?

This particular case is exactly where we should focus our concerns as we look at this legislation. The current legal system requires at least two independent witnesses who are not paid personnel, and there is a 10-day reflection period. I would underline, as members have said and as the government has generally failed to acknowledge, that there is already a mechanism by which the 10-day reflection period can be waived.

However, the 10-day period sets out a rule of general practice that is open to variation. It establishes the general and important principle that people should not have their lives taken as a result of a fleeting sense of hopelessness or because their medication levels are off for a period of time.

It makes no sense, as the government is proposing to do, to reduce the number of witnesses and remove the reflection period when there are already provisions for waiving it and managing that effectively in different situations.

Other members may have had these same experiences. I can tell them I had a close friend dealing with depression a few years ago and his state of mind would fluctuate dramatically from day to day. On certain days, he could not imagine going on, while on other days he would feel, in his words, like himself again.

Recognizing the realities of fluctuations and the development of people's experiences, it is horrifying to me that someone could opt for, and receive, euthanasia or assisted suicide within a few hours without independent witnesses or any reflection period. Therefore, the government must remove the clauses of this bill that reduce witnesses and eliminate that reflection period.

The government has included a clause in this bill dealing with so-called advance consent. The mechanism is that I, as a patient meeting the criteria, might ask to die on June 1, even if I had lost capacity. My consent right now would suffice for the taking of my life on June 1. However, the legislation contains no requirement that I be asked how I feel on June 1.

Suppose that I am facing a loss of capacity and I am afraid of the implications of that loss of capacity, not knowing what it would be like to mentally regress in the way that doctors have predicted that I will. Suppose that, in light of this fear, I sign on to advance consent but then, on June 1, while I have indeed lost substantial capacity, I actually have a much higher quality of life than I expected to have.

Should the advance consent that I have provided, in ignorance of my future circumstances, overrule my feelings in that moment? This is not just idle speculation.

● (1030)

Let me read from an article in The Washington Post about a Dutch case involving an advance directive. It states:

> The patient, referred to in official documents only as "2016-85", had made an advance directive requesting euthanasia in case of dementia. But the directive was ambiguously worded, and she was no longer able to clarify her wishes by the time she was placed in a nursing home—though her husband did request euthanasia for her.
>
> Despite the lack of a clear expression from the patient, a physician concluded her suffering was unbearable and incurable—though there was no terminal physical illness—and prepared a lethal injection.
>
> To ensure the patient's compliance, the doctor gave her coffee spiked with a sedative, and, when the woman still recoiled from the needle, asked family members to hold her down. After 15 minutes were spent by the doctor trying to find a vein, the lethal infusion flowed.

The government has tried in this legislation to avoid this most extreme case by saying that advance consent would only apply to a particular date and that the procedure should not proceed if the patient was clearly refusing euthanasia. Unfortunately, the space left for abuse is still massive.

In the case just given, suppose the patient was given stronger sedatives so she was completely unaware of what was happening, and therefore offered no resistance. That would be allowed under the framework established by this legislation. It does not require that patients be informed or consulted at the time of their death. If they have provided advance consent, that is considered sufficient.

In virtually every case, the requirement for contemporaneous consent is important in our law and is a necessary part of autonomy. If I am to be truly free, then I must be free from the directives of my past self. My past self should not irrevocably be able to bind my future actions.

Even so, it may be possible to still allow advance consent, but to have some mechanism through an amendment to ensure that a patient, even with limited capacity, is informed and consulted at the time when his or her life is to be taken. I would encourage the government to consider that.

The government should be open to considering these problems and these fixes, taking out sections of the bill that dangerously remove safeguards and strengthening the section on advance consent to ensure a patient is informed and consulted contemporaneously.

Finally, on the point of safeguards, let us go back and reflect on what the purposes of safeguards are.

Some members will feel that meaningful safeguards are not necessary because we should trust medical professionals and patients to get it right. The parliamentary secretary has used general data about trends in this area to suggest that there are no problems with abuse.

Let us be very clear that the reason we have safeguards is not to deal with general cases, but is precisely to deal with exceptional cases. Even if there are not problems in the vast majority of cases, we try to introduce reasonable verification mechanisms, because those verification mechanisms will catch instances of abuse and cases where vulnerable people might be pushed toward a death they do not want.

The reason we need law enforcement is not because most people are lawbreakers, but because some people are lawbreakers. The reason we have fire departments and expansive rules and protocols around fire prevention is not because most houses are on fire, but it is because some houses could catch fire.

I hope we will see through this debate that the safeguards in the current legal region really are a minimum and that we can provide reasonable safeguards like a short reflection period that can be waived and a requirement for independent witnesses which, like sprinkler systems in this room and security guards watching over us, insulate us against the possibility of something going very wrong.

For the sake of the vulnerable, let us not fire the security and rip the sprinklers out of our system just to make an ideological point.

● (1035)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I want to point out four matters and lower the tone a bit. We need to talk about facts as opposed to emotional arguments.

My first point is to clarify that depressed individuals are not subject to this regime. We have specifically included a carve out for mental illness as a sole condition.

My second point is that the data collection the member seeks is being beefed up by this very bill.

My third point is that hyperbole has entered into this debate about people being "killed right away". The notion of having a written consent witnessed by an independent witness and then the eligibility being verified by two independent practitioners, and that occurring in a matter of minutes or hours, is categorically false. That is not the way the system currently operates.

My fourth point is that it is an absolute red herring to raise a case based in Holland, which as has advance directives for ailments such as dementia. We do not have dementia within the penumbra of ailments subject to this regime. We are also not proposing advance directives; we are proposing advance consent.

The member has raised, in some instances, concerns about what he perceives to be patients who are suffering or doctors who are acting aggressively. Those are important cases. If the member has cases, he should have those cases brought to the attention of either disciplinary bodies, regulated physicians or to law enforcement, because those should be enforced.

In fact, what we have is evidence to the contrary, that doctors are not practising this overly aggressively. In fact, there is a small pool of doctors that—

The Deputy Speaker: The hon. member for Sherwood Park—Fort Saskatchewan.

Mr. Garnett Genuis: Mr. Speaker, the member should know that the last legislation included a good faith exception, that a doctor who did not follow all the rules, but still acted in "good faith" would escape prosecution. Cases have been referred to disciplinary bodies, but there is a limited capacity to actually prosecute people who are, in the case, described as going into a nursing home and taking someone's life, without any consultation with the surrounding staff. These cases raise significant concern.

The member says that we should lower the tone and avoid hyperbole and then criticizes me for bringing up specific cases in Canada and in other countries that have similar legal regimes. The government should look at these cases and consider them before moving forward.

It is right to bring up the Dutch case, and I acknowledge the differences in the proposed regime in Canada from the Dutch regime. However, I pointed out very specifically that there was no requirement in the existing legislation for the person to be asked in the moment. I would beg the government to introduce that additional requirement for some contemporaneous consultation with the patients. After all, what does it have to lose? There very much is the possibility of someone being killed right away under the proposed legislation.

If the parliamentary secretary is so opposed to that characterization of the legislation, then why not leave in some waiting period? If he says that because of all the administrative requirements, inevitably there would be some delay, then leave the waiting period to consider—

● (1040)

The Deputy Speaker: Order, please. Questions and comments, the hon. member for Thérèse-De Blainville.

[*Translation*]

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Mr. Speaker, I listened carefully to the member's remarks.

I have some important questions for him. I felt like his remarks were unrelated to the bill before us.

In my former life, I was a nurse. As I listened to the member, I got the sense that his stories were designed to appeal to our emotions. They seemed to suggest that health professionals are malicious rather than benevolent, but that is not true. I heard the member talk about doctors sneaking into care facilities to kill people. That seems a bit far-fetched to me. If something that terrible really happened, I hope my colleagues brought it to the attention of the appropriate authorities.

That is not at all what this bill sets out to do. The bill was improved thanks to two people who went to court. We are looking at how we can broaden the scope of the bill to include people who are suffering but are not necessarily at the end of their lives.

[*English*]

Mr. Garnett Genuis: Mr. Speaker, simply put, the record will show that the member's characterization of my remarks is not at all accurate.

Let me just re-emphasize a point that I made. The very purpose of safeguards is to deal with the exceptional case. I agree that the vast majority of health care practitioners are not only well-intentioned, but also are not trying to push the envelope in any way. However, the data I cited suggests that in other jurisdictions we have seen how a relatively large number of problematic cases can emerge from the actions of perhaps also well-intentioned but definitely envelope-pushing physicians, who go beyond the intention of the legislature with respect to this bill.

The parliamentary secretary had some points that I wanted to get back to very quickly.

It is true that the legislation excludes depression as a sole condition, but it does not exclude people who suffer from depression from accessing it. In a previous Parliament, the member for St. Albert—Edmonton tried to introduce an amendment, whereby if someone was suffering from depression as well as other conditions, there would at least be a psychiatric assessment—

The Deputy Speaker: Order, please. I prefer not to have to interrupt hon. members when they are in the midst of their speeches, but there are many members who wish to participate in this time for questions and comments. I am stopping the clock here right now, so we are not going to take any more time away from the member.

It would help if members would direct their attention to the Chair in the midst of questions and comments. It would give me a chance to signal where we are in timing. Although there is nothing codified with respect to the limit for the time members should take to pose their questions or to respond, we will usually gauge the time by the number of people who are rising. If members see a lot of people standing up in questions and comments, perhaps they could keep their comments a little shorter. We will do our best to regulate that so we can get more members participating.

Just as a final reminder, questions and comments are for that purpose. I appreciate that members are trying also to get time in debate, and we will try to honour that as best we can. However, it is not a time for speeches; it is more for posing a question or a reflection on what the member has just said in his or her speech.

Questions and comments, the hon. member for South Okanagan—West Kootenay.

● (1045)

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, I need some clarification from my colleague. He finished his speech by talking about final consent. The act currently requires final consent at the time people are assessed and then they have to give final consent when that order proceeds. This has forced patients to make a cruel choice.

Once patients are assessed as being eligible for medical assistance in dying, they have to decide if they should do it right away, while they have the competence and can give an answer, or if they set a date in the future to allow themselves and their families to do all the things they want to do, but then risk that they are not competent and cannot answer and the procedure would not go ahead. I have a friend having to make that cruel decision.

Therefore, could the member clarify his statement about fixing advance consent?

Mr. Garnett Genuis: Mr. Speaker, I have two points in response.

In the context of advance consent, it is important to note that people do not know precisely what their experience will be. They may get a prognosis and think they will feel a certain way about things at that point in time. It is important to underline that the reason we generally do not have advance consent is because people do not always know what their experience of that will be.

Nonetheless, I want to be very clear. What I would propose as a middle way between having no advance consent and the advance consent regime proposed in the legislation is to allow people to give advance consent, but to still require, even at the point at which they may have lost capacity, some contemporaneous consultation with them, so even at a point of reduced capacity they are told what is happening and will be given the opportunity to assent or not. Even at the point at which they have lost capacity, it is still fair to them to give them some information about what is happening in order to give them the ability to express their objection, if they are able to in the context of limited capacity.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, it would appear to me that the very concept of medical assistance in dying is the concept to which my friend from Sherwood Park—Fort Saskatchewan objects. The courts have ruled that it is a violation of our charter rights as Canadians not to have access to medical assistance in dying. I know it is a very difficult and fraught topic.

I would ask the member this quite directly, not to a hypothetical. Thinking of Audrey Parker of Nova Scotia, who knew she was terminally ill and who choose to end her life earlier because she was denied an advance directive, would he agree that these sets of amendments to the Criminal Code are fair and within the context of what the courts have directed us to do?

Mr. Garnett Genuis: Mr. Speaker, there have been various court decisions dealing with this broader topic, but I am not aware of court decisions dealing specifically with the issue of advance consent.

Clearly the case of Ms. Audrey Parker should evoke a thoughtful response from us. I am not aware of all the medical details of the case. Many people have opinions about the case who also may not be aware of all the details, or the context or the information she received. Therefore, I do not feel comfortable giving an answer in the House of Commons about what should or should not happen in a particular individual's case.

We can, as members of Parliament, try to work together to find consensus, or to have our cake and eat it too, to use the expression. If it is the will of the majority, we can have some mechanism of advance consent, but still require contemporaneous consent at the point at which somebody's life will be taken. That is very important. We would not want a situation where some people have their lives taken while they are unaware they are being taken or do not want it to happen.

I will just tease the member a little by pointing out that there was a court of appeal decision in Alberta opposing the carbon tax, and I hope she shares my enthusiasm for court decisions in that case as well. Some dialogue with the courts is maybe reasonable.

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, I am very pleased to rise in the House today to address Bill C-7 and to speak to our proposed changes to Canada's medical assistance in dying legislation.

● (1050)

[*Translation*]

The proposed measures respond to the Superior Court of Québec's Truchon decision, in which it ruled that it is unconstitutional to deny access to medical assistance in dying to individuals who meet all the other eligibility criteria but are not near the end of life.

[*English*]

In responding to this ruling, the Government of Canada has had the opportunity to consider some additional measures for which there is strong support. That is why we are proposing changes that will help clarify and add precision to Canada's medical assistance in dying legislation.

Over the past few months, I have had the honour of listening to many Canadians, and it was important for me as the Minister of Health to hear first-hand what they had to say. My colleagues and I hosted a series of round tables and heard from more than 125 experts, academics, ethicists, doctors, nurse practitioners, members of the disability community, indigenous groups and key stakeholders. I also engaged my provincial and territorial colleagues, and my officials worked closely with their counterparts across the country.

In January, I was in Calgary and spoke to Cynthia Clark, who saw her husband through the process of medically assisted death last summer. Her perspective, as well as those of so many others with first-hand experience were invaluable.

I also listened to practitioners who have been providing medical assistance in death in a very thoughtful, compassionate way over the last four years. They had a lot to say about what was working well but also about what was not working well.

We heard many personal stories like Cynthia's, and they helped shape the changes that we are proposing today. In addition, the feedback received from our online consultation was astounding. In two weeks we had more than 300,000 responses.

[*Translation*]

It is clear that certain aspects could be improved in order to facilitate access, protect the vulnerable and respect personal choice.

With this bill, I think we have achieved a balanced approach that reflects the best interests of all Canadians.

[*English*]

Protecting the safety of vulnerable people while respecting the autonomy of Canadians remains our central objective. That is why the bill proposes a two-track approach to safeguards, based on whether or not a person's death is reasonably foreseeable.

Reasonable foreseeability of natural death would no longer be a requirement for determining whether a person can access medical assistance in dying. It would, however, be used to guide practitioners in determining which safeguards to apply. This is consistent with what we heard at the round table meetings.

Providers involved in assessing the eligibility of applicants for a medically assisted death told us they have a good understanding of the concept and are comfortable applying it. Under the amended law, they would use reasonable foreseeability of natural death to determine not eligibility, but rather which safeguards would apply.

For those whose death is reasonably foreseeable, we would ease some of the pre-existing safeguards. Under the current system, there is a requirement for a 10-day reflection period. We are proposing to eliminate this reflection period. For those who are at the end of their life, the decision to request medical assistance in dying is well considered, and this additional period only serves to prolong suffering unnecessarily.

The current system also requires that two independent witnesses confirm that the person who has signed a request for medical assistance in dying is who they claim to be and that no fraud has occurred, such as the forging of someone's signature. During our consultations, we heard that this requirement was a significant barrier for many people at the end of their life.

We propose requiring only one witness and allowing this witness to be a paid personal or health care provider. These individuals naturally would be excluded from acting as a witness if they are a beneficiary of the person's will or if they would receive a financial or material benefit from the person's death. Anyone involved in assessing or providing medical assistance in dying would continue to be ineligible to serve as a witness.

For those whose death is not reasonably foreseeable, we would create a new, more robust set of safeguards. We think it is important, even while improving access, to ensure that people who are suffering but who are not dying are given full and careful consideration as they assess whether or not to pursue an assisted death.

Strengthened safeguards would also serve to protect vulnerable individuals. For example, the bill proposes a minimum period of 90 days for assessing a MAID request in the case of a non-imminent death. This period would allow for exploration, discussion and consideration of options to alleviate suffering by the person seeking medical assistance in dying and with the practitioner.

The bill would also require that the person requesting MAID be provided with information on available counselling, mental health supports, disability supports and palliative care as part of the informed consent process.

We know that the majority of practitioners are already ensuring that their patients are aware of all of the supports and options that are available to them. This provision underscores the importance of the doctor-patient relationship. It allows for a practitioner and a patient to decide whether medical assistance in dying is the right step and provides sufficient time for the patient to discuss and consider other treatment options, which is crucial for patients weighing this kind of decision. This provision supports fully informed decision-making and individual autonomy.

Under the current legislation, those who become incapacitated lose their eligibility for medical assistance in dying because the person must give their consent immediately before the procedure. This means that some individuals deemed eligible for medical assistance in dying have chosen to end their lives earlier than they wanted out of fear of losing the opportunity to receive this service.

That is why we are proposing to include a waiver of final consent for persons whose death is reasonably foreseeable and who have been assessed and approved to receive medical assistance in dying. Individuals at the end of their life who risk losing their decision-making capacity before their chosen date would have an avenue to receive MAID without worrying that loss of their decision-making capacity before their chosen date would disqualify them. Support for this amendment is strong among stakeholders, Canadians and health practitioners.

Canada has had four years to reflect on the current MAID legislation passed in June 2016, and there are many complex issues that require further study.

In December of 2016, the Government of Canada asked the Council of Canadian Academies to conduct independent reviews on three specific types of requests for medical assistance in dying that are currently outside of the scope of the law: requests by mature minors, advance requests and requests where a mental disorder is the sole underlying medical condition.

The Council of Canadian Academies convened a multidisciplinary panel of 43 experts to review an extensive body of evidence, including Canadian and international academic and policy research.

● (1055)

[*Translation*]

We tabled those reports in Parliament in December 2018. They provide us with a thorough, thoughtful examination of these very difficult subjects. I encourage all members to read those reports as we continue our deliberations on the proposed legislative amendments and the parliamentary review that will be conducted later this year.

[*English*]

There is agreement among experts that allowing advance requests for people with illnesses such as Alzheimer's disease well before they would otherwise be deemed eligible is very complex and will require careful consideration and consultation before it could be included in legislation.

During the round tables I heard directly from health care providers who expressed discomfort because they have seen patients who, as their position progressed, might not have the same desire for medical assistance in dying as when they were first diagnosed. The Council of Canadian Academies' expert panel report on advance requests came to the same conclusion.

At the same time, we know that many Canadians have expressed an interest in advance requests so that they could have the comfort of knowing that they could avoid extreme suffering at some future date.

For all these reasons, we believe this issue deserves deeper examination through parliamentary review. That will be our opportunity to tackle questions that are profound and difficult to answer, even for practitioners who have been providing this service over the past four years.

The proposed changes to the medical assistance in dying legislation would exclude persons if mental illness is the sole underlying medical condition.

[*Translation*]

This does not mean that people with mental illness are ineligible; it means that mental illness cannot be the sole underlying condition. This is another complex aspect that warrants a more thorough discussion.

[*English*]

Since the federal legislation came into force in 2016, Health Canada has released four federal interim reports that provide more information on how the legislation is being implemented across the country.

In November 2018, we implemented regulations that resulted in the creation of a permanent monitoring regime that sets out obligations for reporting on medical assistance in dying cases by doctors, nurse practitioners and pharmacists. The first monitoring report under these regulations is expected to be released in spring 2020.

Since MAID legislation was enacted in 2016, more than 13,000 Canadians have chosen this option of a medically assisted death. This is not unexpected. We have seen a gradual increase in the numbers over the last three years. The number of MAID deaths in Canada, slightly under 2% of all deaths, is in line with international regimes. The increasing use of MAID is largely a result of enhanced awareness of it as a legal option and greater acceptance by Canadians.

The federal government recognizes that public reporting is critical to ensuring transparency and also to ensuring public trust in the legislation. That is why we are proposing changes to expand data collection to help provide a more complete picture of medical assistance in dying in Canada.

Under the current legislation, only practitioners who receive a written request for MAID and pharmacists who dispense a MAID substance are required to provide information, but it has become clear that capturing information based solely on written requests for MAID received by physicians and nurse practitioners has resulted in an incomplete picture on who is requesting MAID across the country, and why.

The amended legislation would authorize new regulations to be developed in partnership with provinces and territories to allow for the collection of data on all assessments for MAID, and this would include those undertaken by other health professionals on the care team. It also clearly aligns with the original intent of the legislation to collect information on all requests for, and cases of, MAID in Canada.

I think we can agree that Canadians with life-limiting illnesses deserve the best quality of life possible as they approach the end of their lives. Palliative care and end-of-life care provide patients with relief from the pain and distress associated with a life-threatening illness. Supporting home care and palliative care is a key priority in our ongoing efforts to improve our health care system.

Through budget 2017, we made historic new investments in health care to improve access to mental health and addiction services, as well as home and community care, including palliative care.

To further support access to palliative care across the country, the government worked closely with provinces, territories, and stakeholders to develop the framework on palliative care in Canada, which we tabled in Parliament in 2018. We have released an action plan to support each of the priority areas identified in the framework.

I want to assure the House that the proposed bill responds to concerns identified by practitioners and experts through the round table discussions.

● (1100)

[*Translation*]

I will continue to work closely with the provinces, territories and key partners to support the implementation of the proposed legislative amendments, if they pass in Parliament.

[*English*]

This includes working with provinces, territories, health system partners and regulatory bodies to support best practices and information sharing on clinical guidance and other aspects of implementation, which includes training and retrospective reviews.

I have a great deal of respect for the practitioners who have been providing this service over the last four years with immense diligence and a huge amount of compassion. Their experiences have helped us craft legislation that much better meets the needs of Canadians. This law is constructed in a way that supports autonomy, but it includes the flexibility to allow a practitioner and a patient to work more closely together.

Medical assistance in dying is a complex and deeply personal issue. In tabling these changes, our government has considered carefully the need for personal autonomy and the protection of vulnerable people.

There is strong public support for change, and I believe we have found an approach that reflects the best interests of all Canadians. I urge all members of the House to support the proposed changes.

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Mr. Speaker, the minister said Canadians who are deciding whether they wish to receive medical assistance in dying are often experiencing prolonged suffering. The problem is that their prolonged suffering is due to a lack of palliative care. We were promised $3 billion would go to palliative care. Our dear member Mark Warawa spent nine days in hospital before he even saw a palliative care doctor.

I am wondering how on God's green earth we think that loosening these guidelines is a better way to ensure the best quality of life for Canadians.

Hon. Patty Hajdu: Mr. Speaker, as the member opposite knows, we have made historic investments through provinces and territories to improve a range of health care services, including palliative care.

As I mentioned in my speech, it has been an honour to be part of a government that understands that having a strong framework and having actions that we can take together to improve palliative care at the end of life are very important to all of us, especially since we have an aging population that will require more of those services.

It is also equally important to recognize that Canadians have very loudly said, and courts have agreed, that they deserve to have autonomy at the end of their lives, and that includes the choice to use medical assistance in dying.

● (1105)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, I just want to comment on access to palliative care, which is indeed very important.

I would remind the House that the Conservatives were the first to cut health transfers. If health transfers had been as high as 25 cents per dollar, there might have been even greater access to palliative care.

That being said, the minister has introduced a bill that responds in all respects to the Baudouin ruling and to the condition raised with regard to the state of health of Ms. Gladu and Mr. Truchon, who were denied the possibility to choose. True freedom of choice requires that there be options.

The minister says that practitioners are able to discern when people with Alzheimer's who initially seemed in favour of medical assistance in dying may have changed their minds along the way. If doctors are able to discern that these people have changed their minds along the way, then why are they not eligible, like Ms. Gladu and Mr. Truchon?

Hon. Patty Hajdu: Mr. Speaker, I thank my colleague for the question.

[*English*]

I agree with him that it will take a long time to recover from a decade that lacked investment in health care across this country under the former Conservative government. We are doing our best to make up for lost time.

In the case of conditions such as Alzheimer's, where people have to anticipate how they might feel if they have a condition, it is much harder to do those assessments. We heard this from practitioners who work very closely with patients in all kinds of situations. They said that when people anticipate how they might feel when suffering from a particular condition, they can be dramatically wrong. When people arrive there, they do not have the kinds of feelings they might think they have when they have, for example, a traumatic injury.

For this reason, we believe that advance requests require further study so we understand the implications from a patient perspective and a practitioner perspective.

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, I would like to thank the hon. minister for her work on the coronavirus crisis. She has been very clear on a number of issues.

I am concerned with this debate. When I was working on the palliative care motion, our Parliament voted and everyone supported the issue of palliative care. I met with groups across the country about end of life. What we heard again and again about dignity in dying and the rights of people was they needed the right to access palliative care. I heard that from every group I met with. However, the only movement we have seen from the government was mandated by the Supreme Court.

I understand we had to put this legislation in place, but I am still concerned. The Parliament of Canada voted on a national palliative care strategy to work with the provinces and territories and put in place the opportunity for people to truly die with dignity next to their families in a much more healing and holistic manner, yet we have only heard a lot of talk about that and only as an addendum to the conversation about assisted dying. We have seen no resources or commitment on palliative care.

Hon. Patty Hajdu: Mr. Speaker, I remind the member that, through budget 2017, Canada made historic new investments in health care, which included $11 billion over 10 years to improve access to mental health and addiction services, as well as home and community care, including palliative care. In August of 2019, Health Canada released an action plan that defines federal activities and the next steps linked to the framework on palliative care in Canada.

There are a number of actions we need to take collaboratively with the provinces and territories. We will continue to work with everybody, including the provinces and territories, to ensure that we improve the quality and availability of palliative care for all Canadians.

Mr. Kyle Seeback (Dufferin—Caledon, CPC): Mr. Speaker, the minister mentioned there are safeguards in place for the mentally ill or people who only suffer from mental health issues. What specific protections have been put in place? From my review, there is no requirement that an assessment by a psychiatrist be done on someone who might be experiencing, for example, severe depression.

● (1110)

Hon. Patty Hajdu: Mr. Speaker, the proposed legislation excludes people whose sole condition is an underlying mental illness. That is because we still do not know enough about how a desire to receive medical assistance in dying might interact with a mental illness. This in no way negates the suffering felt by people who are struggling with mental illness. I have personally worked with people who have severe mental illness and I fully understand that their suffering can be immense. However, we know that, as part of the expression of a variety of different mental illnesses, the desire to end one's life is one of those components.

For that reason, we believe this is deserving of extra review through the parliamentary review scheduled in June.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, this topic has come up quite often in the round of questions to the hon. minister. The legislation before us includes, where appropriate, ensuring that a patient has been informed of other means of alleviating suffering, including mental health services, counselling services and palliative care.

I wish to ask the minister again for some specifics. We clearly are nowhere near making any of these areas adequate. It is fine for the legislation to say that patients may be advised of access to these things, but access is inadequate.

Hon. Patty Hajdu: Mr. Speaker, as the Minister of Health, part of my job is to improve access to health care across Canada. It certainly would not be in my mandate letter to improve this if we thought that everything was perfect.

We know that work is under way with the provinces and territories. I mentioned the $10-billion investment that happened a couple of years ago. Obviously, access to primary care and improving supports for addiction and treatment in communities are the kinds of things the Prime Minister has asked me to do in my mandate. We also know that Canadians want autonomy at the time of their death, so there is an important balance we have to strike.

We have to make sure that we continue to work on ensuring that Canadians have equal access to services all across the country. The legislation says that people need to be made aware of services available to them in their communities so that they are fully aware that the choice they are making truly reflects their own particular circumstances.

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, I certainly applaud the intent and where we are going with the changes to the legislation.

At the end of the day, we pass a lot of money to the provinces and we expect them to do certain things with it. Ensuring that palliative care and all of the other services are available is important.

Is there a federal-provincial group ensuring that a fair amount of the funding we continue to transfer gets to the very areas we want so that people have access to palliative care and other resources?

Hon. Patty Hajdu: Mr. Speaker, absolutely. There is a federal-provincial-territorial working group that works very closely to determine how we can create equal access to services across Canada and how to make sure the investments we make result in differences in people's access to care independent of where they live. The group ensures we work together to uphold the Canada Health Act.

As we know, the Prime Minister takes this very seriously, as do I. As I have recently tabled my findings under the Canada Health Act, we will be pursuing with provinces and territories their obligation to make sure they are providing the services that have been afforded to all of us throughout the history of health care in this country.

[*Translation*]

The Deputy Speaker: Before resuming debate, I would like to compliment hon. members on their participation and co-operation during the period for questions and comments. It was excellent.

The hon. member for Dufferin—Caledon.

[*English*]

Mr. Kyle Seeback (Dufferin—Caledon, CPC): Mr. Speaker, I am happy to stand today to add my voice to this debate. I think it is a particularly important debate. It is an important subject, and I think there are a lot of issues that need to be discussed.

I am going to confine my comments to issues I have with the bill, things I am concerned about, and my genuine belief that the government will take a very collaborative approach to this legislation. If we take a collaborative approach to this legislation, Canadians will have trust and faith that we developed legislation to actually address their needs and protect their concerns.

Speaking of concerns, I have a number of them. I will start off by talking about what I consider to be a significant lack of consultation.

This legislation will come up for review in June. It is the five-year mandated review of the legislation. My understanding is that the government has applied for a four-month extension with respect to the implementation of this legislation, which the Quebec court struck down.

If we have this four-month extension and have the mandated review of the legislation scheduled in June, what is the rush? Why have we rushed to introduce legislation prior to that mandatory review, which would, of course, be extensive and broad and far more in depth than any consultation that has been done with respect to the current legislation? My understanding is that there was only about two weeks of public consultation for this legislation. In my opinion, that is woefully deficient given the gravity of the topic we are discussing today.

This is my first real concern. What is the hurry? What is the rush? The court has given us more time to do this, and I believe we should be taking the time to go through the mandatory review and consult with Canadians, and then decide on the path forward. That is my number one concern.

I want to mention that I will be sharing my time with the member for Langley—Aldergrove. My thanks to the page for bringing that to my attention. She is doing an excellent job.

The next thing I want to talk about is palliative care. The minister has made comments in the House today espousing the great investments that are being made by the government in health care, but has not really talked about any specific investments with respect to palliative care. I think that is a critical thing to look at when we discuss this legislation. I want to remind the minister that Bill C-277, an act providing for the development of a framework on palliative care in Canada, was passed in the previous Parliament in 2017, and clearly states in the preamble:

> Whereas the Final Report stated that a request for physician-assisted death cannot be truly voluntary if the option of proper palliative care is not available to alleviate a person's suffering;

This was passed by Parliament, so if we are looking to expand the scope of medically assisted death without also expanding the availability of palliative care, we are doing an incredible disservice to Canadians, because the availability of palliative care in this country is poor at best. I am going to speak about this personally just for a moment.

Both of my parents suffered from terminal cancer. My mother was not able to get into a palliative care facility because there was no palliative care facility available for her, so she passed away in the hospital. My father was also not able to get into palliative care, but fortunately his illness was longer than my mother's, or unfortunately, depending on how one looks at it, and we were able to get private home care that eased his suffering and made sure he was being taken care of. However, there was no way that he was going to be able to get into palliative care within the scope of his illness.

This is affecting Canadians from coast to coast to coast, and the minister has rushed to introduce this bill. Why would the minister not have introduced corollary legislation, or legislation in tandem, or announced increases in funding for palliative care?

In my riding of Dufferin—Caledon, there is a fantastic hospice for palliative care. It is called Bethell Hospice. It only has approximately 15 beds. That is the palliative care option in my riding. For approximately 200,000 people, there are 15 palliative care beds.

● (1115)

Members can imagine that there is a significant number of people who are not able to get into palliative care. Therefore, the option of medically assisted death becomes far more attractive for someone who is not able to enter into a palliative care facility.

I will repeat that it is clearly a violation of legislation that was passed by the House. When people do not have the option for proper palliative care, their consent for a medically assisted death is significantly in question. I am extraordinarily concerned by the lack of any plan by the government to deal with investments in palliative care.

The minister has suggested that there are significant safeguards in place for people who suffer from any type of mental illness. However, I am not sure what those safeguards are. She suggested that just having that condition would exclude someone from obtaining a medically assisted death. What is the definition of that? How are we proving that is the only issue?

There is no requirement for individuals to go to a psychiatrist in order to assess that they are not suffering from a severe bout of depression. In my own life, I have gone through extraordinary stages and phases of depression during which I actually did not want to live anymore. I was not seeing a psychiatrist at the time. Would I have then been able to avail myself of these services while I was in a period of particular darkness? We know that mental health is an issue that is rampant throughout this country.

Again, I will go back to my first point, which is: Why are we rushing to do this? Why are we not taking the time to go through the five-year review? We need to take the time to find ways to make sure we are safeguarding all Canadians in providing them the option of medically assisted death, if they want it, but also ensuring that people who are choosing this, maybe because of a lack of palliative care, or maybe because of underlying mental health issues, are going to be protected.

These are some of the major concerns I have with respect to this piece of legislation.

Going back to the consultation, two weeks for online submissions with respect to concerns by Canadians is not anywhere near a sufficient amount of consultation. My understanding is that it was mostly online submissions. This is not a way to get the pulse of Canadians with respect to a very significant issue that is going on in this country. I will continue to ask why there was not a longer or broader consultation.

I know this matter will be studied at committee, but having been a member of Parliament now for going on five and a half years, I understand the extreme limitations at committee. We will often have a panel of six witnesses. Those six witnesses will each get their 10-minute statement, and then members of Parliament might get a six-minute intervention to try and raise an issue.

If one is going to suggest that a committee study will be far broader in scope, or somewhat more encompassing than the mandatory statutory five-year review, I will respectfully disagree with that submission.

Committees absolutely do great work, but they also suffer from an extreme pressure of legislation and time. To suggest that one or two weeks or three meetings at committee is sufficient time to analyze, debate and discuss this legislation, I do not think that is the correct answer. We should be putting this legislation off until we have the mandatory five-year review in June, which would allow us to have a far more expansive discussion with respect to all of the issues that are being discussed in the legislation.

These are my comments and concerns with respect to the legislation. I certainly hope the government will listen to these concerns, act collaboratively and co-operatively, and not try to drive this legislation through without listening to legitimate concerns that are being raised by members of the opposition.

● (1120)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I want to pick up on the member's points regarding the issue of palliative care.

During the debates in the last session there was a great deal of emotion that was expressed, and I valued and appreciated the contributions by members. I think members from all sides of the House were really trying to get a better understanding of the important subject matter that we were debating.

The member is quite right when it comes to palliative care. Whether it is the national government or the provincial governments who ultimately administer health care, we need to do a much better job on palliative care.

I wonder if my friend from across the way can provide some additional thoughts. I would ask him to look specifically at areas of the country where palliative care is nowhere near where it should or could be compared to other areas of the country. I am thinking of rural versus urban and even variations between urban centres.

● (1125)

Mr. Kyle Seeback: Mr. Speaker, I appreciate the point being raised. Yes, access to palliative care across this country is a huge issue. In fact, we are making the situation worse with the government deciding to take away funding from palliative care centres that do not offer medically assisted death as part of the suite of services that they offer. We are losing palliative care beds across the country as a result of that decision.

I am hopeful that the members hearing this topic being raised by members of the opposition will take it back and look at reversing it. The last thing we need in this country is fewer palliative care beds.

I would encourage the member to speak to his leader and to cabinet and get them working on a national palliative care strategy and investing money to ensure we have equal access to palliative care across the country.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, I would like to reassure my Conservative colleague.

A psychiatrist must absolutely conduct a mental health assessment of the person who is dying or suffering. Family doctors are able to prescribe antidepressants to treat depression. Sometimes, a doctor may have to tell a patient that there are no further treatments available and then refer that patient to palliative care to ease their suffering. If the patient immediately says that they want to access MAID, the doctor will prescribe antidepressants, because there are steps to go through long before a patient can access MAID.

I have a hard time understanding the problem my Conservative colleague sees, since the bill excludes mental illness.

Everyone thinks that pain relief in palliative care is common practice, regardless of whether the patient is receiving care. This is called a good medical practice. Relief is provided for pain. No terminal patient receiving good care that manages pain is forced to ask for medical assistance in dying. Patients who request it do so by choice. This choice is necessary, and for there to be a choice, there need to be options.

[*English*]

Mr. Kyle Seeback: Mr. Speaker, I am not disputing that people should have options. That is certainly the whole point of the legislation. I am not arguing against that. What I am suggesting is that there are not sufficient safeguards in place, from my perspective.

While the member might say that going to see a family doctor to talk about depression is an excellent way to be treated for depression, I can say from my experience that it is absolutely not a good option. My family doctor and most family doctors are completely incapable of treating someone for depression. Yes, they might be able to prescribe a medication, but medication is not the answer to all depression.

My concern, and we are here to raise concerns, is that this is not properly addressed in this legislation. I do not believe there are proper safeguards in place. That is something we should be discussing here during debate, at committee and certainly in the five-year review that will take place in June.

Mr. Tako Van Popta (Langley—Aldergrove, CPC): Mr. Speaker, I am pleased to join the debate on Bill C-7, an act to amend the Criminal Code, specifically section 241 of the Criminal Code. That is the provision of the Criminal Code that makes it illegal to counsel a person to commit suicide or to aid someone to do so.

In the absence of more recent amendments, in the previous Parliament there was Bill C-14 in response to the Carter decision by the Supreme Court of Canada. In that case the court found that the plaintiffs' charter rights had been infringed upon by a strict interpretation of section 241.

Interestingly, Bill C-14 from the previous Parliament stated, as one of its objectives in paragraph six of the preamble:

> ...permitting access to medical assistance in dying for competent adults whose deaths are reasonably foreseeable strikes the most appropriate balance between the autonomy of persons who seek medical assistance in dying, on one hand, and the interests of vulnerable persons...on the other;

The relevant provisions in the Criminal Code included that language. It states that qualifications for MAID, including with respect to the person:

> their natural death has become reasonably foreseeable, taking into account all of their medical circumstances....

All of this is about to change because of the Truchon decision.

I am speaking to Bill C-7, a bill that would eliminate the reasonable death foreseeability safeguard and expand MAID, medical assistance in dying, to a larger number of people. I have been encouraged to speak to the bill because of the many letters and the correspondence I have received from people in my constituency.

I have received some letters in support of expanding MAID, but the vast majority of the letters I have received encourage me to speak against expanding the availability of medical assistance in dying.

Correspondence that I am receiving from constituents repeat two basic themes. First is that the reasonable foreseeability of death safeguard should be maintained as an effective defence of societal interests and Canadian values. Second is that more should be done to expand palliative care services.

To quote one person, let Canada be a society that is known for its modern and advanced palliative care services and not as a country that has ever expanding use of medical assistance in dying. We should alleviate the suffering, not eliminate the sufferer.

I am going to read quotes from two people who each made the effort to write me a letter.

The first is Dr. den Hollander, who states:

> If Canada must allow MAiD in some form (and I wish it didn't), it is incumbent upon us to ensure that it is rare. Eligibility requirements should be tightened, not loosened. More safeguards are necessary, not fewer. Enforcement must be scrupulous, not relaxed. Without these protections, vulnerable people will be pressured by family members, friends and medical practitioners to MAiD.

The second is a woman named Ramona. She works in health care, including palliative care. She quotes a person to whose care she attended, and who died in the Langley Hospice facility, as saying, “I want to live well while I'm dying.” Ramona goes on to comment, “Surely this is what health care was created for, to support people while they are alive, not to speed up their death.”

This is the tenor of the input I am receiving from my constituents.

Behind Bill C-7 is the Superior Court decision in Truchon. The plaintiffs in that case argued that their constitutional rights had been infringed upon by the now amended section 241 of the Criminal Code. They argued that the Carter decision, on which Bill C-14 was based, did not require that a person's end of life be reasonably foreseeable, and that is a true statement. That is not what the Carter decision required.

● (1130)

Secondly, they argued that the legislated end of life requirement violated the right to equality, under section 15 of the charter, and the right to life, liberty and security of the person, under section 7 of the charter. The federal government, acting through the Attorney General's office, did the right thing at that time. It defended its law. That is what the Attorney General should do. Bill C-14 was the well-considered opinion of the previous Parliament. It was the law. The Attorney General must defend the law.

Remarkably, the Quebec Superior Court refused to accept the arguments advanced by the Attorney General. The Quebec Superior Court said that the court cannot accept the first two objectives advanced by the Attorney General regarding the affirmation of the inherent and equal value of every person's life and the importance of preventing suicide.

In the opinion of the justice writing that decision, those two principles were not the underlying philosophy of Bill C-14. It was all about protecting vulnerable persons from being induced, in moments of weakness, to end their lives.

Remarkably, the Attorney General of Canada did not appeal that decision. That is what should have been done. Any self-respecting Attorney General would appeal a decision that attacked the laws of Parliament. This Attorney General elected not to do that. Now we are in this position where we are under pressure to amend the law, when we should instead be following the directive of Bill C-14, and that is to have a comprehensive review of the whole legislation.

That is what we should be doing. What is the rush? The rush is caused by the Attorney General's failure to appeal this decision. It should have been tested through the court system, up to the Supreme Court of Canada.

With the reasonable foreseeability of death safeguard down, this is what we have left. An applicant for MAID qualifies if he or she has a serious and incurable illness, disease or disability; is in an advanced state of decline; or their physical or psychological suffering is intolerable to them, which is a completely subjective test. The reasonable foreseeability of death criteria is now gone.

Let us just test this against a couple of hypothetical situations. We can imagine that a person has Parkinson's or MS, or was in a terrible accident and is a paraplegic. Under this new regime, if it becomes the law, people who are not dying but who meet all the other criteria, however subjective they may be, will qualify for state-sanctioned suicide. One of my constituents has said that we should let Canada be a society that is known for its modern and advanced palliative care services, and not as a country that has ever-expanding use of medical assistance in dying.

● (1135)

Mr. Kevin Lamoureux: Mr. Speaker, I rise on a point of order, and I apologize to the member for interrupting his questions and answers.

Mr. Speaker, there have been discussions among the parties, and, if you seek it, I am hopeful that you will find unanimous consent for the following: That, notwithstanding any Standing Order or usual practices of the House, Bill C-4, an act to implement the agreement between Canada, the United States of America and the United Mexican States, reported back earlier today, be permitted to be considered by the House tomorrow at report stage.

The Deputy Speaker: Does the hon. parliamentary secretary have the unanimous consent of the House to propose this motion?

Some hon. members: Agreed.

Some hon. members: No.

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen’s Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, in addressing the bill, the member opposite made reference to the fact that he was quite disappointed that the federal government did not appeal the decision from the Superior Court of Québec.

Does the member feel that if the government looks at a Superior Court ruling, it would be a viable option for the Government of Canada and the Attorney General to forgo going to the Supreme Court to appeal, and instead make the changes that are being requested?

That is why we see the legislation that we have before us.

Mr. Tako Van Popta: Mr. Speaker, Bill C-14 was the well-considered response of the previous Parliament to a Supreme Court of Canada decision, the Carter decision. Bill C-14 became the law, it was incorporated into the Criminal Code of Canada.

I am of the opinion that the Attorney General should defend the laws of the country. The law was only three years old and was a well-considered decision of Parliament. The Attorney General should defend the laws of Parliament.

● (1140)

Ms. Laurel Collins (Victoria, NDP): Mr. Speaker, can the member comment on whether the Conservatives support Audrey's amendment and helping families to avoid the kind of cruel suffering and difficult choices people often face when they are looking at imminent end-of-life situations and potentially not being able to give consent farther down the road?

Mr. Tako Van Popta: Mr. Speaker, I believe people should have choice, but choice should be a real choice. Palliative care is the right way to go. Somebody who wrote to me said that we should let Canada be known as a country of advanced palliative care, not as a country of an ever-expanding provision of MAID.

I understand people suffer and may not be able to give concurrent consent, however this country can certainly invest more money in advanced palliative care, which would relieve suffering to a very large degree. We should work on alleviating the suffering, not eliminating the sufferer.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, there are many different provisions in this legislation. One of them that I thought was interesting is that in the case of someone whose death is not reasonably foreseeable, the government is saying that one of the two physicians involved in the consultations has to have some expertise in the ailment. It is interesting because this did not appear in any of the other cases. It seems to me reasonable to have this safeguard not just for the case where death is not reasonably foreseeable.

In all cases, at least one of the physicians consulting should actually have some particular expertise about the ailment. Physicians deal with a wide variety of things, so the person who knows particularly well the disease should be involved in the consultation. To me, that seems very reasonable, and I wonder what the member thinks of that. I hope the government might be willing to apply this safeguard not just in one of the two streams, but across the board.

Mr. Tako Van Popta: Mr. Speaker, it stands to reason that I would support anything that would improve and enhance informed consent. The doctor giving the advice to the suffering patient should indeed be an expert in the field. I would also support any argument that would put in that additional safeguard for both streams, patients whose death is reasonably foreseeable as well as those whose death is not reasonably foreseeable. It stands to reason I would support that, and I hope the government would support it.

Mr. Irek Kusmierczyk (Parliamentary Secretary to the Minister of Employment, Workforce Development and Disability Inclusion, Lib.): Mr. Speaker, I will be sharing my time with the member for Beaches—East York.

It is an honour to stand up in the House of Commons and participate in the second reading debate for Bill C-7, an act to amend the Criminal Code to Canada's medical assistance in dying legislation.

In developing these amendments, Canadians were widely consulted in January 2020. During these consultations, approximately 300,000 Canadians completed an online questionnaire. In addition, the Minister of Justice and Attorney General, the Minister of Health and the Minister of Employment, Workforce Development and Disability Inclusion met with stakeholders in Halifax, Montreal, Toronto, Vancouver, Calgary, Winnipeg, Ottawa and Quebec City to discuss proposed revisions to Canada's medical assistance in dying framework.

These experts and stakeholders included doctors, nurses, legal experts, national indigenous organizations and representatives of the disability community. The high level of participation in both the questionnaire and the in-person sessions is a reflection of the importance of this issue to Canadians. Moreover, the results of the consultations were critically important in shaping the government's approach to medically assisted dying as it evolves to reflect the needs of Canadians.

This bill would amend the Criminal Code to allow medical assistance in dying for people who wish to relieve their suffering through a medically assisted death, whether their natural death is reasonably foreseeable or not.

This bill would remove the reasonable foreseeability of natural death from the list of eligibility criteria. It would also expressly exclude people seeking medical assistance in dying solely because of mental illness.

The bill proposes a two-track approach based on whether a person's natural death is reasonably foreseeable. Existing safeguards remain and are eased for those whose death is reasonably foreseeable. In addition, new and modified safeguards would be applied to eligible persons whose death is not reasonably foreseeable.

In the spirit of “nothing without us”, I would like to mention the government remains focused on addressing the concerns of the disability community around vulnerability and choice. The proposed changes to the legislation support greater autonomy and freedom of choice for eligible persons who wish to relieve their suffering by pursuing a medically assisted death.

At the same time, full consideration has been given to the protection of vulnerable persons and to respecting the equality rights and dignity of persons with disabilities. In short, this bill would maintain and strengthen safeguards to support fully informed decision-making, while also respecting individual autonomy.

In terms of advance consent, many participants were comfortable with implementing advance requests for those who have been assessed and approved for medically assisted dying, but are concerned about losing capacity before it is provided. This bill would allow people who risk losing decision-making capacity to make arrangements with their practitioner to receive medically assisted dying on their chosen date, even if they lose decision-making capacity before that date.

The bill would also make advance consent invalid if the person demonstrates refusal or resistance to the administration of medically assisted dying. The bill goes on to clarify that reflexes and other types of involuntary movements, such as response to touch or the insertion of a needle, would not constitute refusal or resistance.

In addition, the bill would allow eligible persons who choose to self-administer to provide advance consent for a physician to administer a substance to cause their death if self-administration fails and causes them to lose capacity. This type of advance consent would be available for all eligible persons, regardless of their prognosis.

I would like to take a moment to speak to the progress the government has made with respect to the rights of persons with disabilities in Canada. In fact, last year, the government enacted the Accessible Canada Act, which aims to create a barrier-free Canada through the proactive identification, removal and prevention of barriers to accessibility wherever Canadians interact with areas under federal jurisdiction.

● (1145)

The act is one of the most significant advances in disability rights since the charter in 1982 and is designed to inspire a cultural transformation for disability inclusion and accessibility in Canada. The act created Accessibility Standards Canada, a new organization that will create and revise accessibility standards, and support and promote innovative accessibility research. The CEO and board of directors were appointed and operations began last summer.

That act also established National AccessAbility Week, a week dedicated to accessibility in late May and early June each year. National AccessAbility Week is an opportunity to promote inclusion and accessibility in communities and workplaces, and to celebrate the contributions of Canadians with disabilities.

It is also a time to recognize the efforts of individuals, communities and workplaces that are actively removing barriers to give Canadians of all abilities a better chance to succeed. The act applies to federally regulated organizations for now, but we know the culture shift will have a trickle-down effect, and that awareness and action on disability inclusion will increase across the country.

Our government is taking real action to address the rights of persons with disabilities. The careful writing of Bill C-7 is a testament to that. Representatives of disability organizations and leading disability scholars participated in consultations across the country. Their input informed the reforms proposed in the bill.

We recognize that disability inclusion requires more than legislation. That is why we are continuing to work with the disability community and other stakeholders to address stigma and bias. It is important to bring about a culture change to ensure that the important contributions made to Canada by persons with disabilities are recognized and valued on the same basis as those of other Canadians. Going forward, we will continue to focus on improving the social and economic inclusion of persons with disabilities.

We will continue to work hard to ensure that all people are treated with the dignity and respect they deserve, especially when it comes to deep and personal issues like ending life. It is imperative that the voices of all Canadians, including Canadians with disabilities, continue to be heard on the issue of medical assistance in dying.

● (1150)

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Mr. Speaker, my esteemed colleague mentioned the extensive two-week online public consultations that happened. I felt the questionnaire was extremely lean, so I held a town hall in my riding with more than 100 participants and we went through the online survey question by question.

It was clear that regular Canadians were being asked to make decisions on highly nuanced questions that were much more appropriate for health care professionals with clinical knowledge to answer. Many chose not to fill in their multiple choice options because of the biased slant of the questions. They chose instead to fill in the comments section to ensure their true answer was recorded without the ability for bias.

When will we have access to the 300,000 responses, most especially the written comments?

Mr. Irek Kusmierczyk: Mr. Speaker, I thank the hon. member for the excellent question and the concerns that have been raised in the House. Again, we know this is an incredibly complex issue and an incredibly personal issue. Our priority was to listen to Canadians, which is why we conducted extensive consultations with doctors, nurses, the disability community and vulnerable populations across the country. We received over 300,000 responses to a survey that asked Canadians their opinion on MAID.

The legislation before us is of course a reflection of the Quebec Superior Court decision on Truchon, but we firmly believe that it is also a reflection of Canadian voices from coast to coast to coast through those extensive consultations. In terms of accessing the survey results, I do not have that information now but I am happy to provide that information to the hon. member outside of the House.

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, one thing the NDP is concerned about with this legislation is that people with unendurable suffering face a 90-day period of assessment.

We are wondering where that number comes from. Who gave the Liberals that advice? It would seem that in this situation people seeking this treatment would very much appreciate a more rapid response.

Mr. Irek Kusmierczyk: Mr. Speaker, that is an excellent question. If we read the preamble to Bill C-7, we will see the legislation's explicit desire to balance several interests and values: the autonomy of the person seeking a dignified death, the protection of vulnerable persons and the important public health issue that suicide represents.

I believe Bill C-7 achieves that balance by relaxing safeguards for Canadians who are at the end of life, but also strengthening safeguards and, just as important, strengthening supports for Canadians who have a grievous and irremediable medical condition and are in an advanced state of irreversible decline, but not necessarily at the end of life.

● (1155)

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, given the fact that the government, and he is a member of the government caucus, has chosen to accept the decision of a Quebec court rather than appealing it to the Supreme Court of Canada, I would guess the rationale would be based on a sense of urgency to deal with this issue.

I am wondering if I can count on my hon. friend across the way to make the same point in his caucus meeting about the decision in Alberta that the carbon tax is out of jurisdiction, and that the government will accept the Alberta court's decision as much as it is willing to accept the Quebec court's decision on this matter.

Mr. Irek Kusmierczyk: Mr. Speaker, I am not sure the question is cogent to this incredibly personal, complex and emotional discussion we are having in the House, but what I can say is that our government remains committed to protecting vulnerable individuals and to protecting the equality, value and self-worth of all Canadians.

Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.): Mr. Speaker, we have a unique opportunity to fix our assisted dying laws and to protect the individual right of all Canadians to make such a fundamental and deeply personal choice for themselves.

I opposed the assisted dying laws in the last Parliament because they were too restrictive. They were not in keeping with the Supreme Court's decision in Carter and I believed them to be unconstitutional, and here we are. A Quebec court found the law to be unconstitutional and we agreed, rightly, to abide by that decision. We have another chance to get it right.

As we look forward to what getting it right looks like, we should also look behind us at the Supreme Court's decision in Carter.

Those in the House have talked about striking a balance between the fundamental freedom of individuals to choose for themselves and the autonomy of the individual to make such a deeply personal choice, and protecting vulnerable persons.

For people who read the Supreme Court's decision in Carter, they will know that the Supreme Court struck that balance with a number of safeguards that look like this: to be eligible for assisted dying, one needs to be suffering intolerably and in an enduring way; one needs to be in a grievous and irremediable condition, an incurable illness; and the individual in question needs to be competent and to clearly consent.

The government in the last Parliament incorrectly, in my view, added an additional criterion for eligibility that one's death needed to be reasonably foreseeable. That is unnecessarily and unduly restrictive. I will get to a court case in particular that explains this in greater detail.

There are two core injustices that the new law proposes to fix. First, the question of removing the "reasonably foreseeable" requirement as a matter of eligibility, and also addressing the case of Audrey Parker.

We had another fundamental injustice where an individual who was eligible for MAID took her life earlier than she otherwise would have, lost time in her life that she otherwise would have spent with her family and loved ones. She was worried about losing competence and being unable to give consent near the very end, despite the fact that was exactly what she wanted.

The Council of Canadian Academies identified three levels of advance requests: where an individual is already eligible for MAID, such as in the Audrey Parker case; where an individual has been diagnosed and is not yet eligible, but is on the path towards eligibility; and where someone has not yet been diagnosed, so is farther from eligibility for MAID. In this case we have identified a solution to one of those categories, but we ought to solve advance requests more broadly going forward.

Is the law perfect? No, but it is worthy of our support at second reading. However, there are a number of concerns worth highlighting.

First, while a reasonably foreseeable death is no longer a criterion of eligibility, there are additional hurdles for individuals to pass if their death is not within the near future. One of two practitioners assessing eligibility must have expertise in the condition. Although that sounds very reasonable in theory, my only question for committee members as they look at this is to ensure that is not an impossible barrier in practice, particularly for those in rural communities where such expertise may not exist at all times.

There is also a minimum, and I would say somewhat arbitrary, period of 90 days for the assessment of the request. It looks like a backdoor cooling-off period. It would make far more sense for us to have no time limit and the assessment to be done in the ordinary course, or at least a much shorter time period, because we are talking about people who are suffering incredibly and are competent to make the decision for themselves.

Does it cure the case for Audrey Parker? I think largely it does, but I worry that if the main procedure must be scheduled already, what does that mean? If Audrey Parker was in a situation to say, "I am not exactly sure what the time period will be. I know it is not now but I know it will be soon", is she to have scheduled a particular date, which would make her eligible for the advance request, or are we going to put people in a situation where they are scheduling something earlier than they otherwise would?

Mental health is a real challenge because we are building an additional criterion into this legislation that says:

> For the purposes of MAID eligibility, a mental illness is not a "serious and incurable illness, disease or disability"...

It sounds reasonable on its face in many ways, because we can immediately imagine a situation where mental illness impinges upon one's ability to give consent, impinges upon one's ability to conduct himself or herself as a competent person, but that is not always the case.

● (1200)

I am aware of some opposition from the Conservative benches. I am also aware of the number of Conservative MPs who come from Alberta. Therefore, want to quote a case from the Alberta Court of Appeal from 2016.

This is about a 58-year-old woman, identified as E.F., with severe conversion and psychogenic movement disorders.

The court wrote:

> She suffers from involuntary muscle spasms that radiate from her face through the sides and top of her head and into her shoulders, causing her severe and constant pain and migraines. Her eyelid muscles have spasmed shut...Her digestive system is ineffective... She has significant trouble sleeping and...is non-ambulatory...While her condition is diagnosed as a psychiatric one, her capacity and her cognitive ability to make informed decisions, including providing consent to terminating her life, are unimpaired.

This woman was eligible to take advantage of MAID because we did not yet have an unconstitutional law in place to prevent her from accessing the regime. The Alberta Court of Appeal determined this woman was competent and was able to consent for herself. It noted further that she had consulted with her husband and adult children, who were all in support.

I worry that if we look at restricting mental illness completely, even if it does not impinge upon people's consent or their ability to conduct themselves as competent persons, we are telling those individuals that they are unable to make fundamental and deeply personal choices for themselves and that they have fewer rights than we do. That cannot possibly be right in this society.

This was a recurring problem for the justice department. When it argued the case of E.F. and lost at the Alberta Court of Appeal, it argued that the current criteria meant that terminal illness was required. The court said no. It argued that illness for a psychiatric condition should be deemed ineligible. Again, it lost in the Alberta Court of Appeal.

Therefore, if we are to respect the Carter decision and the precedent in case law since the Carter decision, I do not think we ought to have such a categorical exclusion in our law.

In Carter, the Supreme Court noted:

> It is a crime in Canada to assist another person in ending her own life. As a result, people who are grievously and irremediably ill cannot seek a physician's assistance in dying and may be condemned to a life of severe and intolerable suffering. A person facing this prospect has two options: she can take her own life prematurely, often by violent or dangerous means, or she can suffer until she dies from natural causes. The choice is cruel.

The Alberta Court of Appeal stated, "The cruelty in the situation is there regardless of whether the illness causing the suffering may be classified as terminal", and certainly continues to be there regardless of whether the suffering has, as its primary focus, a psychiatric disorder.

As a final note on this subject, this law, if carried forward without an amendment, will treat mental illness as lesser than physical illness, a stigma we have worked hard to combat in other settings.

As I said previously, we have to tackle advance direct requests more seriously than we have in this legislation. I know there is an ability to have this broader conversation later this year, as we revisit this conversation. I certainly think if people are diagnosed with a condition and they can clearly see where it is heading, they should be able to determine their futures. I would want to, as a matter of my fundamental freedoms, be able to determine my future. Also, in directing our own futures, we ought to be able to provide advance requests more broadly and more easily, even if we have not been diagnosed.

I recognize the Council of Canadian Academies has identified that we need certainty. How do we provide certainty? Through sunset clauses. If we have not revisited and re-upped our commitment to our advance request within a certain period of time, then it would fall away. That would allow for certainty to take hold.

There are other things we could look to in the law, including mature minors, because minors have the ability to make life-changing decisions in medical contexts in other settings outside of MAID. However, in the end, this law needs to ensure that anyone eligible for MAID, pursuant to the Carter criteria, continues to be eligible for MAID through this law. It is a matter of fundamental freedoms and dignity in the end.

● (1205)

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Madam Speaker, the Liberal government has sent a clear message to the provinces that euthanasia access is a priority over palliative care, as we can see from the fact that the Liberals are letting a Quebec lower court judge steer the way forward for the rest of Canada. We can also see, on the opposite side of the country, that the Fraser Health Authority in British Columbia leads the charge by revoking funding for hospice care beds and is confiscating private charitable donations for the implementation of MAID access.

Why is the government not fighting to ensure quality palliative care access before euthanasia?

Mr. Nathaniel Erskine-Smith: Madam Speaker, I trust the member heard me when I quoted not only the Supreme Court, which the Quebec Court was reiterating the Supreme Court's criteria, but also the Alberta Court of Appeal, which was again reiterating the Supreme Court's criteria.

The dichotomy between palliative care and death with dignity is so completely false. Of course a government ought to be focused on providing all the options for people at the end of their lives to ensure there is dignity. However, in the end, the government has no right to take away my fundamental individual choice.

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, I listened with great interest to my hon. colleague, for whom I have a great deal of respect.

On the issue of the advance directive, when we think in advance, I think all the individuals I have ever known have talked about how they want to go and how they want to be. My friend was going to sit in the snow, listen to Bob Dylan and drink a bottle of whiskey on his last day. It is a great way to go, but we do not end up getting those options.

When we are faced with death, and I saw this with my sister and her horrific suffering, and her husband just before that, both very young, the will to live is so incredibly strong. People do not realize how much they want to live and how much they want to stay.

I know this is not so much the purview of the bill, but I want to ask about the reasonable limits of advance directives so we are not signing off and saying, "In future if it happens, this is how I want it to be." When it happens, we are in a very different place and in a different world than we ever imagined we would be.

Mr. Nathaniel Erskine-Smith: Madam Speaker, this is by far the most complicated area. There are some easy cases, like the Audrey Parker case, where people are already eligible for MAID, they understand their condition and it is very clear an advance request ought to be in place. It is harder, but still fairly straightforward, when people are diagnosed with a disease and there is a short-term trajectory when they can see that they are going to deteriorate significantly.

It is much harder when a person is not diagnosed at all. I am 35. Would I put an advance request in right now? How could that be intelligible? How could we make sense of that? There are two things to say to that.

I mentioned sunset clauses. If we are requiring certainty, individuals would have to revisit their advance requests and uphold those requests. There has to be a window of time when it would then fall away and not be legally valid.

The other thing to note is that the Supreme Court's criteria are also pretty key here. I cannot just say an advance request for anything of which I am eligible to die. I still have to be in a condition that is an incurable illness and where there is grievous, intolerable and enduring suffering. These are incredibly important safeguards to keep in mind.

● (1210)

Mr. Kyle Seeback (Dufferin—Caledon, CPC): Madam Speaker, I appreciate the member's comments on this and many other matters. I raise an issue with his suggesting the false dichotomy between palliative care and this legislation. In fact, in the previous Parliament, the House passed legislation in the preamble, which very clearly said:

> Whereas the Final Report stated that a request for physician-assisted death cannot be truly voluntary if the option of proper palliative care is not available to alleviate a person's suffering;....

This is a critical issue. Access to palliative care is critically short in the country, so there is no false dichotomy. Why is the member's government not putting together a pan-Canadian strategy on palliative care and investing the money necessary so we have that?

Mr. Nathaniel Erskine-Smith: Madam Speaker, the member should know that we have invested billions of dollars through bilateral agreements with provinces and we have set a priority of home care, including palliative care. The member should know that health care, fundamentally, and the delivery of palliative care are within the provincial jurisdiction. The member should also know that in the end, regardless of whether there is palliative care, this is a question of whether individuals have a right to make such a deeply personal choice for themselves. Does the member believe in liberty or not?

[*Translation*]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Madam Speaker, I will be sharing my time with my colleague from Coquitlam—Port Coquitlam.

I am very happy to be taking part in this debate, which is a departure from our usual political and often partisan work as elected officials.

This is the third time in my parliamentary career that I have been asked to debate and vote on the issue of medical assistance in dying. I was a member of Quebec's National Assembly for seven years, and I have served here in the House of Commons since 2015 with the support of my constituents.

[*English*]

I was elected to the national assembly in 2008. As a member of that assembly, I participated in the first debate we had in Quebec on this issue, the first time in a Canadian legislature, in 2010.

I also was a participant in the debate we had four years ago in the House of Commons, when, for first time, we addressed the issue. Therefore, in my parliamentary life, this is the third time I will participate and vote on this very touchy, personal and non-partisan issue.

[*Translation*]

That is why I would like to remind the House of certain cardinal rules that should guide our actions as parliamentarians in this debate, which we believe should be totally non-partisan. Things may get tense at times, but debate must remain respectful.

Respecting the free vote should be one of the cardinal rules of this debate. In my view, there is no right or wrong position in this debate. There are only positions that we are comfortable with as human beings. Whether we are for or against, there is no partisan politics behind it. There is only the personal opinion that we hold, share and analyze.

Consequently, it is important to keep a completely open mind and respect the fact that certain colleagues from our own party may not share our point of view, while colleagues from other parties may. That is fine. There is nothing wrong with that, really. Some positions we adopt, and some positions we cannot be comfortable with. That is all.

We must respect the debate. We must respect personal opinions. We must respect the fact that there is no place for partisanship in this debate and that positions are neither right nor wrong. There are positions that we can agree with and others that we cannot. We must respect that.

There are also certain elements that we must bear in mind before we dive into this. In our opinion, the bill has some shortcomings.

First, we must respect the freedom of conscience of physicians who are called on to provide MAID. If a physician feels that they cannot in good conscience provide MAID, they should be able to say so and not have to proceed. I have spoken to many people in the context of this debate, in which I have been participating for a very long time. Everyone I have spoken to has told me that physicians can show a certain openness in some circumstances, but change their minds in others. Physicians should never be forced to act against their conscience.

Furthermore, we should always bear in mind that MAID, by its very nature, is the last level of health care that can be offered. We must never forget that the role of palliative care is to ensure that those who are ill can live with dignity even in tragic circumstances. Therefore, we must respect physicians' conscience and focus on palliative care.

Taking our time is another cardinal rule that must be respected in this type of debate.

● (1215)

[*English*]

Let me remind members that the first time this issue was addressed in Quebec, it took six full years, three different governments and three different premiers. There was a huge debate about it, a strong and wise debate. Each and every position had been clearly established by those people who participated in the debate. There is no rush. We must take our time.

For some people, we are talking about assisted suicide. It is a very touchy issue. The worst-case scenario is to rush it. Quebec spent six full years, and we should follow this example. It obviously will not take six years this time, but the first step took six full years.

[*Translation*]

Let's agree that this debate cannot be rushed.

Why are we debating Bill C-7 today?

When the House of Commons adopted Bill C-14 in 2016, I was a member of the committee that studied it. We knew then that Canadians would challenge parts of it and that there would be court rulings. That is exactly what happened on September 11, 2019, when the Quebec Superior Court struck down the notion of “reasonably foreseeable natural death” in the bill that became An Act to amend the Criminal Code and to make related amendments to other Acts regarding medical assistance in dying.

I did not know this before I looked it up, but it is interesting to note that the current Minister of Justice, a man for whom I have tremendous respect and esteem owing to his experience as a lawyer and a McGill University professor, voted against Bill C-14. Now, as Minister of Justice, he is sponsoring this bill as the federal government's response to the Quebec Superior Court's ruling. The bill addresses some of the issues but sets others aside.

The first fundamental element of Bill C-7 is that it eliminates the 10-day waiting period that the current law requires as a buffer between the person's decision and the operation itself, to ensure that the second opinion provided for under the act is in fact obtained. The court deemed this provision invalid, and the minister decided to accept that opinion.

Let's also not forget that the current law, which was passed four years ago, requires the provisions to be reviewed in just a few months, starting in June 2020.

The government decided to take note of the Superior Court of Québec ruling and act accordingly. That is its right. However, regardless of our views on the issue, we feel that this subject involves some truly fundamental questions and raises highly complex legal concerns. We think this ruling should have been appealed to the highest court in the land, so that the nine justices of the Supreme Court could study every possible ramification.

This bill sidesteps the issue of mental illness entirely. That is a very good thing, because in our view, it is extremely difficult to pinpoint the instant when a mental illness becomes irreversible, which can raise doubts about whether consent was given fully and freely.

As I said earlier, the worst thing we could do in this matter is move too fast. There is no rush. This concern may eventually be debated, but for now, let's take it one step at a time.

Since my time is almost up, I would just like to say that in this debate on such a delicate, sensitive issue, the worst thing we could do is plough full steam ahead and attack people's convictions instead of respecting their choices. Let's take the time to do things right on this extremely delicate and extremely important issue.

● (1220)

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I appreciated my Conservative colleague's speech. We do need to focus on the common good. However, I did not understand his position, apart from his plea that we take the time to do things right.

He knows very well that it will not be easy to take that time because, while we are taking our time, there are people who are suffering, people who have no choice, people who want to give their free and enlightened consent about their condition. However, the state that we represent here is not respecting their wishes and giving them the option to relieve their suffering.

What is my colleague's position on giving people like Ms. Gladu and Mr. Truchon access to medical assistance in dying?

Mr. Gérard Deltell: Madam Speaker, I agree with the principle behind that. It is important to keep that in mind.

My colleague was a member of the Quebec National Assembly. Four years ago, I worked with him on this bill. My colleague knows full well that we need to take action because there are people who are suffering right now. He also knows very well that, in Quebec, we did things right. It took six years of work to get the job done.

During that six-year period, there were people who were suffering and who would have liked to have access to this sort of care, but we took the time to do things right. Similarly, four years ago, in 2015, when we were just elected, we passed similar legislation under a very tight deadline because the Supreme Court ordered us to do so, but we still did not completely rush the debate.

I agree with my colleague when he says that there are people who are suffering right now. However, there were also people who were suffering in the six years that it took us to do our job properly in the Quebec National Assembly. I do not think that anyone in Quebec or Canada can say that we did not do our job properly in Quebec during the six years that we took to study this extremely delicate subject.

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, as a former provincial representative, my friend understands and appreciates the important role that provincial governments play in the administration of health care and in providing services. One of those very critical services is palliative care. We hear a great deal of debate on that particular issue. The federal government also plays a role in ensuring that there is quality palliative care throughout the country, to the extent possible.

I wonder if my colleague could provide his thoughts on how Ottawa needs to work with the other jurisdictions to ensure that the best possible palliative care is available.

● (1225)

Mr. Gérard Deltell: Madam Speaker, as I said in my speech, it is important to put an emphasis on palliative care. We are really talking about people's lives. It is not an easy task, but the responsibility of any government is to be sure that those who suffer have access to palliative care.

Obviously this is provincial jurisdiction, and the provinces should do something on this, but on the other hand, it would have been better if the bill had put more emphasis on palliative care, as we did four years ago. It was very important for us on the committee to address this issue, and we hope that the government will take care of palliative care.

[*Translation*]

Mr. Luc Thériault: Madam Speaker, Quebec worked very hard, within its jurisdiction, and chose to include medical assistance in dying as part of a continuum of care, something individuals can request when they are terminally ill. Such care is a provincial responsibility.

Now we are talking about the Criminal Code. Two separate courts have independently asked legislators to intervene regarding assisted suicide in cases where people are suffering but are not terminally ill.

I asked my colleague if he thinks the bill addresses the specific needs of Ms. Gladu and Mr. Truchon, and if he agrees with the two court rulings.

Mr. Gérard Deltell: Madam Speaker, yes, I think I already said so. Perhaps he did not hear me.

The fact is, when it comes to issues like this one, the government should have taken its time. There was an initial ruling that came from one court, and there will be others. I think the government has a responsibility to bring this matter before the superior courts to be sure that all legal aspects are assessed by the best legal minds in the country, in other words, the Supreme Court.

That said, personally, I agree.

[*English*]

Ms. Nelly Shin (Port Moody—Coquitlam, CPC): Madam Speaker, Bill C-7, an act to amend the Criminal Code in relation to medical assistance in dying, is one that I believe was written with the intention of providing compassion to those who are suffering through an unfathomable, unbearable degree of pain by allowing a lawful, expedited termination of their suffering and granting access to a dignified death. The intention is kind. I see an urgency from the government to extend this expression of compassion to those who are suffering beyond comprehension.

However, from the perspective of a visionary and a lawmaker who cares for the long-term wellness and prosperity of our country, I would like to invite all members of the House to pause and bring into our dialogue the long-term effect of this bill and the impact of this bill on the guiding principles of lawmaking going forward.

I do not stand to speak on this bill with the moral authority of one who has reached a point of suffering equal to those who may be applying for MAID. I do not think most members of the House here have the personal experience to speak on that level. However, I do stand here to speak on this issue because there has been a force in my life that carried me through some very dark nights of the soul when adversity, pain and repeated cycles of injustice were poignant enough to wear down my will to fight and to try, sometimes causing me to question the value of my existence.

I have seen this force raise addicts, cancer patients and those experiencing deep depression from deep pits of psychological paralysis and darkness. This force transcends the distinctions of race, gender, socio-economic background, etc. It is almost as vital as life itself. It is a force that is central to the existence of the human race, and that force is called "hope". While hope is easier to access for some than others, for others it may be almost impossible, because their painful experience is choking the light from their vision.

As caring individuals, as communities and as a nation that prides itself on compassion, it is our duty to turn over every stone to help others find hope when they can no longer access it themselves. Hope is a journey that demands an unrelenting search until it is found.

We saw it with Terry Fox. He is a national symbol of hope, because despite his painful struggle with cancer, he made the sacrifice he made with his cross-country campaign for cancer research because he was in search of hope and giving that hope to others. The story of his triumph over adversity, though his life was tragically truncated at such a young age, still continues to champion Canadians today, as Canadians respond by revering him as a national hero, because we value hope. We have seen the power of hope that compelled Terry to pass the finish line of his last breath.

We see hope whenever we see Team Canada send our Paralympians to the Olympics. Many of them have overcome deep physical, emotional and mental suffering. Their focus, discipline and excellence have helped them to overcome their challenges.

Our nation is built on a foundation that values the sustenance of life and the right to prosper. We invest millions of dollars every year in first responders, medical services, infrastructure and laws to protect the survival, sustenance and prosperity of the people.

However, expediting the administration of death is counterintuitive to the inner reach for hope in the human condition. Our very Constitution is founded on the principles of the value of human life, the prosperity of each human being and each one's access to the opportunity to flourish.

While deep with the intentions of compassion and the appropriation of dignity, intervening with easier access to MAID opens a door to a very complicated path of further suffering, even for those who live on.

I would like to bring to the attention of the House the story of a man named Alan Nichols, from my province of British Columbia. As reported by CTV this past September, his family has stressed that Alan struggled with depression and should not have qualified for assisted death.

Alan's brother Gary told CTV:

> He didn't have a life-threatening disease. He was capable of getting around. He was capable of doing almost anything that you had to do to survive.

Like many Canadians, Alan's life was altered dramatically when his father passed away. Especially since his father had been so involved in his life, his father's death made him particularly vulnerable, and he stopped taking antidepressants and became more angry and isolated:

> Not going out in public, not seeing anybody, not eating properly.

This is how Gary described it.

● (1230)

Alan's family knows that he rid his home of furniture, apart from a bed and chair, and that he would refuse medication and food because of his depression. Another disturbing aspect to Alan's story is that despite his family's attempts to be involved in his life and an advocate for his life, his family members report that the hospital staff would not share information with them and shut them out from hearing the key facts.

There is more to this story, but I will leave it at that. This is accessible information.

The point I would like to illustrate here is that this is a very complicated issue. It is one that touches something so deep and necessary to our existence and our country, and that is hope. All because of the irreversibility of death, there is little intervention that can be done afterward when hope is terminated because there is no breath to receive the assistance of hope.

Rather than be in a rush to legislate this bill, we should focus on tackling things like the epidemic of suicide among first nations communities and youth. We should also focus on giving Canadians better access to mental health care so Canadians have greater access to hope when faced with situations of suffering, as people who are suffering so much consider MAID. We must do this until there are enough measures to show the flourishing of hope and human prosperity to counter a potential culture of death from capturing our nation, if we are to be too swift and lenient in our decisions surrounding issues of death.

It pains me to watch others suffer, but it also pains me to think that as lawmakers, our focus is on expediting access to death rather than expediting access to hope.

My statement in the House today is to inspire all members of this House to not only consider the dignity of the people suffering seeking release through death, but the dignity of existence and human prosperity for the long term.

Removing the mandatory 10-day waiting period reduces protections for vulnerable members of society. The government's original legislation, Bill C-14, went through extensive consultation. It is scheduled for parliamentary review this summer. I would ask the Liberal government to respect the process and allow the review to proceed rather than rush this very sensitive and complex issue in legislation. Let us give this time because death is irreversible.

I have decided to look at this bill through a filter of hope and preserving a culture of hope, as being a force that guides the laws we make not only today but for decades and centuries to come. Therefore, I stand today in the name of hope and invite my colleagues across all aisles to examine this bill through the lenses of hope and preserving hope in our country.

● (1235)

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Madam Speaker, I wanted to applaud my colleague's courage and recognize that every word she spoke today is probably the same words that all of us as parliamentarians have spoken. Hope is eternal. Hope is what gives us all the energy to fight the battles we have in our lives and in our family's lives. We must never eliminate that hope people want to have in various aspects in their lives.

When we dealt with this bill previously, it was amazingly complicated, as my hon. colleague mentioned. It was probably one of the most difficult issues I have had to deal with in my 20-some years as a parliamentarian. By listening to people, like my colleague and others, we try to find the way that reflects the feelings of so many people.

Investing more money makes sure that there are programs that offer hope, whether we are talking about mental health, palliative care or so many other avenues. We are trying to ensure that everybody has hope and that they do not want to give it up and that we have given them every opportunity possible to access that help.

Does my colleague feel there is still a tremendous lack of those services in the areas she represents?

Ms. Nelly Shin: Madam Speaker, I appreciate the member's compassionate remarks. I am very emotional right now because it is a very important issue for everyone, and in some way or another we are all impacted by it. I have spent time on the front lines. I believe, whether it is in the area I represent or anywhere else in Canada, there is a lack of access to counselling and mental health care that would, as I mentioned in my speech, give tools to Canadians to work through their struggles, adversity and pains to access more hope before moving in the direction of medical assistance in dying.

I understand fully the implications of compassion that this piece of legislation is wanting to present, but because of the irreversibility of death, I feel time is needed. Preventatively and for the long-term future of our country, we must deal with all those other areas with greater care and time.

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speech, we do not hear the word "hope" very often in this place and it is something that is very important. I would like to make two comments. One is that death is hard, death is very hard, but it does not mean it is without hope. When my sister died it was brutal, it was unfair, but it was life. We brought her out in the old Celtic way with singing and celebration because that is what we do. There is hope in that, and hope has to be about compassion and doing what is right.

Second, I would like to ask my hon. colleague about the lack of action she mentioned on the horrific suicide crisis we are facing. Year in, year out we are losing hundreds of young people. We lose young people in my region all the time, and it never seems to be a priority. When I hear the Prime Minister talk about losing patience, I think of the patience that has been lost by children as young as nine years old, 10 years old and 11 years old who do not even believe that this country cares about them enough that their lives are worth living.

What does my hon. colleague think we can do to address the horrific hopelessness in so many young people who are giving up?

● (1240)

Ms. Nelly Shin: Madam Speaker, first of all, there needs to be more dialogue and long-term solutions that are thought out, but we need action. We cannot just have good intentions, we need to put them into action. I look forward to the opportunity to working with anyone across the aisle on trying to bring more action in helping to take care of our youth in relation to suicide or mental health issues.

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I rise today to address a very important piece of legislation. Looking at it, I could not help but reflect on the previous debates that we had and the process in the development of Bill C-14, which led us to the point where we are today.

If members who were not here want to get a good sense of how thorough the debate and discussions were, I recommend they take a look at some of the comments in the standing committees, the many lead-up discussions, different presentations and the pre-study that was conducted.

I enjoyed listening to the debates then, because like the member who just spoke said, we heard a lot of personal stories. When people ask me what I enjoy about being in the chamber, it is the different types of debates that we have. These are the ones, like the debate today, that I learn from. I appreciate the stories that come before the House.

We are all concerned about protecting vulnerable individuals in our society. At the same time, it is important as legislators to have a role to support the eligible person to be able to seek medical assistance in dying. It is a very difficult issue.

A good number of us felt with the passing of Bill C-14 that we had something that would move us forward. Even during the height of that discussion, there was a feeling that in a number of years we should review it and take a look at what has transpired in the previous years. We are quickly getting to that point.

However, last September, a Superior Court in Quebec made a determination. Members of the Conservative Party say maybe we should have appealed that decision. I respect that opinion. I do not necessarily believe that would have been the best direction for the government. The direction we have chosen is to make changes to the legislation now, in the hope that we will better serve Canadians.

Having said that, once we get into the summer months, there is going to be a great deal of discussion because it is mandated. When I think of the Bill C-14 debate, and I will provide some personal thoughts on the issue of palliative care, I would like to see us talk about the issue of mental illness. I am hoping that, when we do that comprehensive review, we incorporate that along with palliative care.

I am sure I am not unique and that all 338 members would concur when we think of health care in Canada, there are a couple of issues at our doors: the issue of mental health care services and palliative care services. I used to be the health care critic 15 years ago in Manitoba. We did not have the same sort of dialogue that we hear in the last number of years on those two critically important issues.

British Columbia many years ago elevated the issue of mental illness and made it a separate ministry. There was a minister of health and a minister of mental health illnesses.

● (1245)

I say that because, more and more, provinces are aware of the issue and the importance of mental illness. The Government of Canada has invested hundreds of millions of dollars over the last number of years, and continues to invest in mental illness and palliative care across the country. We are on a very strong footing when we look at where we are today.

We need to reflect on what brought us here. There were many consultations: literally thousands of people were engaged and many hours of debate and dialogue took place. It could have been in the thousands of hours. I do not know that for a fact, but I am sure that, between the time committees met on second reading of Bill C-14, the amount of consultation with Canadians in all regions of the country and the responses received via all sorts of mediums, hundreds of thousands of Canadians in all regions of our country were able to weigh in on this issue.

If we advance to January of this year, again there were consultations and round tables that took us to the different regions of Canada. There was the survey that has been referenced already today on several occasions. Approximately 300,000 Canadians were engaged in that particular survey at the beginning of the year. I do not know if all of the results have gone public to date, but I trust the individuals who helped formulate the legislation we are debating today did their homework in terms of consultations and incorporating all of the ideas. I know the Department of Justice and the Department of Health are following this debate and listening to what members have to say.

From a personal perspective, based on experiences I have garnered over the years, there are two concerns I want to express. One is with regard to health care services and the other deals with the legislation itself. Let me expand on both points.

If we were to ask Canadians what makes them feel good about being Canadian, we would often hear our health care services. I suspect this is probably number one. I referenced mental illness and palliative care. I have witnessed first-hand the evolution of palliative care.

My grandmother was in the St. Boniface Hospital, and many hospitals in our country have palliative care sections. Many of them panel seniors, in particular, who cannot get the quality care necessary in personal care home facilities or the supports they need in their communities and in their homes, so they end up going into hospitals and are panelled.

Many of them will go into palliative care because there are no designated palliative care units in health care facilities, so they end up in hospitals. My grandmother was one of them. She had terminal cancer, and we watched as the weeks went by. Family members visited and it was very difficult on them.

● (1250)

We had a very special relationship, as we all do with our grandparents. Many of us wondered why she had to be in a hospital. Even though it was kind of sectioned off from the emergency department and other aspects of the hospital, she was still in a hospital. It is a different type of a situation, and not necessarily the most comfortable.

Ultimately, my grandmother passed. Then, a number of years later, I had the personal experience of being there for my father in the days prior to his passing. He had to go from home into a hospital, and we were very fortunate that we were able to get him into the Riverview Health Centre. In that centre, with its large windows and beautiful atmosphere, you get the feeling that the type of care is very different.

I reflect on that. I was there at the moment of my father's passing, and we had discussions a number of days prior when he was in fear of what was going to happen, because he witnessed what had taken place with his mother, my grandma, at the St. Boniface Hospital. He did not have that choice, but we talked about having that choice.

I think, knowing my father, he would have been very happy with the way in which he ultimately passed. I really attribute it to his world-class treatment at that particular facility, and I kind of wish that my grandmother had the same sort of atmosphere. Not to take away from the fantastic work that those health care providers and others did at the St. Boniface Hospital, but it was a totally different atmosphere.

During the Bill C-14 debate, we heard many stories like the one we just heard from the member opposite. They are very touching, they are compelling and they make us ask what we can do here in Ottawa to ensure that we have the best quality of health care services we can possibly provide.

It is one of the reasons I am very passionate on the issue of the national framework. It does not have to be a system where we have one thing in British Columbia and another in Atlantic Canada or in the province of Quebec, or in provinces that do not have the same economic means or the same sort of treasury to provide the type of service that they should. This is where the national government has a role to play.

When I listen to comments inside the House with regard to where we might want to go from here, or very serious concerns about the current legislation, I would suggest that we reflect on what we are going to be able to potentially do in the coming months, when we have the opportunity.

Unlike in the Manitoba legislature, our standing committees can be exceptionally effective. It is truly amazing, the type of authority, ability and participation that we can witness if we are prepared to park our partisan hats at the door and try to do what is best for Canadians on this issue. If we can take a look at what took place, with regard to C-14, there is absolutely no doubt in my mind that we can do that.

If members listened to the previous speaker, they would get a sense of what was taking place when we had the debates on C-14. Whether it is in the health standing committee or whatever it is that we come up with collectively, with representation from all the parties, I would encourage them to take into consideration the possibility of going outside of Ottawa.

● (1255)

Maybe we should look at different regions and see what some of these other provinces are doing, and maybe tour some of the palliative care facilities. There is a great variance.

We need to look. If I reflect on the province of Manitoba, we should take a look at what is happening in Winkler, Flin Flon or Winnipeg. We should take a look at the difference between Riverview Health Centre and what takes place in the Seven Oaks hospital.

Where, and what role, can we play as a national government to ensure that we are maximizing the benefits of providing the type of palliative care that Canadians expect and deserve, given the limitations that we actually have? Only the national government can do that. I suggest it is going to be in a very important role.

Earlier today, the standing committee on trade tabled the CUSMA deal, the trade agreement between Canada, the United States and Mexico. Many of the members were taking pictures of that particular committee, feeling very positive in terms of what they had been able to accomplish.

My challenge to the health committee, if that is going to be the standing committee, is to take that role very seriously in terms of the potentially life-changing report it could produce for Canadians.

I truly believe that the will is there to support what that committee is hoping to accomplish. It is just as significant as, and maybe even more important than, the report tabled today by the trade committee, which from what I understand was supported unanimously by all members of the House. If one listens to the speeches thus far, I do not think anyone would dispute what I said in regard to it.

I really encourage the standing committee, in the strongest way I can, to look at the mental illness issue using the same principles I talked about regarding palliative care. It is such a critically important issue, and Ottawa needs to play a stronger national leadership role on that. Hopefully that will happen, but because of time I am only going to highlight a few very brief points.

The proposed amendments would allow for a waiver of final consent for persons whose natural death is reasonably foreseeable, in the sense that they have been assessed and approved to receive medical assistance in dying, and have made arrangements with their practitioners for a waiver of final consent in certain situations because they were at risk of losing decision-making capacity by their chosen date to receive MAID.

I also want to highlight that the government is very aware of the concerns about the increased risks when MAID is provided to persons who are not dying in the short term. The bill, therefore, proposes additional safeguards that would apply when a person's natural death is not reasonably foreseeable.

These new safeguards aim to ensure that sufficient time and expertise are devoted to exploring requests for MAID from persons whose natural death is not reasonably foreseeable and that such people are made aware of, and seriously consider, available means for relieving their suffering.

There is another really important part to me, but maybe I will do it in the question-and-answer period.

● (1300)

Mr. David Sweet (Flamborough—Glanbrook, CPC): Madam Speaker, I do not often take the chance to speak for my colleagues on this side of the House, but I will right now with regard to the strategy the government is taking on this important issue of medical assistance in dying.

In 2015, in the last election, the Liberals made a commitment that they would invest $3 billion in palliative care to make sure that palliative care across the country was as available as medical assistance in dying. To date, they have not fulfilled that commitment.

The problem we have with modifying the medical assistance in dying legislation is that those who would like to have palliative and hospice care, to feel loved all the way through to the end of their life with the assistance of medicines that would relieve their pain, do not have the capability to experience that. They should have equal rights to those who want medical assistance in dying.

Why have the Liberals not delivered on their promise and why will they not commit to that today?

Mr. Kevin Lamoureux: Madam Speaker, I have a couple of quick points on that matter.

First, I do not necessarily concede to the member in terms of the commitment he has referenced. Record amounts of money have been transferred to the provinces to deal with health care. A historic number of dollars has flowed to the provinces. A significant amount of that has been allocated to palliative care, although I really do not know the actual dollar figure.

For the second point, I will pick up on the first point to try to alleviate the concerns the member has. I talked about the importance of having the committee go forward into the summer, and part of its discussion and study should take into consideration what sort of financial role Ottawa could be playing to support this. As I said, we want to make sure there is a sense of equity among the provinces. I think part of that study, which we will be having in the coming months, also needs to take into consideration the issue of the costs of palliative care.

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Madam Speaker, the NDP is, in general, fairly happy with this new legislation because it would fix some of the real problems we saw in the original legislation, which we debated and passed in the last Parliament in reaction to the Supreme Court ruling. The Liberal government at that time ignored some very important parts of that Supreme Court ruling and just forged ahead with its own version of what it thought was best, and here we are, four years later, redoing everything.

I wonder if the member could comment on that. Should we not have done it right the first time and not put all of these people, who are suffering so much, through additional duress for these past years?

● (1305)

Mr. Kevin Lamoureux: Madam Speaker, as the member knows, there was a debate process, and the passage of Bill C-14 ultimately received, I believe, unanimous support from the House. However, there is no doubt that during that dialogue there were some differing opinions. The government at the time genuinely felt that this was the best way to proceed. Some wanted the government to go a little further. It is one of the reasons why we recognized back then that this was the type of issue, given the nature of the legislation, we wanted to come back to. Even if the Superior Court in Quebec had not made the ruling it did back in September of last year, the House would have reviewed the process.

The decision by the Superior Court of Québec allows us to speed up on this very important issue, and that is why the government has chosen to bring forward the bill. It might change to a certain degree, and we will wait and see what happens once it gets to committee, but even at the conclusion of the bill, we will still have this future study, which is a good thing.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, the Parliamentary Secretary to the Leader of the Government in the House of Commons gave a very interesting speech.

As lawmakers, we must focus on what we are responsible for and the object of the court's ruling. We must amend the Criminal Code. Although I share my colleague's concerns about good palliative care and its accessibility, palliative care is not in the Criminal Code and does not fall within the federal government's jurisdiction.

Does he not agree that one way to increase the availability and accessibility of palliative care for those who need it, but who would not benefit from it, would be to provide access to MAID?

First and foremost, the solution would be for the government to respond favourably to the request from the premiers of all provinces and Quebec that it increase health transfers to 5.2%.

[*English*]

Mr. Kevin Lamoureux: Madam Speaker, I believe it is important that the Government of Canada, no matter its political partisanship into the future, should always provide financial support for health care across Canada. A part of that also includes recognizing that the national government has a role to play in ensuring that the Canada Health Act is implemented and that we look at areas of health care, like mental health and palliative care. I think there is an expectation among Canadians that the national government is doing that.

I am glad to say that we have a government that is working with the provinces to support, where it can, the delivery of good-quality health care services from coast to coast to coast.

Mr. Damien Kurek (Battle River—Crowfoot, CPC): Madam Speaker, it seems that the bill goes far beyond the scope of the court decision. That is a big concern, but my question is about the consultation period.

There was a tremendous amount of response. I had dozens of constituents who wished to get involved but, for one reason or another, were unable to participate in the consultation process. Why was the consultation process so limited in terms of time and only online? Many challenges have resulted from what I think was an inadequate consultation period on such a serious issue.

Mr. Kevin Lamoureux: Madam Speaker, I can assure the member that there were thousands of people. Factoring in the surveying and the questionnaires that went out, I believe well over 300,000 Canadians participated in one way or another directly.

There were round tables and consultations in every region of the country, which included provincial governments, disability groups, doctors and nurses. Of course, there is the feedback MPs are bringing back. We also have the standing committee. I can assure the member that there will be good, healthy discussions there. I am being approached by constituents, so I am sure we are all being approached by constituents. At the end of the day, we still have another consultation coming up to do an overall review of everything.

● (1310)

Hon. Bardish Chagger (Minister of Diversity and Inclusion and Youth, Lib.): Madam Speaker, I appreciate the great work the member for Winnipeg North does in the House. I also appreciate his referring to the previous debate. I know his time often feels limited in this chamber. He had one more point to make, and I would be pleased to hear that point.

Mr. Kevin Lamoureux: Madam Speaker, I thank the minister very much for that.

The point I want to make is with regard to permitting a waiver for the requirement to give final consent, in specific circumstances. Persons whose natural death is reasonably foreseeable who have been assessed as eligible for MAID and are at risk of losing capacity can make an arrangement with their practitioner in which they provide their consent in advance. This allows the practitioner to administer MAID on a specified day, even if the person has lost decision-making capacity.

There are some other issues related to that, but I thought it was a very important thing to get on the record.

[*Translation*]

Mr. Yves Perron (Berthier—Maskinongé, BQ): Madam Speaker, I will be sharing my time with my very esteemed colleague from Shefford.

The debate we are having today must be handled with restraint, dignity and composure. Partisanship has no place here. This is a serious matter, and our decision will have significant repercussions on the lives of many, and perhaps even on our own lives one day, because we all have to leave this world sometime. It is inevitable.

The sad thing in all this is that, through decisions made in this very Parliament, our society has forced people who are suffering to suffer even more. People with severe medical conditions were forced to appeal to the justice system to have their most basic rights upheld. Worse yet, some had to go on a hunger strike to get access to medical assistance in dying by meeting the reasonably foreseeable death requirement. Do hon. members have any idea what we have asked these suffering patients to endure?

These long-suffering people coping with illness, trying to get through the day in unspeakable physical and psychological agony, were forced to go to court or put themselves in a position where their death was reasonably foreseeable. Everyone knows that the justice system is backed up. The costs and delays are typically unreasonable. These people had to endure a veritable ordeal because we made a decision for them.

We failed to make informed decisions that upheld individual liberty. It is a huge privilege to sit in this House, and with that privilege come serious responsibilities. We must honour our position. I want all members of the House to know that this time, we cannot fail. Courageous patients have had to fight the system to get us to make a wise, informed decision. The Superior Court of Québec gave very clear directives. We must have the courage and vision to apply these directives and support this bill in principle, because it deserves to be improved in committee.

The Baudouin decision in favour of Nicole Gladu and Jean Truchon is very clear: "The Court has no hesitation in concluding that the reasonably foreseeable natural death requirement infringes Mr. Truchon and Ms. Gladu's rights to liberty and security, protected by section 7 of the Charter."

We must read those last few lines carefully. They refer to the rights to life and freedom of choice. Which of us can presume to choose for someone else? I want to warn my colleagues against the temptation to think about themselves. I want to warn them against voting according to their own beliefs, philosophies or religion. Freedom to choose must be upheld, and in order to choose, we need options. The basis of the decision, which came after a very long wait and constant anguish, makes it very clear that this is about rights and freedoms. No one can choose for another person. We must remove the barriers so that everyone can live out their last moments in their own way, freely and without constraint. Of course, we must not fail to protect the most vulnerable, in accordance with the well-established rule, in medical practice, of free and informed consent. That means informed by exposure to all possible options, and free from any undue pressure.

This bill is a step in the right direction. It includes important precautionary measures and provides for the study of other important issues that need to be considered. Among other things, it would exclude people suffering solely from mental illness. I think that is a wise decision. This is an extremely complex issue that should be studied further. We cannot decide on this issue right now, hence the need to study it properly without skipping any steps.

We must also look at the issue of advance requests for persons newly diagnosed with a condition that may have an impact on their decision-making ability in the future. These are extremely sensitive issues that we must study with great care and a great deal of precaution. It is therefore wise not to include them for now.

Generally speaking, the purpose of this bill is to allow those suffering from degenerative, incurable diseases to have access to medical assistance in dying, whether natural death is reasonably foreseeable or not, except in cases of degenerative cognitive disease, as I was just saying.

● (1315)

For people whose death is reasonably foreseeable, this is about relaxing the rules by eliminating the 10-day waiting period between the written request and the administration of MAID. The 10-day waiting period may be waived if a person has been assessed and their request for MAID has been approved and arrangements have been made with their practitioner to obtain a waiver of final consent because the patient is at risk of losing their capacity to make a decision as the disease progresses or with the administration of pain-relief medication. That way, when making the request for MAID, the patient can agree to waive consent the second time if their pain is beyond treatment, even with care.

This last measure allows the person to live longer with a reasonable quality of life. The person therefore does not have to feel like they have to rush to request MAID out of fear of losing their capacity to do so.

For people whose death is not reasonably foreseeable, there is a 90-day delay between the request and the provision of the MAID service, unless assessments have been made and the loss of capacity is imminent. This time period must therefore be applied in a reasonable and reasoned manner. Who among us can guarantee that 90 days will be enough for some? Who among us can say whether 90 days will be too long a hell to endure for others? We are entitled to question the application of this delay. No one can say. That is why this clause and this entire bill will have to be implemented in a sensible, flexible and intelligent way. Practitioners are in the best position to determine what is valid and what is not when they work together with their patients, listen to them and, of course, treat them humanely. Ultimately, the priority must be the patients themselves, their well-being and their dignity.

I remind all members that although we are talking about dignity, this is above all about rights and freedoms. Every person at end of life must have options, and that individual is the only one who should be able to make that choice. We must not impose our own values and opinions. We must simply ensure that we provide a suitable framework regulating the practice of and the right to medical assistance in dying. We must respect the freedom of the individual. That is fundamental.

I urge all parliamentarians in the House to consider the huge responsibility we must shoulder. We hold in our hands the fate of hundreds of thousands of people. Not only is the end-of-life suffering of these people in our hands, but the suffering and anguish of their family members is as well. It is horrific to watch a loved one suffer at end of life and to feel helpless. Some members of the House may be thinking about personal choices. As I mentioned earlier, we need to figure out a reasonable framework for this very complex act and, through all of this, maintain freedom of choice for these individuals.

● (1320)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I thank the hon. member for his comments. I have some questions for him.

During the debates today and yesterday, a lot was said about some MAID practitioners. I would like to know whether the member heard the same concerns raised by the Conservatives about doctors who pressure patients too aggressively.

My second question has to do with the fact that mental illness is not included in the bill and that we will be studying it, as the member mentioned. I would like to hear his thoughts on the fact that the Government of Quebec also decided to study whether mental illness should be an underlying condition.

I would like to hear his thoughts on those two questions.

Mr. Yves Perron: Madam Speaker, I thank my hon. colleague. His questions are valid.

I will start by answering his second question.

With respect to mental illness, the Government of Quebec chose to study the issue more thoroughly before including it in the law. If two separate lawmaking bodies are making the same choices, that strongly suggests we are on the right path. I think it is a reasonable decision. Laws as impactful as MAID legislation must be drafted very carefully.

With respect to doctors' policies, I heard the horror stories some of our colleagues shared with the House. It is important to note that the medical profession is extremely well regulated. We need to make sure this bill provides a solid framework.

Some MPs shared examples of real cases with us, and I would encourage them to report those cases. I believe such cases are rare exceptions.

By far, most health professionals, including doctors, nurses and attendants, are dedicated to and care deeply about the well-being of their patients. They will take every possible precaution to ensure that the patient's choice is free and informed. As I said, for patients to make free and informed choices, they must be made aware of their options.

[*English*]

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Madam Speaker, the hon. member mentioned that much debate went on regarding euthanasia back in 2016, which obviously led to the current safeguards. Unfortunately, there has been absolutely no significant enforcement against infractions. The safeguards are regularly ignored. I have an example from the town hall that I held.

A constituent in my riding had a personal experience. A young married father with children was diagnosed with terminal brain cancer and had 12 months to live. He suffered depression, went to a psychiatrist and the psychiatrist offered him MAID. He immediately stopped going to that psychiatrist.

I would like to know why would we loosen the safeguards, which are clearly not working in the first place and seem to be completely impossible to enforce?

[*Translation*]

Mr. Yves Perron: Madam Speaker, I thank my esteemed colleague for his question, which was also quite relevant.

I mentioned earlier that the law must include safeguards. However, this is not a matter of euthanasia but of medical assistance in dying. I believe that those are two fundamentally different things. It is clear that we will have to provide an appropriate legal framework.

I would like to add that this is why we need to take the time to examine the bill properly in committee. I encourage my colleague to raise those points in committee so that they are properly examined and to invite witnesses, including the people affected by this case. That will help us clarify this situation.

● (1325)

[*English*]

Ms. Laurel Collins (Victoria, NDP): Madam Speaker, I want to thank the member across the way for highlighting the responsibility we as members of Parliament have in our choices, that we have a responsibility to reduce suffering but also ensure people do not end their lives before they want to and that Audrey's amendment would give people the opportunity to live longer and to make the choice.

I want to ask the member specifically about the 90-day requirement for that second track and the potential it has to prolong people's suffering.

[*Translation*]

Mr. Yves Perron: Madam Speaker, I thank my colleague for her question.

That is why I took several minutes to talk about the 90-day period. Given the complexity of the decision that we will have to make, I think it is important that the law give the practitioner and the person the flexibility—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I am sorry to interrupt the member, but his time is up.

The hon. member for Shefford.

Ms. Andréanne Larouche (Shefford, BQ): Madam Speaker, it is with great humility that I rise in the House today to speak to Bill C-7, an act to amend the Criminal Code with regard to medical assistance in dying.

Many MPs have very personal stories about the end of life of one of their loved ones. As the Bloc Québécois critic for seniors, it goes without saying that I have heard my share. Therefore, in my speech, I will recall the work done by the Bloc on this issue, the sensitivity that exists in Quebec regarding medical assistance in dying and, finally, the position of certain groups of seniors and women who have come to meet with me.

First, let me go over the context again. In September 2019, the Quebec Superior Court ruled in favour of Nicole Gladu and Jean Truchon, both suffering from a serious degenerative disease, stating that one of the eligibility criteria for medical assistance in dying is too restrictive. This criterion, that of "reasonably foreseeable natural death", is found in the federal government's Act to amend the Criminal Code and to make related amendments to other Acts with regard to medical assistance in dying, and the provincial government's Act respecting end-of-life care.

Justice Christine Baudouin said it well in her ruling when she wrote: "The Court has no hesitation in concluding that the reasonably foreseeable natural death requirement infringes Mr. Truchon and Ms. Gladu's rights to liberty and security, protected by section 7 of the Charter." Those two individuals had argued that they were being denied medical assistance in dying because their deaths were not imminent.

Let me now remind the House of the Bloc Québécois's position and highlight the outstanding work of the member for Montcalm, to whom I offer my deepest sympathies. I want to thank him for the work he has done on this file because, as he quite rightly pointed out, legislators did not do their job properly with Bill C-14. As a result, issues of a social and political nature are being brought before the courts. We need to make sure that people who have serious, irreversible illnesses are not forced to go to court to access MAID. That would be terrible, and yet that is what will happen if we cannot figure out a way to cover degenerative cognitive diseases.

However, we believe that it is important to be very cautious before making any decisions on questions related to mental health. That is why we are relieved that the bill does not address eligibility for MAID for individuals suffering solely from a mental illness. Indeed, this issue requires further reflection, study and consultation, which will be completed at the Standing Committee on Health as soon as the motion moved by my colleague from Montcalm is adopted.

For the second part of my speech, I would like to talk about Quebec's sentiments on this whole issue. Quebec was the first jurisdiction in Canada to pass legislation on medical assistance in dying. Wanda Morris, a representative of a B.C. group that advocates for the right to die with dignity, pointed out that the committee studying the issue had the unanimous support of all the parties in the National Assembly. This should be a model for the rest of Canada.

Ms. Morris said she felt confident after seeing how it would work in Quebec and seeing that people were pleased to have the option of dying with dignity. The Quebec legislation, which was spearheaded by Véronique Hivon, was the result of years of research and consultation with physicians, patients and the public. It has been reported that 79% of Quebeckers support medical assistance in dying, compared to 68% in the rest of Canada.

In 2015, when the political parties in the National Assembly unanimously applauded the Supreme Court ruling on MAID, Véronique Hivon stated:

> Today is truly a great day for people who are ill, for people who are at the end of their lives, for Quebec and for all Quebeckers who participated in...this profoundly democratic debate that the National Assembly had the courage to initiate in 2009....I believe that, collectively, Quebec has really paved the way, and we have done so in the best possible way, in a non-partisan, totally democratic way.

For the third part of my speech, I would like to tell you about a meeting I had with the Association féminine d'éducation et d'action sociale, or AFEAS, in my role as critic for seniors and status of women. During the meeting, the AFEAS shared with me its concerns with MAID. I will quote the AFEAS 2018-19 issue guide:

> Is medical assistance in dying a quality of life issue? For those individuals who can no longer endure life and who meet the many criteria for obtaining this assistance, the opportunity to express their last wishes is undoubtedly welcome. This glimmer of autonomy can be reassuring and make it possible to face death more calmly....As the process for obtaining medical assistance in dying is very restrictive, those who use it probably do so for a very simple reason: they have lost all hope....This process cannot be accessed by individuals who are not *at the end of life*....People with degenerative diseases, who are suffering physically and mentally, do not have access to medical assistance in dying.

● (1330)

Many people are not eligible for MAID because of the federal law governing the practice, which was imposed by a court ruling in February 2015. Four years after Carter, individuals whose quality of life is severely compromised by degenerative diseases are still being forced to ask the courts for permission to end their suffering.

In February 2015, the Supreme Court even struck down two sections of the Criminal Code prohibiting Canadian doctors from administering MAID. In Carter, the highest court in the land stated that a competent adult who clearly consents to the termination of life is eligible for MAID if that person "has a grievous and irremediable medical condition...that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition."

According to the AFEAS, the Supreme Court's criteria were very broad. In drafting the MAID eligibility criteria, the Government of Canada included the concept of reasonably foreseeable natural death only for people at the end of life, which excludes a significant number of people who are experiencing intolerable physical and mental suffering.

The entire process is based on the intensity of the suffering as assessed by a doctor and a panel of experts. The sick person's own assessment is not always taken into account. There are no compassionate criteria among the requirements for obtaining MAID. A person may be at the end of their life and be unable to make the request themselves because they cannot communicate. The law applies only to people who are able to give their free and informed consent up until the very end, which could be terribly traumatic and even cruel to those who have been suffering for years.

With regard to advance consent, the AFEAS spoke about the case of Audrey Parker, a woman from Halifax who died with medical assistance on November 1, 2018. She made a video three days before her death. In that three-minute video, she said that she would like nothing more than to make it to Christmas, but that if she became incompetent along the way, she would lose out on her choice of a beautiful, peaceful and, best of all, pain-free death.

The Barreau du Québec believes that the law should be amended to comply with the criteria set out in Carter and thus prevent court challenges from being filed by people who should not have to carry such a burden.

A panel of experts has studied this issue and recommends, under certain conditions, ending the suffering of patients who have previously expressed their wish to receive medical assistance in dying, but who subsequently become incapable of expressing their consent, in particular people with various forms of dementia or cognitive loss such as Alzheimer's disease. This is why AFEAS is asking, with respect to human rights, that the process of medical assistance in dying be based more on the rights of individuals and on respect for their wishes.

With respect to reasonably foreseeable natural death, it requested that the reference to “reasonably foreseeable natural death” be removed from the eligibility criteria. With respect to advance consent, it asked that the person's informed consent be respected and that it be given in advance. Also on the subject of advance consent, it asked that the consent anticipated, stated and recorded by the person be recognized.

In conclusion, today's debate demonstrates the need to act so that people suffering from degenerative and incurable diseases are no longer forced to go before the courts to challenge the terms and conditions surrounding eligibility for medical assistance in dying, and so that we can ensure the best possible continuum of care.

Let's take action so that everyone can die with dignity.

● (1335)

Hon. Bardish Chagger (Minister of Diversity and Inclusion and Youth, Lib.): Madam Speaker, I support a number of the comments made by the hon. member opposite. I support moving this bill forward and sending it to committee so that members can study it in depth.

I am wondering what advice the hon. member would give to people concerned about or opposed to this bill.

Ms. Andréanne Larouche: Madam Speaker, I thank my colleague for her question. First, we have to listen to them. As already mentioned, if there are cases and concerns, we have to be able to document them and submit them to the committee. I will be meeting next week with a group that has concerns about this bill. I will listen to them and try to reassure them because I believe that there is a broad consensus that this bill must move forward.

[*English*]

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I want to ask specifically about one issue my colleague did not address in her speech, which is the issue of the 10-day waiting period.

The existing framework involves a 10-day reflection period. The value of that is that people who are maybe at a particularly low point do not make the decision and then go through with the decision in a short period of time. There should be a mechanism, a time period, to ensure that they really are intent on moving forward with it.

At the same time, the existing system already has a mechanism by which this reflection period could be waived. In extreme circumstances it could be waived, but generally speaking, the 10-day reflection period ensures that people are not pressured into it in a short space in time.

Would the member be willing to support the idea of maintaining that 10-day reflection period in order to protect vulnerable people who might be pushed through this decision too quickly?

[*Translation*]

Ms. Andréanne Larouche: Madam Speaker, I thank my colleague for his question. We are talking about the second consent, which we do not agree with. We believe that, in some cases, 10 days is already too long. It is a long time to suffer. In the case of advance consent, there is a way to avoid the 10-day period, which can be too long for some people.

[*English*]

Ms. Laurel Collins (Victoria, NDP): Madam Speaker, many Canadians know someone who has experienced intolerable suffering, and most Canadians support these changes.

I am curious about one piece of the legislation, which is that people will be required to have two practitioners, one having expertise specifically in the medical condition that the person has. I am curious to hear the member's thoughts on the barriers that people from rural and remote communities might face, given this requirement.

[*Translation*]

Ms. Andréanne Larouche: Madam Speaker, death knows no borders. As already mentioned, we must ensure that there are no obstacles in rural areas. We will have to examine all the obstacles that prevent equal access to a dignified end for everyone, no matter their postal code.

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I would like to thank the member opposite. I want to ask a question regarding a point raised once again by the member for Sherwood Park—Fort Saskatchewan, who talked about patients being pressured and the possibility of doctors influencing people. The evidence that we examined during our consultations does not support that position.

I wonder if the member has any information on how the medical profession operates in Quebec. For our part, we found that doctors always show great professionalism, vigilance and circumspection when broaching the subject with patients.

● (1340)

Ms. Andréanne Larouche: Madam Speaker, I thank my colleague for his question. Personally, I have heard more about doctors showing a great deal of compassion for their patients and wanting them to be able to end their lives with dignity than the reverse. Personally, I have not heard of many, or really any, cases of undue pressure. Doctors take the Hippocratic oath, which provides patients with a great deal of protection.

However, just because I have not heard about something does not mean it does not exist. If it ever does happen, it must be reported. That could be discussed in committee. I think we need to let doctors do their job, which is about compassion more than anything else.

[*English*]

Mr. Anthony Housefather (Parliamentary Secretary to the Minister of Labour, Lib.): Madam Speaker, I will be sharing my time with the hon. member for Pontiac.

I want to start by saying that this subject is no doubt difficult for many Canadians watching. It is one in which we try to reconcile our deeply held view that life is precious with the right to liberty and the right to make our own independent decisions. This is a place where parliamentarians need to reflect not only on our own values but on what our courts have said.

In the Carter decision, the Supreme Court determined that section 7 of the charter meant that our provisions in the Criminal Code on assisted suicide were invalid. It said there was a class of people who were entitled to have doctors and nurses assist them in dying, so in 2016, Parliament had to move forward with legislation.

I had the pleasure of being the chair of the Standing Committee on Justice and Human Rights at the time. I listened to witnesses who had a myriad of opinions. I listened to professionals from all sides, including doctors, nurses, psychologists, people representing the disabled, and groups that advocated the right to die with dignity. What we crafted was a law that attempted to bridge all of those gaps. We knew that this law would not be in place forever. We knew that we, as a society and a country, would learn from the experiences of that law and that we would move forward with changes.

Indeed, I was very pleased that the Standing Committee on Justice and Human Rights made some significant changes to the legislation. We carved out conscience protection for medical professionals so that they were not obliged to assist with medical assistance in dying if it violated their own conscience or their moral values. We said that the law needed to be looked at again five years later to look at various classes of people we had left out of the original law, such as mature minors and people suffering from mental illness, as well as to examine the issue of advance directives whereby people could make decisions before they declined into dementia.

We also required the review to look at palliative care and its availability across Canada, because the two issues are intrinsically tied together. We do not want people to ever make a decision that they need medically assisted death because they will be deprived of proper palliative care.

That review is coming up. I know that Canadians across the country will have the opportunity to pronounce on these issues.

However, our courts have made another decision.

[*Translation*]

In the Truchon-Gladu ruling in Quebec, the court ruled that a class of people were entitled to access medical assistance in dying in accordance with Carter. The legislation passed in 2016 had removed this class of people from the list of people eligible for medical assistance in dying. We must therefore remove the section that limits medical assistance in dying to people whose death is reasonably foreseeable. This amendment to the original law is designed to remove this class of people and to enable people who meet all of the other criteria to access medical assistance in dying, even if their death is not reasonably foreseeable.

● (1345)

[*English*]

I support that position because I have not only looked at the court decisions but have also walked the experience of Canadians over the last four years.

We have heard of people who were enduring grave suffering and who should have been entitled to medical assistance in dying because they met every aspect of the law, except that no one could say with reasonable certainty that their death would happen in the near future. We heard, from Canadians everywhere in Canada who fall under that class, that this is unfair. The courts in the Truchon case and in a number of other cases have hinted that this requirement is unconstitutional, so the government is moving forward to respect the court's decision in Truchon and remove from the law the requirement for death to be reasonably foreseeable.

However, the government is also adapting the law to deal with other difficulties that have arisen.

We never talked about, or if we did, it was rare, the issue of people deciding to prematurely end their lives because they were worried they would lose capacity at a future date. People should not shorten their lives because they are worried that a month later they will no longer have the capability or capacity to make that decision under the terms of the law. If it will give people an extra two or three weeks or an extra month with their family, we should do that.

Therefore, the law is being amended to allow people to offer consent to a medically assisted death even if they lose capacity, but it also establishes safeguards. In the event they get to that date and they no longer wish to have medically assisted dying, even if they have lost capacity, by any word, any gesture that is not involuntary, then the pre-consent will disappear.

I want to clarify this, because it has been talked about a great deal today. This is not an advance directive. These are people who already know exactly what their illness is, they are already suffering from this illness, they are in an advanced state of decline, they have no ability to relieve their pain by medical treatment reasonably accessible to them and they have, after being reviewed by two medical professionals and declaring before an independent witness, decided they want to offer consent to end their lives on a certain date, even if they have lost the capacity to consent.

This is a really important change, and I credit the government for doing so.

I also want to look at the issue of how we have handled that class of people whose death is not reasonably foreseeable. We have established a 90-day waiting period in that case. We have not made this something that could happen in the 10 days that was previously reflected under the law. We have done so with due seriousness. We understand the differences and the challenges that the issue poses for people when their death is not imminent.

For example, people could have a catastrophic event that occurs and their circumstances change suddenly. We want them to have a proper reflection period before moving forward with medically assisted dying. We also understand and have made the exception for those people who may lose the capacity to consent during that 90-day period.

The amendments to the bill reflect well where Canadian society has gone.

[*Translation*]

I do want to say that when we passed the legislation in 2016, very few jurisdictions around the world allowed medical assistance in dying. It existed in Belgium, the Netherlands, Uruguay and five or six U.S. states.

We were one of the first countries in the world to allow medical assistance in dying. For that reason, we chose to take things slowly.

[*English*]

This new amendment to the original law takes us to a place where Canadian society has moved. Canadian society, much more than in 2016, accepts and supports medically assisted dying, because they have watched the practice happen. We have seen the challenges we have confronted with the existing law and we have taken steps to improve the law and comply with the Truchon decision.

● (1350)

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Madam Speaker, we hear that the current Liberal government is not aware of any infractions against the current euthanasia safeguards.

I have mentioned a few today, but I would also like to include the very public story of Roger Foley, who became a national story after being offered, repeatedly, by his hospital care workers euthanasia rather than suitable home care.

The current safeguards are not working. Why would we even start to loosen restrictions when we clearly cannot enforce the ones we already have?

Mr. Anthony Housefather: Madam Speaker, I have faith in health care professionals across Canada, including nurses and doctors. I believe that the great majority of physicians and nurses in the country are dedicated professionals who do their jobs appropriately and follow the law.

In those cases where physicians or nurse practitioners have violated the law, I strongly suggest that members report them to the professional order of their province and to the police, and justice should prevail.

I clearly agree that medical assistance in dying is a decision of the person, but it is a decision of last resort. I believe palliative care is a priority, and everyone should have access to good palliative care in the country.

[*Translation*]

Mr. Yves Perron (Berthier—Maskinongé, BQ): Madam Speaker, I commend my colleague for his thoughtful speech.

I would like to give him the chance to elaborate on the 90-day period he was referring to, as opposed to the 10-day period. We are all aware that each situation will be vastly different, including when it comes to capacity and the deadlines people are facing. We all want to avoid having a person die too soon out of fear of not being able to provide clear consent at a later date.

In my colleague's view, what sort of flexibility might be included in the 90-day period?

Mr. Anthony Housefather: Madam Speaker, I greatly appreciate my colleague's question. I also commend him for his speech.

In my view, we must make a distinction between people whose death is reasonably foreseeable and those whose death is not reasonably foreseeable. I believe the 90-day period could be 75 days or 120 days. I believe that 90 days is a good compromise, but there is an exception. For people who obtain all the necessary authorizations from a doctor to have access to medical assistance in dying and who will lose the capacity to consent, there is an exception in the legislation that allows the waiting period to be shorter than 90 days. I believe that is a good step forward. I imagine we could propose amendments on this at the Standing Committee on Justice and Human Rights. Those amendments will be studied by the committee.

[*English*]

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Madam Speaker, the NDP is relatively happy with the new bill. We think it should have been done this way in the first place, four years ago.

One of the concerns we have, and this was also brought up by the Liberal member for Beaches—East York, is that with this new track for people who experience intolerable suffering, they will have to get an opinion from a specialist. Specialists are not easily seen in many parts of Canada, rural and northern parts. These are people at the end of their lives and intolerably suffering.

We are worried this will restrict the ability of these Canadians to have the same medical service other Canadians have.

Mr. Anthony Housefather: Madam Speaker, in 2016 at committee, the requirement to see a specialist was suggested by a number of the groups that appeared. It would be a specialist in the area of the condition the person had.

Concerns were expressed that two doctors, or a nurse practitioner and a doctor, who did not have expertise in the condition would not be able to properly assess the individual. When we are talking about people whose death is not reasonably foreseeable, I do not believe this is outside the bounds. This is a reasonable way to approach the situation. With video conference and consultations, there are ways to reach remote communities. The person does not have to be in the room with the patient.

● (1355)

Mr. William Amos (Parliamentary Secretary to Minister of Innovation, Science and Industry (Science), Lib.): Madam Speaker, I am pleased to rise on the topic of Bill C-7, as we embark on what I expect will be quite a lively and passionate discussion about issues that Canadians care deeply about and certainly my Pontiac constituents. I heard from them for several years on this topic, regular correspondence, regular discussions at the door, so I appreciate this opportunity to discuss certain aspects of our government's proposed changes to the federal MAID legislation.

It is timely to share some of the insights from three important studies on very complex and sensitive issues that were not included in the 2016 federal legislation. These are requests by people for whom mental illness is their sole underlying medical condition, advance requests and requests by mature minors. I hope we will get to all three of them, but may only get to the first two.

When Bill C-14 was debated in 2016, parliamentarians had difficulty finding common ground on how to address these types of requests within Canada's first assisted dying regime. Understandably, given the challenging nature of these issues and the limited time that was available, due to the Supreme Court's timeline, to deliver on acceptable approaches for Canada, parliamentarians collectively decided that more in-depth study and review of the evidence was needed.

The legislation in 2016 therefore included requirements for the government to undertake independent reviews. There were strict timelines set out in Bill C-14 and the studies that needed to be commissioned had to be done within six months of the coming into force of Canada's new legislation on assisted dying and the government was obliged to table the final reports on the studies within a further two years. Both of these timelines were met.

In December 2016, the government asked the Council of Canadian Academies, CCA, an independent organization that undertakes evidence-based expert study, to inform our public policy development and to take on these studies that were required by legislation. The resulting reports were tabled in December 2018, documenting extensive review of academic and policy research, stakeholder submissions and international experience in the three subject areas.

They also included a broad range of perspectives from relevant health care professions, diverse academic disciplines, advocacy groups, indigenous elders, essentially the whole of Canadian perspective was brought to bear. In accordance with the CCA practice, they did not in fact contain recommendations.

Two of the reports, one on request by individuals where mental illness is the sole underlying condition and the report on advance requests have been particularly informative during the development of our government's response to the Quebec's Superior Court decision in Truchon.

[*Translation*]

I will first talk about mental illness. Under the current law, very few persons with mental illness as the primary source of their suffering are likely to be eligible for MAID. This is because most mental illnesses do not cause a person's natural death to be reasonably foreseeable.

Removing the reasonably foreseeable natural death criterion introduces the possibility for persons with mental illness to be deemed eligible for MAID, if they meet the remaining criteria.

During the recent federal round-table consultations held on MAID, we heard many concerns from participants who felt that not enough is known to safely extend eligibility for MAID to people whose suffering is caused by a mental illness alone. They felt that the issue required further examination.

We also know that there is generally very little support for expanding eligibility among mental health care practitioners, such as psychiatrists and psychologists, and by organizations representing people with mental illness. The CCA report on this issue noted a number of challenges associated with the delivery of MAID to persons with a mental illness.

● (1400)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member will have five minutes to complete his remarks after oral questions.

STATEMENTS BY MEMBERS

[*English*]

TRUST 15

Hon. Kirsty Duncan (Etobicoke North, Lib.): Madam Speaker, Etobicoke North has been celebrating Black History Month and the significant contributions that black Canadians have made to our community, and how they have helped shape our history and our country.

Today, I highlight the work of Marcia Brown, the founder of Trust 15, which is a youth organization focused on creating a safe place where young people are welcomed, valued, inspired and supported. We are thankful for Marcia's vision and tireless work, and for championing our amazing young people.

Our outstanding youth should know that they matter, their ideas matter and that we see their smarts, kind hearts and tremendous talents. They should know that there will be challenges as they work to achieve their dreams; there always are. However, they should know that they can achieve anything, and that Marcia and I are here to help them break down barriers and support them in all of their efforts.

To Trust 15, I say, "Dare to dream your greatest dream."

* * *

TECK RESOURCES

Mr. Arnold Viersen (Peace River—Westlock, CPC): Madam Speaker, a new beard and a new look, but we wish the Prime Minister had a new attitude.

Albertans work hard, we play hard, and we are proud of overcoming challenges, like landlocked resources, cold climate, rugged terrain, great distances from markets and strict environmental standards. We step up and we work hard to overcome every challenge put in front of us.

The Teck Frontier mine project was a clear example of Alberta overcoming challenges. It had the support of 14 first nations and met or exceeded every environmental and scientific requirement that the Liberals had placed on it. The only obstacle standing in the way was the Prime Minister and his government. Last week, Teck made it clear that the lack of action by the government led to its cancellation. Now, 7,000 jobs and $20 billion are gone.

Albertans are a proud people. We work hard and we contribute to Canada. It is time for the Liberals to respect us, recognize our contributions and let us get back to work.

* * *

COLDEST NIGHT OF THE YEAR

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Madam Speaker, this past Saturday, I was proud to join my community in Newmarket—Aurora on the Coldest Night of the Year fundraising walk. This year, we doubled our goal and raised over $86,000 to help Inn From the Cold, a local charity that assists homeless and at-risk individuals by providing shelter, training and transition to permanent solutions.

I would like to congratulate the walkers, volunteers, sponsors and charities of Newmarket—Aurora for making this year's Coldest Night of the Year walk a huge success. I thank them for their continuous commitment to help the vulnerable people in our community. I would also like to recognize that Canadians across 145 communities participated in this annual walk and raised over $6 million.

I congratulate my colleagues in the House who participated in the walk in their own ridings.

* * *

[*Translation*]

RAIL CRISIS

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, yesterday we learned that Resolute Forest Products will have to close its Dolbeau-Mistassini mill temporarily. Why? Because of the Prime Minister's failure to deal with the rail blockade crisis.

People on the other side of the House go on and on about the middle class, but they clearly do not understand it. When a railway is blocked long enough to shut down a paper mill, that has an impact on the middle class.

Like everyone in my region, I am mad. I know what it feels like to be laid off. I worked in a paper mill until last September, and I have been through that. It is not easy. This is not just 167 people out of a job; it is 167 middle-class families facing instability. This crisis must end.

I hope the House will hear and heed the cries of the people of Lac-Saint-Jean. What the government needs to do is act on the Bloc Québécois' suggestions, just as it did for aluminum. Listening to us works.

* * *

[*English*]

NATO

Ms. Julie Dzerowicz (Davenport, Lib.): Mr. Speaker, last week, I was part of the Canadian delegation to the NATO Parliamentary Assembly in Brussels. NATO is a multilateral organization committed to global peace and freedom and to meeting the security challenges of terrorism and cyber-attacks.

Canada has participated in nearly every NATO mission since its founding in 1949 and is currently leading the following key initiatives: Forward Presence battlegroup in Latvia, led by Colonel Eric Laforest; NATO Defense College, led by Lieutenant-General Christine Whitecross; Standing NATO Maritime Group Two, until recently led by Commodore Josée Kurtz; and the NATO training mission in Iraq, led by Major-General Jennie Carignan. We are proud of Canada's excellent leadership and note that until the end of December 2019, three of our four operations were led by women.

I saw first-hand how vital an organization NATO is to ensuring peace and stability in the world. We can never waver in our commitment to NATO and to supporting the amazing women and men who step up every day to defend our values, our liberty and our democracy.

* * *

● (1405)

ARMENIAN GENOCIDE

Mr. Bob Saroya (Markham—Unionville, CPC): Mr. Speaker, I stand today to join our Armenian community across Canada to commemorate the 32nd anniversary of the Sumgait pogrom and the 30th anniversary of the Baku pogrom.

During the waning days of the Soviet Union, Artsakh Armenians demanded reunification with Armenia and later the independence of Armenia. In response, Azeri nationalists carried out gross massacres in the city of Sumgait and the capital city of Baku. These massacres set a precedent for xenophobia, hatred and discrimination toward Armenians in Azerbaijan that unfortunately continues until today and impedes the Artsakh peace process.

These historic events should act as a strong reminder for Canada that we must continue to defend human rights and stop crimes against humanity abroad.

* * *

INNOVATIVE COMMUNITIES FUND

Mr. Sean Casey (Charlottetown, Lib.): Mr. Speaker, the innovative communities fund focuses on investments that lead to long-term employment and economic capacity building in Atlantic Canadian communities.

There is an excellent example of that happening right now in the great riding of Charlottetown. Since 1981, our beloved Charlottetown farmers' market has been the city's go-to destination on a Saturday morning.

[*Translation*]

In politics, it is important to go out and meet people, and on Saturday mornings, there are lots of them at the market. All year long, over 65 vendors come to the market with the best local products, hospitality, cuisine, and arts and crafts Prince Edward Island has to offer. I think that says a lot.

[*English*]

The market is an essential driver for our economy, particularly for small business and agri-food entrepreneurs. This new investment will ensure that the market is able to not just survive, but to thrive as a place to buy local and meet neighbours.

* * *

[*Translation*]

ARMENIAN GENOCIDE

Mr. Fayçal El-Khoury (Laval—Les Îles, Lib.): Mr. Speaker, Armenians in Laval—Les Îles and across Canada are commemorating the 30th anniversary of the Baku genocide and the 32nd anniversary of the Sumgait genocide. These heinous crimes against humanity took the lives of many people in those cities in Azerbaijan.

[*English*]

The horrific days that they went through are still fresh in the memory of those who survived. Today, let us take a moment to pay homage to each and every one affected directly or indirectly by this barbaric, senseless violence and to raise awareness so that history does not repeat itself.

[*Translation*]

As we commemorate this horrific tragedy, let it serve as a reminder of how lucky we are to live in a country like Canada, where the most basic human rights are upheld and common values like respect, tolerance and justice are shared.

* * *

[*English*]

CALGARY CENTRE

Mr. Greg McLean (Calgary Centre, CPC): Mr. Speaker, I rise today and salute the volunteer organizations in Calgary Centre that have spent years promoting pride in Canada's working resource industries.

For years, workers in these sectors have contributed to Canada's growth, paying taxes while an army of foreign-funded activists mounted misinformation campaigns to discredit their work. These Canadians believed the governments would make good, common-sense decisions. Well, common sense is not always in abundance. Out of this noise arose a collection of volunteer voices, recognizing we needed better information on how our natural resource industries contribute to the essentials of life we all enjoy.

Canada Action, started by Cody Battershill, has become a highly regarded source of information and a purveyor of Canadian pride. There are many more: Terry Winnitoy, of Energy Now; Michael Binnion of Modern Miracle Network; Aaron Foyer and Alexandria Shrake of Energy Minute; and Chris Slubicki from Modern Resources.

All of these organizations and people have undertaken their tasks as volunteers to make our country better—

● (1410)

The Speaker: The hon. member for Mississauga East—Cooksville.

* * *

COMMUNITY LIVING MISSISSAUGA

Mr. Peter Fonseca (Mississauga East—Cooksville, Lib.): Mr. Speaker, today I would like to talk about an organization that is leading by example and showcasing to people in Mississauga and the country how warmth, kindness and empathy help us build an ideal community.

As a non-profit charitable organization, Community Living Mississauga supports individuals with intellectual disabilities to ensure their social life is meaningfully improved. Over 3,000 Mississaugans have received opportunities through over 450 employers who provide support and care to individuals who need it most.

Community Living Mississauga will be hosting its annual tribute dinner. Frank Giannone will be honoured for his philanthropic efforts and contributions toward the city. The goal of this event, along with honouring Frank, will be to raise funds so that young people with intellectual disabilities can attend summer programming.

As a big supporter of Community Living Mississauga, I want to thank all the donors, volunteers, staff members and management for their great work.

* * *

STATUS OF WOMEN

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, on March 8 we celebrate International Women's Day. Canadian women make vital contributions to communities across our country every day. For years women have stood up against sexism and inequality.

Women's contributions to our farms, our businesses and our homes make our communities vibrant and dynamic. While women have come a long way toward true gender equality, we know that issues such as gender-based violence, sex trafficking and unequal representation disproportionately affect women.

Canada's Conservatives are hard at work to put forward constructive ideas that benefit Canadian women in every region of our country. We are committed to empowering women and girls to achieve their full potential. We know that women will succeed and all Canada will benefit.

Happy International Women's Day.

* * *

BATTLE OF PAARDEBERG

Mr. Alex Ruff (Bruce—Grey—Owen Sound, CPC): Mr. Speaker, I rise today to pay tribute on the 120th anniversary of the battle of Paardeberg. The Boer War marked the first overseas deployment of the Canadian army, specifically the 2nd (Special Service) Battalion of the Royal Canadian Regiment of Infantry, which played an instrumental role in the victory of the battle of Paardeberg Drift.

During the early hours of the 27th of February, 1900, the battalion advanced by night toward the enemy lines, quietly digging trenches on high ground only 65 yards from the Boer lines. The Boers attempted to repel the Canadian advance and fierce fighting began. By 6 a.m. the Boers had surrendered, thus removing the enemy forces blocking the way to the Boer capital.

The colonel of the regiment, the Right Hon. David Johnson, said recently, "This battle represented a turning point in the South African conflict." He continued, "historians acclaim that this battle, attributed internationally as a Canadian success, led to Canada's first true pangs of nationalism."

For approximately two decades afterwards, on February 27 Canadians would gather around memorials of the South African War to say prayers and honour veterans. This tradition continued until the day was replaced by Remembrance Day following World War I.

I invite all members of the House to join me in honouring our veterans and celebrating Paardeberg Day. *Pro patria*.

* * *

OPIOIDS

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, the opioid crisis is causing havoc and heartbreak.

Back in 2009, my office helped establish the first OxyContin task force in Timmins. Those front-line groups were doing incredible work, and then we got hit with a new generation of nightmare drugs such as fentanyl, carfentanil and purple heroin. There is now an unprecedented medical emergency across North America.

In Timmins, I would like to thank the work of the situation table, the front-line workers in police and in medical and mental health, and the Living Space. In Kirkland Lake, my office is working with the opioid task force. In James Bay, we have states of emergency that have been declared, but we need the federal government at the table.

We need more services for harm reduction. We need a commitment to start going after the illicit trade in fentanyl on the dark net. We need to have a gut readiness of the government to go after big pharma to make them pay for the damage that they have done. We need to declare a national medical emergency because this crisis is affecting us all.

* * *

[*Translation*]

CAT CAFÉ

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Mr. Speaker, on February 13, during my visit to Quebec's wonderful national capital, I stopped in at an original and unique café that is home to 16 cats and one dog. It is called Café félin Ma langue aux chats.

The purpose of this enterprise is to bring veterans out of isolation. It was launched by two veterans who were struggling with PTSD and other issues. I want to recognize the dedication and courage of Marie-Pier Tremblay and Lisa Cyr. Their goal is to provide veterans with a space that is free of judgment and labels, where they can get together and interact with complete peace of mind. Basically, it is a refuge.

With this initiative, these two women are changing perceptions, preventing suicide and reducing the stigma associated with mental health.

I salute Marie-Pier and Lisa.

* * *

● (1415)

[*English*]

DEFACING OF RCMP MONUMENT

Mr. Larry Maguire (Brandon—Souris, CPC): Mr. Speaker, one of the worst acts of vandalism in Canadian history occurred two nights ago in Winnipeg when someone defaced a monument honouring RCMP officers who died in the line of duty. These brave men and women of the RCMP died in the line of duty in service to our nation. They died upholding the rule of law and for answering the call when we needed them the most.

I can think of nothing more despicable than this cowardly act of vandalism. Instead of peaceful protests, these vandals have resorted to radical acts. They stooped to the lowest levels in their attempt to advance their cause.

In Canada, when we disagree, we do it through peaceful means and not spray painting vulgarities on monuments. If these vandals thought their actions would garner support for their cause, they were wrong. These vandals have unfairly tarnished those who are engaging in peaceful dialogue. They should be ashamed of themselves and immediately apologize.

I call on all members to denounce these illegal and appalling acts of vandalism.

* * *

DAVID P. SMITH

Mr. James Maloney (Etobicoke—Lakeshore, Lib.): Mr. Speaker, Canada has lost a giant. The Honourable David P. Smith, husband, father, grandfather, former cabinet minister, senator and a genuine political legend, passed away yesterday.

"Brother Smith", as he was known by everyone, was honest, funny and decent. He was called home, but far too soon. He was deeply religious. Yesterday was Ash Wednesday, which is perhaps fitting, and it was his time, but the rest of us were not ready.

His humour, his demeanour and his gregarious personality transcended all political boundaries. He was respected and loved by all that knew him, regardless of their political stripe.

However, make no mistake. He was a Liberal. He was also a brilliant strategist. He was the man behind many successful campaigns. In 1993 he ran the Ontario campaign, and the Liberals won every seat but one. I am told that Prime Minister Chrétien still has not forgiven him.

There are many people in the chamber who would not be here but for him. He was a mentor, a role model and an inspiration. He represented all good things about this profession.

A minute is not enough time to reflect, so I ask that we pause and we learn from his legacy.

The Speaker: Before we go on, I want to remind hon. members that when it is time to speak and you have to get up, if you do not mind, do so before your name is called. Most of you know when you are going to be getting up, so if hon. members can rise before their name is called, that would be good.

We have had a few incidents where people have been overlooked and we have gone somewhere else. It is not usually during question period but during the day. Even during question period, if you know your time is coming, please do not wait until it is time to speak before you get up.

This is just a little reminder to help the process go better.

ORAL QUESTIONS

[*English*]

NATURAL RESOURCES

Hon. Andrew Scheer (Leader of the Opposition, CPC): Mr. Speaker, the Teck Frontier mine would have been a big benefit to Canada's economy, creating 7,000 construction jobs and 2,500 long-term jobs. Fourteen indigenous communities signed partnership agreements and they were looking forward to benefiting from the jobs this project would have created. Therefore, the decision to cancel Teck Frontier should have been a massive disappointment to any government, but the Prime Minister has refused to tell us how he personally feels about this decision.

Can the Prime Minister tell us how he feels about Teck Frontier being cancelled?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.): Mr. Speaker, I know this was a very difficult decision for the company and a very difficult decision for our country.

Let me say how I feel about our country's oil and gas sector. We secured the largest investment in Canada's history with LNG Canada. We approved the Line 3 replacement. We approved TMX, and we will get it built.

Our government understands that Canada is one of the world's leading producers of oil and gas and that the sector is the source of hundreds of thousands of great jobs across the country. We support the sector.

● (1420)

Hon. Andrew Scheer (Leader of the Opposition, CPC): The problem with that answer, Mr. Speaker, is that almost $200 billion of investment in our energy sector has left Canada for other countries that can actually get projects approved and built by the private sector.

The Prime Minister is trying to blame Teck Frontier's decision on the polarized debate around it. In other words, he is saying that the only way big projects can get built in this country now is if nobody notices that they are happening because he does not have the strength to stare down radical activists who just want to leave the oil and gas in the ground.

Can the Prime Minister tell us what he is going to do to make sure that future projects do not get hijacked by these types of tactics?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.): Mr. Speaker, let me tell the Leader of the Opposition what we all need to do.

We all need to recognize that reconciling ambitious climate action and getting energy projects built in Canada is complex and it presents complex challenges. It is not good for our country to have this debate be dominated by extremes on either side. We need to work sincerely together to find common ground and our government is committed to doing just that.

Hon. Andrew Scheer (Leader of the Opposition, CPC): Mr. Speaker, it was the Prime Minister who praised the protesters when he said they were out defending their community in the cold. Those were his words.

It is very complicated to get a project approved, but it is actually very simple once the independent regulator gives a recommendation, and that recommendation had been sitting on the Prime Minister's desk since July. The Prime Minister could have approved this project in July, but he refused to do so. He refused to approve it in August, September, October, November, December and January.

What I would like to know is what information the Prime Minister was waiting for that he could not approve this project back in July.

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.): Mr. Speaker, I do not agree with the members opposite about everything, but I think we can all agree that our country needs to find a path forward on getting big energy projects built and on acting ambitiously when it comes to climate change. It is simply untrue and false to suggest to Canadians that the path is simple. It is complicated. It is going to take all of us working together, and that is what we are going to do.

* * *

[*Translation*]

PUBLIC SAFETY

Mr. Alain Rayes (Richmond—Arthabaska, CPC): Mr. Speaker, every time Canada has gone through a difficult situation in the past five years, our Prime Minister has shown no leadership. Look at his trip to the Aga Khan's island, his trip to India, SNC-Lavalin, the coronavirus, the CN strike, the energy projects in western Canada and now the rail blockades.

Running a country when things are going well is easy, but when there is adversity, it is much harder.

When will the Prime Minister show leadership and deal with the rail blockades once and for all?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.): Mr. Speaker, the Prime Minister showed leadership last week when he clearly said that the injunction must be obeyed, the law must be upheld and the barricades must come down.

I want to congratulate the Minister of Crown-Indigenous Relations, who is in British Columbia today to work with her provincial counterpart and with Wet'suwet'en representatives.

Mr. Alain Rayes (Richmond—Arthabaska, CPC): Mr. Speaker, this is week four of the rail blockades, and no progress has been made. One day, the Prime Minister blames the Conservatives. The next, he blames Stephen Harper. It is the UN's fault, the provinces' fault, everyone's fault except the Prime Minister's. However, he has been in power for five years. The reality is that Canadians are fed up. They want a Prime Minister who shows leadership.

When will he be able to give us a date when all the railways will reopen?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.): Mr. Speaker, I want to point out that the Prime Minister demonstrated leadership last Friday when he said that the barricades must come down. I also want to point out the leadership being shown today in British Columbia by my dear colleague, our Minister of Crown-Indigenous Relations. People can talk, but we are the ones doing the work now.

* * *

● (1425)

INDIGENOUS AFFAIRS

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, it took 22 days for the government to finally meet with the Wet'suwet'en chiefs. This is the only way to remove the blockade in Kahnawake, and I hope that the Prime Minister realizes that, because I was worried yesterday. I heard him say that they have great faith in the Sûreté du Québec and in the community to respond to their own crisis. I could not even make that up. This crisis was not caused by the Government of Quebec or by the Sûreté du Québec. This crisis was caused by a lack of leadership on the part of the Canadian government and the Prime Minister. Everyone knows that.

Will the government deal with the crisis at its source, in British Columbia?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.): Mr. Speaker, I want to take this opportunity to respond to the Bloc Québécois' question by pointing out that we are all working together to address an issue that is very important to the Canadian economy, and that issue is NAFTA. I want to thank all the Bloc Québécois members for their willingness to work with our government on the new NAFTA. The Bloc has proposed better control over aluminum, and we have had some productive conversations.

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, I really appreciate the Deputy Prime Minister's comments. I would like her to repeat them more often in front of the media.

In order to resolve this crisis, the Bloc Québécois proposed that the RCMP leave the Wet'suwet'en territory and that the work stop. Strangely enough, the work has just stopped. This means that if you had listened to the Bloc Québécois from the outset, as you did with aluminum, perhaps things would be better off today. That is not what happened. Now at the 22nd day, the narrative is still that the problem might get resolved.

When will you understand that the solution to the Kahnawake problem is in British Columbia?

The Speaker: I want to remind the hon. member that the Speaker had nothing to do with aluminum. When asking questions, members must address the Speaker, not other members directly.

The hon. Deputy Prime Minister.

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.): Mr. Speaker, I would like to point out to my colleague across the way that the answers given in the House are also the answers given to the media. I think all hon. members understand that.

With respect to the blockades, I want to point out that our Prime Minister demonstrated tremendous leadership last week. I also want to highlight the very important work that my colleague, our Minister of Crown-Indigenous Relations, is doing today in British Columbia.

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, the hereditary chiefs have been asking for a meeting with the Prime Minister since January 10, over a month ago, and the Prime Minister refuses to act. We are in a national crisis.

The question is simple: When will the Prime Minister meet with the Wet'suwet'en hereditary chiefs?

[*English*]

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.): Mr. Speaker, the NDP leader is also a B.C. MP, so I am sure he will be glad to know that we are working on this issue in very close collaboration with Premier Horgan, with whom I spoke at length last night. No premier has worked harder on reconciliation, and we should all acknowledge that. We should also all support the Province of B.C.'s efforts to get important natural resource projects built in Canada.

When it comes to meeting with the Wet'suwet'en leadership, that is what my colleague is doing today.

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, on January 29, 2020, the Prime Minister met with Suncor Energy; on December 11, 2019, Novartis Pharmaceuticals; on November 14, Enbridge. In the past couple of months, when wealthy and powerful corporations came knocking, the Prime Minister found the time to be with them. However, when indigenous people ask to meet the Prime Minister, he ignores their requests.

If the Prime Minister can find the time to meet with powerful corporations during a national crisis, why can he not find the time to meet with the hereditary chiefs of Wet'suwet'en?

● (1430)

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.): Mr. Speaker, let me be very clear and say something that is incontrovertible. Our Prime Minister has worked harder, and more sincerely, toward reconciliation than any Prime Minister in Canada's history. When it comes to a meeting with the Wet'suwet'en hereditary leadership my colleague, the Minister of Crown-Indigenous Relations, is in B.C. with her B.C. counterpart doing exactly that.

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NATURAL RESOURCES

Mr. David Yurdiga (Fort McMurray—Cold Lake, CPC): Mr. Speaker, as a result of the government's anti-oil and gas policies, Teck withdrew its application. Thousands of families and many indigenous communities are devastated and very concerned for their future. Investment in the oil sands is now seen as a non-starter with the current Liberal government. When will the Prime Minister end his attack on Alberta and let us create the needed jobs?

Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.): Mr. Speaker, the decision made by Teck Resources in the letter that the Teck CEO sent to me clearly demonstrates the need for all levels of government, and indeed all members in the House, to be working together to deliver climate action and clean growth. We need to take action on climate change in order to move forward with business certainty. It is something that the investment community has told us is extremely important, and it is something that all Canadians are telling us is extremely important. We should be fighting climate change, not each other.

* * *

TRANSPORT

Mr. James Cumming (Edmonton Centre, CPC): Mr. Speaker, yesterday I introduced my private member's bill, Bill C-229, which asks the government to repeal its west coast shipping ban. This bill sends a clear message to investors that Canada is open for business, and that my Conservative colleagues and I continue to advocate increased access to markets for our oil and gas sector.

Will the Prime Minister commit today to support Bill C-229, and show that he is finally listening to Alberta and the rest of the western provinces?

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, our commitment to safe shipping on the west coat of this country is a very strong one because we realize to what level it is important to get our products to Asian and other international markets. That is why we are very proud of the oceans protection plan, which contains more than 50 measures to make our marine shipping industry safer and our waters more safe. That is why we are also involving our first nations, and we are very proud of that. We are going to continue to work in that direction.

* * *

[*Translation*]

NATURAL RESOURCES

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, when it comes to natural resources, the government has successfully applied its scorched-earth policy. Unfortunately, that is bad for Canada.

Under the Liberals, seven major projects have been cancelled, investments worth $150 billion have evaporated, and Canada's energy sector has lost 200,000 jobs. That is what four years of Liberal action adds up to.

Quebec buys 10.6 billion litres of oil, 62% of which comes from the United States. The Liberals and the Bloc might enjoy helping Donald Trump, but we would rather help Canadians.

Why does the Liberal government not take its cue from Barack Obama, who secured his country's energy independence?

Hon. Seamus O'Regan (Minister of Natural Resources, Lib.): Mr. Speaker, growing our economy and protecting the environment is important work that transcends any single project. Our government is committed to working with Alberta and the energy resource sector to move good projects forward.

[*English*]

Hon. Kerry-Lynne Findlay (South Surrey—White Rock, CPC): Mr. Speaker, Teck's withdrawal is a tragedy for Canada, not just Alberta. There are 7,000 jobs lost and billions of investment dollars gone. There is a serious disconnect between the Prime Minister and western Canadians. Yesterday, he said Alberta continues to politically resist after Teck engaged first nations and passed all standards. His contempt for hard-working Canadians hurts.

When will the Prime Minister stop blaming Alberta and support industry-leading projects that are socially and environmentally responsible?

● (1435)

Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I think it would be helpful to quote the Calgary Chamber of Commerce, which recently said:

> We need real, decisive action on climate change, with tangible outcomes and conviction. The success of our businesses, the well-being of our families, and our strength as a country all depend on it.

We agree, and we are working with all orders of government to ensure a sustainable resource sector and to take aggressive action on climate change.

Mr. Chris Warkentin (Grande Prairie—Mackenzie, CPC): Mr. Speaker, the Prime Minister regularly attacks elected officials from the Province of Alberta, but yesterday he let his contempt for all Albertans slip out of his mouth yet again. He was justifying his paternalistic, Laurentian elite, Ottawa-knows-best attack on Alberta's energy sector, falsely claiming that Alberta has done nothing to address climate change. False statements attacking Albertans pour gasoline on the flames of a national unity crisis that he, himself, ignited.

Why is the Prime Minister wilfully ignorant about what is happening in Alberta? Does he just want this crisis to burn on?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.): Mr. Speaker, I am very aware, and our government is very aware, of the pain and indeed, among many people, the despair in Alberta today.

I want to be very clear that when it comes to the oil and gas sector that our government is clear in its support. We understand that the oil and gas sector in Canada is the source of hundreds of thousands of well-paying, often blue-collar jobs, across our great country. It is not right to play with national unity.

Hon. Mike Lake (Edmonton—Wetaskiwin, CPC): Mr. Speaker, those are just words. Yesterday in an interview, the natural resources minister was challenged regarding his government's lack of an emissions plan.

When asked when one would be unveiled, he repeated the word "soon" five times in 25 seconds. He acknowledged that investors do not currently "know what direction we're heading in and what the rules are". He was not kidding. This is something that has been glaringly obvious to everyone but the Liberal government for the past four years.

How many more billions of dollars in investment and tens of thousands of jobs need to be lost before the Liberal government finally has a coherent plan?

Hon. Seamus O'Regan (Minister of Natural Resources, Lib.): Mr. Speaker, it is very clear that one of the things we have to do is develop a net-zero plan. That has to be done with the provinces and territories, and it has to be done with industry. Indeed, it has to be done very soon because the investment climate all around the world is changing. It is changing.

They are going to jurisdictions that take climate change seriously and we need to make sure that we get—

Some hon. members: Oh, oh!

The Speaker: Order. We started off not too bad, it was actually going well, but suddenly the noise level came up.

Order. What is very embarrassing is being named, and I am sure we do not want anyone to be named today. I will leave it at that.

We will let the hon. Minister of Natural Resources continue.

Hon. Seamus O'Regan: Mr. Speaker, the investment community around the world is coalescing around the net-zero marker. There is no way we can get to net-zero as a country without Canadian oil and gas, in the same way there is no way we can have a competitive, thriving oil and gas industry in this country without net-zero.

* * *

[*Translation*]

THE ENVIRONMENT

Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ): Mr. Speaker, this is the era of climate change, not the era of "Drill, baby, drill". The CEO of Suncor said that the time for major projects is over. The CEO of Teck Resources wrote that, before the company will invest, the provinces need to agree on their climate policies. It has gotten to the point where the oil companies are greener than the government. That is unbelievable. The government paid a huge amount of money for the Trans Mountain pipeline and is watching the cost of the project skyrocket without so much as batting an eye.

Will the Liberals listen to reason and put an end to this irresponsible spending?

Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.): Mr. Speaker, we have taken numerous measures to combat climate change. We developed a plan that includes 50 initiatives to reduce greenhouse gas emissions. We promised to implement a plan to surpass the 2030 targets and reach net-zero emissions by 2050. We have made a lot of progress, but we still need to do more.

● (1440)

Ms. Monique Pauzé (Repentigny, BQ): Mr. Speaker, we cannot fight climate change while spending $18 billion in taxpayers' money to buy the Trans Mountain pipeline. However, that is exactly what the government did. It wasted $18 billion on a pipeline that will transport the dirtiest oil in the world to markets that will continue to pollute.

Despite the answer the environment minister gave earlier, I would like to know whether he can explain how the Trans Mountain pipeline will help us meet our greenhouse gas reduction targets—

The Speaker: The hon. Minister of Environment.

Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.): Mr. Speaker, we have a serious and affordable plan for fighting climate change. We have spent more than $63 billion on green infrastructure and a clean economy, which is more than any other government in the history of our country.

Furthermore, every dollar generated by TMX will be invested in our transition to a clean economy. As we transition to a cleaner economy, we are ensuring that our resources get to market and that this transition is more affordable for everyone.

Ms. Monique Pauzé (Repentigny, BQ): Mr. Speaker, the minister said that every dollar generated by TMX will be invested in clean energy. That is like setting a village on fire to justify hiring firefighters.

Trans Mountain represents $18 billion that could be invested in health transfers, the fight against climate change, old age pensions and a just transition for oil workers, for example. Instead, the government is squandering our money on an outdated economic model that is based on the oil sands.

Will the Minister of the Environment recognize that this white elephant is harmful to both the economy and the planet?

Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.): Mr. Speaker, as I said, we will put in place the best plan to fight climate change that this country has ever seen. We have a plan to go beyond the 2030 targets.

We want to develop a plan to achieve net zero by 2050. Our government has made more progress on climate change than any other government in the history of Canada.

* * *

HEALTH

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, Australia announced that it is implementing a contingency plan to address the rapid spread of the coronavirus.

Australian Prime Minister Scott Morrison announced the decision today, as he expects a global pandemic to be declared within days. Even Canada's chief public health officer, Theresa Tam, told reporters Tuesday that the virus is likely to cause a pandemic.

There is no need to panic, but Canadians want reassurance.

Can the Prime Minister confirm today that there is a contingency plan ready to be activated?

[*English*]

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, at this time the risk within Canada remains low, but we do need to be prepared.

This is a rapidly evolving situation. Based on what is happening around the world, we are now preparing for a global spread of COVID-19. Our focus is now on limiting the impact within Canada.

We already have emergency response plans in place. We also have federal, provincial and territorial preparedness plans to respond to a pandemic situation.

Only the World Health Organization can declare a pandemic.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, the WHO director general said this today:

This virus does not respect borders.

From China, South Korea, Iran, Italy, Australia and Brazil, the coronavirus is spreading to all corners of the world. People are dying, and Canadians are rightly concerned about their health and safety.

The government needs to assure Canadians it is doing everything in its power to protect our country from this global health emergency. The U.S. has implemented restrictions, denying foreign nationals entry into the country if they have visited China within the last 14 days. Our allies have taken unprecedented steps to protect their citizens and contain the virus.

Has the government considered the same restrictions?

● (1445)

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, as we learn more about COVID-19, our public health officials are updating their advice for travellers. If someone has recently travelled to any jurisdiction with a confirmed case of COVID-19 and they are unwell or unsure, we are asking that they self-isolate for 14 days.

This is out of an abundance of caution. Our public health system is well prepared to handle cases of the virus in Canada, and we are taking every necessary precaution to prevent the spread of this infection.

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Mr. Speaker, the health minister is telling Canadians to prepare for a possible pandemic by stockpiling food and medication. While no one is trying to raise panic, sudden statements about needing to stockpile food and medicine are raising concerns across the country. Canadians are now wondering if they should be scared to fly, go to work or go to school.

How likely is Canada to face a pandemic at this time? Is the risk still low, or should we be stocking our shelves with supplies?

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, at this time the risk does remain low, but we do in fact need to be prepared. This is a very rapidly changing situation, and based on what is happening around the world, we are preparing for a global spread of COVID-19.

We must focus on the impacts within Canada. We already have emergency response plans in place. We also have federal, provincial and territorial preparedness plans to respond to a pandemic situation. The health and safety of Canadians is our utmost wish.

* * *

CONSULAR AFFAIRS

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, Iran has the most COVID-19 cases in the Middle East, and Canadians are unable to fly out because all commercial flights have been cancelled. The minister said no one in Iran is requesting airlifts to get out of the country, but the facts tell a different story. Within the last 48 hours, the Iranian Canadian Congress has received over 100 emails from Canadians who are stranded in Iran.

Will the minister commit to evacuating Canadians out of Iran, just as the government did for Canadians in China and Japan?

Hon. François-Philippe Champagne (Minister of Foreign Affairs, Lib.): Mr. Speaker, we remain very committed to providing consular services to Canadians travelling abroad, obviously including Iran. We invite Canadians in Iran to take commercial flights while they remain available. Canadians in Iran can access services at our embassy in Ankara and can also contact the Italian embassy in Iran, which is our protector. We are providing consular services to everyone in the world who needs the assistance of Canada to come back home.

* * *

HEALTH

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, Canada's nurses are warning that federal guidelines to protect front-line workers from COVID-19 do not go far enough and may be putting patients at risk. Safety protocols in Ontario, the U.S. and the European Union all call for the use of disposable respirators, while federal guidelines provide less secure barriers. Nurses say that federal standards presume the virus cannot spread through the air, but the science is unsettled.

Will the government listen to front-line professionals, revise its guidelines and ensure the best protection possible for health care workers and their patients?

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, I want to take a moment to thank the front-line health care providers across this country. They have been seized with this issue from day one, have been paying attention and have been doing incredible work, and for that I am very thankful.

We are committed to protecting health care workers and patients from exposure to COVID-19. The Public Health Agency of Canada released interim guidelines from medical professionals on infection prevention and control of COVID-19, which were developed in partnership with our provincial and territorial partners.

* * *

[*Translation*]

FISHERIES AND OCEANS

Mr. Serge Cormier (Acadie—Bathurst, Lib.): Mr. Speaker, fishers in my riding will soon be heading out to sea for the snow crab and lobster season. We hope their season is safe and successful for them and for everyone involved in this industry.

● (1450)

[*English*]

Can the Minister of Fisheries, Oceans and the Canadian Coast Guard update this House on what our government is doing to ensure our harvesters have access to markets while also continuing to protect the North Atlantic right whale?

Hon. Bernadette Jordan (Minister of Fisheries, Oceans and the Canadian Coast Guard, Lib.): Mr. Speaker, I thank my colleague for the question and for his work to support fisheries in his riding of Acadie—Bathurst.

This morning I was happy to announce updated measures to protect the North Atlantic right whale. We are working in collaboration with industry as well as with our conservation experts, but I want to be clear that the measures and progress we are making are only possible because of the support, hard work and co-operation of our fish harvesters.

We are ensuring that our fisheries remain sustainable and that products are getting to market while we are protecting for generations this animal that is so important to all of us.

* * *

[*Translation*]

THE ECONOMY

Mr. Bernard Généreux (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, CPC): Mr. Speaker, according to Manufacturiers et Exportateurs du Québec, the economic impact of the rail blockades is estimated at $100 million a day, and that is just in Quebec. The budget envelope for Canada Economic Development for Quebec Regions is $300 million annually. In just three days, the blockades have undone everything the federal agency and the government hoped to accomplish in an entire year. We have already heard the platitudes repeated by the Prime Minister, the Minister of Transport and the Minister of Public Safety and Emergency Preparedness.

What does the Minister of Economic Development have to say about this to the exporters, entrepreneurs and farmers in our regions?

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, the answer is that we are working around the clock to solve this problem as quickly as possible. That is why we initiated an important dialogue that will begin today. At the same time, we have sent a clear message that the barricades must come down and the rail system must get back up to full speed. That is what is happening right now. We are well aware that we must continue in this direction so that our economy can get back to normal.

* * *

[*English*]

PUBLIC SAFETY

Mr. Brad Redekopp (Saskatoon West, CPC): Mr. Speaker, the ongoing blockades by activists continue to hurt ordinary Canadians. Last week the Prime Minister said he hoped we will see positive developments. The public safety minister was hopeful the police would help restore rail shipments. The Liberals repeatedly speak of their hope that the protests will be resolved peacefully, yet we see protesters starting fires in front of moving trains.

Hope is a wonderful sentiment, but hope is not a management tool. When will the blockades finally come down and stay down?

Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, I understand the members opposite are hopeless, but let me assure members that we are working tirelessly, both to re-engage—

Some hon. members: Oh, oh!

The Speaker: Order. Order. We were doing so well. I want to make sure that people understand on both sides that when we throw stuff, it comes back negative. Just try to get along and do the best we can. We were doing very well. I was really having hope.

The hon. minister.

Hon. Bill Blair: Mr. Speaker, let me assure the members opposite that our government remains committed to doing the hard work of going to the table and engaging in the negotiations to resolve the outstanding issues and to get that project built.

At the same time, we have real confidence in law enforcement across this country to do the job of restoring order and taking those barricades down.

Mr. Mel Arnold (North Okanagan—Shuswap, CPC): Mr. Speaker, 300,000 chickens: That is how many birds will go hungry on one farm in Salmon Arm in a few days. This family farm's existence is being threatened by the rail blockades. The farmers have the trucks ready to pick up the grain from the railcars, but they cannot get the railcars moved.

The livestock and the livelihoods of farmers are at risk. When will the Prime Minister remove these blockades?

Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, let me be very clear. The Prime Minister and our government have been crystal clear. These barricades are having an unacceptable impact on Canadians across the country, and they must come down.

At the same time, we have confidence in law enforcement's ability to do their job and to uphold the law while we engage in the important work of negotiations to reconcile the issues giving rise to these barricades.

Ms. Rachael Harder (Lethbridge, CPC): Mr. Speaker, Canada is in a crisis. Roads, railways and ports have been shut down. Thousands of Canadians are unable to get to work and small businesses and farmers cannot get their products to market. Workers are being laid off. A few radical activists and those who break the law, who hate energy progress, are literally being allowed to hold our country hostage.

When will the Prime Minister do his job, take leadership and put an end to this lawlessness?

● (1455)

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, it is very hard to resolve the problem. I should point out that trains are beginning to move again, not only moving freight across this country but also moving passengers, so the situation is improving. It is not where we want it to be, and we are going to continue to work very hard.

We are extremely happy with the dialogue that is going to start today with the Wet'suwet'en hereditary chiefs. We are working with a very sensible approach to solve this problem.

* * *

[*Translation*]

PUBLIC SERVICES AND PROCUREMENT

Mrs. Julie Vignola (Beauport—Limoilou, BQ): Mr. Speaker, today is the fourth anniversary of Phoenix, the black hole that has swallowed up three-quarters of federal public servants at one time or another. Some are not being paid, while others are being forced to repay tens of thousands of dollars they received, and they are required to repay the gross amount, not the net amount. Some have lost their homes. One public servant even took her own life. These are but a few of the figures we know. Four years later, we still have nothing to celebrate. There is a protest in Montreal.

Will the President of the Treasury Board—

The Speaker: The hon. Minister of Public Services and Procurement.

Hon. Anita Anand (Minister of Public Services and Procurement, Lib.): Mr. Speaker, I offer my condolences to Ms. Deschâtelets' family. We recognize that pay issues are stressful and create hardships for employees and their families, and we are committed to fixing this.

Over the past two years, we have reduced the backlog by 39%. During the same period, the number of pending transactions with financial implications was reduced by 50%. We continue to—

The Speaker: The hon. member for Beauport—Limoilou.

Mrs. Julie Vignola (Beauport—Limoilou, BQ): Mr. Speaker, I understand that the minister wants to be reassuring, and yet, nearly 4,000 RCMP employees are still being forced into the black hole that is Phoenix. They are told that all the tests are conclusive and that Phoenix is working perfectly.

Tell that to the 100,000 public servants who have had problems in the past year. It makes absolutely no sense to enter new workers into Phoenix at this stage of the disaster. We know that the system does not work. We know that the government is working on replacing it.

Why not wait for the new system?

Hon. Jean-Yves Duclos (President of the Treasury Board, Lib.): Mr. Speaker, I want to take this opportunity to thank my colleague for that very important question. The work of RCMP employees is absolutely essential to Canadians' safety and their working conditions are absolutely an essential part of my mandate. That is why no RCMP employee will be moved to Phoenix or the public service as long as there is any risk involved.

[*English*]

AGRICULTURE AND AGRI-FOOD

Mr. Robert Kitchen (Souris-Moose Mountain, CPC): Mr. Speaker, Saskatchewan grain farmers are facing serious financial hardships after a difficult harvest season.

The Liberals have failed to resolve trade disputes with China. The carbon tax is making everything more expensive. Now illegal blockades are shutting down the rail system. The Liberals must act to help our struggling farmers.

The deadline for loan repayment through the advance payments program is fast approaching. Will the minister agree today to waive the interest on the loans and extend the repayment deadline?

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, we understand the pressure our farmers are facing following this tough year. That is why we have improved the advance payments program. We are in close contact with the APP administrator to monitor the evolving needs of farmers.

I can assure the member that I will duly evaluate a request when it comes.

Mr. John Nater (Perth—Wellington, CPC): Mr. Speaker, farmers are facing their challenges now and the deadline is fast approaching for the advance payments repayments.

Farmers are facing challenges. A wet harvest meant the money for crops stayed in the ground. Those who did get their crops off are now facing delays because of a CN Rail strike and illegal blockades. When we asked the Prime Minister this question yesterday, it appeared as though he did not even know what this program was.

Therefore, my question is for the Minister of Agriculture. Will she extend the deadline for the advance payments program and will she waive the interest charges, yes or no?

● (1500)

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, we made significant modifications to the advance payments program last year. It is an important program for our farmers. I can assure the member that we are working closely with the APP administrator. If they come to me and ask for such a request, I will take it very seriously.

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Mr. Speaker, Canada's farmers have been hit with blow after blow by the Liberal government.

Last fall's early snowfall left so many crops buried under the snow. Rail strikes and illegal blockades are preventing crops that are in the bins from even getting to the market. The Liberal carbon tax and crumbling trade relationships only compound this crisis.

Advance payments program loans are coming due, but with so many hardships beyond their control, farmers are strapped for cash. Our farmers are in desperate need for more than just empty platitudes.

When will the Prime Minister commit to extending the advance payments program deadline and waiving the interest on its loans?

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, I will be very pleased and open to evaluate such a request when it comes to me.

I have already told the House many times that I am also very committed to improving the business risk management programs. Should I remind my colleagues that they cut $400 million from these programs?

* * *

JUSTICE

Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.): Mr. Speaker, everyone has the right to a safe workplace, with fair treatment for all, no matter their gender or their gender identity.

Sexual harassment impacts the health and the well-being of those involved, as well as their ability to perform their jobs to the best of their ability.

Will the Minister of Justice please share with the House what action our Liberal government is taking to address the issue of workplace sexual harassment?

Hon. David Lametti (Minister of Justice, Lib.): Mr. Speaker, I agree with the hon. member that everyone has the right to feel safe and secure in their workplace.

Our government has invested $50 million over five years in funding to address sexual harassment in the workplace. Half of this funding will increase organizations' capacity to provide legal advice to complainants and half will enable them to provide public legal education and information to workers.

We all have important roles to play in creating and maintaining workplaces where everyone can feel safe and respected.

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PUBLIC SERVICES AND PROCUREMENT

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Mr. Speaker, the Liberals' fighter jet fiasco has turned into a complete circus.

First the Liberals manufactured a fake capability gap to justify their ridiculous plan to buy a bunch of old, rusted-out Aussie jets. Now they delayed the competition to buy new jets for another three months. To top it all off, they are only upgrading the fighting capabilities on half our old jets.

How have the Liberals managed to waste $3 billion in taxpayer dollars without buying a single, not one, new fighter jet?

Hon. Anita Anand (Minister of Public Services and Procurement, Lib.): Mr. Speaker, our government has been strong and consistent in delivering on its promise to replace the existing fighter jets. Unlike the previous Conservative government, which procured no jets, we are delivering real progress in purchasing 88—

Some hon. members: Oh, oh!

The Speaker: Order, please. I am sorry, I am going to have to interrupt the hon. minister. I am having a hard time hearing and I am sure everyone else is as well.

The hon. minister.

Hon. Anita Anand: Mr. Speaker, at the request of industry, the deadline for preliminary proposals has been extended until June 30. This will not affect the timeline for contract award and delivery.

Our objective remains clear, and that is getting the best plane for the RCAF at the right price, with the most economic benefit for Canadians.

* * *

HOUSING

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Mr. Speaker, families in Toronto are struggling to find a home. The first-time home buyer incentive provided a glimmer of hope before the details were actually known.

One cannot buy half a home in Toronto under the current incentive, leaving families with little option for home ownership under this plan.

When will the Liberals put forward a real plan for families that are just trying to buy their first home in Toronto?

● (1505)

Hon. Ahmed Hussen (Minister of Families, Children and Social Development, Lib.): Mr. Speaker, I am happy to talk about the national housing strategy, which reintroduced federal leadership in housing after 10 years of inaction by that party when it was in government.

We have ensured that we introduced programs to build more affordable rental stock into the market and more social housing. We signed bilateral agreements with provinces and territories. We introduced the first-time home buyers' incentive so that the dream of home ownership could be within reach for middle-class Canadians.

FORESTRY INDUSTRY

Mr. Eric Melillo (Kenora, CPC): Mr. Speaker, forestry contributes over $20 billion to the Canadian economy and employs over 200,000 people. The industry also plays a role in protecting our environment, as forest products are an effective way of storing captured carbon.

This is why many Canadians are concerned with the Liberal plan to restrict 25% of Canada's land from development. Reducing the amount of forest land available for harvest would negatively impact our economic and environmental prosperity.

Could the Minister of Natural Resources confirm whether this plan will impact areas that are currently accessible for harvest, yes or no?

Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.): Mr. Speaker, we were incredibly proud of the work that was done between 2015 and 2019 to meet our protected area targets of 10% marine and 17% terrestrial protection. That is critically important in terms of protecting biodiversity in the country, and we worked with all sectors, including the forestry sector and the provinces and territories, in doing so.

We have now established a 25% by 2025 target. We will continue to work actively with the provinces and territories, with all sectors, very much including the forestry sector, to ensure we are protecting spaces for years to come, but doing so in a manner that is economically sensitive.

* * *

[*Translation*]

LABOUR

Ms. Annie Koutrakis (Vimy, Lib.): Mr. Speaker, all Canadians know that maintaining a proper work-life balance can often be difficult.

In my riding of Vimy, families in Laval work hard to balance the demands of work, family, and mental, physical and emotional health. Canadians want the government to reflect on the importance of this crucial issue.

Could the Minister of Labour tell us what this government is doing in terms of work-life balance?

Hon. Filomena Tassi (Minister of Labour, Lib.): Mr. Speaker, my colleague from Vimy has asked a very important question. Our government understands the importance of work-life balance.

[*English*]

We have been working hard for Canadian workers. We have expanded leave provisions for families. We have created new leaves. We have enshrined flexible work arrangements and restored fair and balanced labour relations.

Moving forward, we will modernize health and safety standards, implementing mental health protections.

PHARMACARE

Mr. Taylor Bachrach (Skeena—Bulkley Valley, NDP): Mr. Speaker, a woman I met in Fort St. James worked for 25 years at the sawmill. She told me that when she was laid off, she lost all her benefits. Now she cannot afford the drugs she needs for her arthritis.

Like the one in five Canadians who cannot afford medication, she has been left behind by the government.

The NDP is ready with a plan to make universal, public, single-payer pharmacare a reality and save Canadians and our health system billions.

Will the minister support our plan for pharmacare?

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, we are open to collaborating with members of the opposition. We are open to collaboration with members of the NDP. We will look very seriously at this bill. We will work toward coming up with things we can work together on to move forward for a national pharmacare for all Canadians.

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HEALTH

Mrs. Jenica Atwin (Fredericton, GP): Mr. Speaker, one in five Canadians suffers from a mental health problem or illness in any given year. Mental illness-related costs in Canada are over $50 billion annually.

[*Translation*]

Social costs are high. People with serious mental illness are at greater risk of living in poverty.

[*English*]

The Minister of Finance has been tasked with setting national standards for access to mental health services.

Could the minister confirm that the upcoming budget will include funding for a national framework that will allow Canadians to access a variety of mental health professionals, including counsellors, and will empower provinces and territories to work together for action on this important issue?

Mr. Sean Fraser (Parliamentary Secretary to the Minister of Finance and to the Minister of Middle Class Prosperity and Associate Minister of Finance, Lib.): Mr. Speaker, the health of Canadians is a top priority for constituents in every riding from coast to coast to coast.

During the recent federal election campaign, we committed to put billions of dollars to support not just mental health, but to improve access to primary care, to implement pharmacare and to improve in-home care for seniors.

I look forward to continuing my conversations with colleagues on both sides of the aisle to implement a plan through our fiscal framework that will improve the health of all Canadians.

● (1510)

The Speaker: Before we go to the point of order, I want to say that today was not a great day, but it was a much better day. I want to thank the members who respected others while they were speaking.

Mr. Kelly McCauley: You might be setting your standards too low, Mr. Speaker.

I rise on a point of order. Earlier we heard the member for Repentigny wrongly label Alberta oil as the dirtiest in the world when we know it is actually Nigeria. I would like to table, please, a report from the Library of Parliament showing that Quebec imported three million barrels of the world's dirtiest oil from Nigeria.

The Speaker: Does the hon. member have the unanimous consent of the House?

Some hon. members: Agreed.

Some hon. members: No.

Mr. Kody Blois: Mr. Speaker, I rise on a point of order. On Tuesday, we had a great discussion on Teck Frontier and the oil sands industry writ large in this country. I would like to thank the member for Lakeland for bringing that emergency debate so all members in this House could bring forward their thoughts, and I appreciated having that chance.

During the debate, I had a question for the member for Regina—Lewvan. I asked him about the 38 existing oil sands projects approved, representing 2.7 million barrels of oil, that could start tomorrow, and he asked for the report. I have it here and would like to table it for the benefit of all members.

The Speaker: Does the hon. member have the unanimous consent of the House?

Some hon. members: Agreed.

Some hon. members: No.

* * *

POINTS OF ORDER

ORAL QUESTIONS

Mr. Peter Schiefke (Parliamentary Secretary to the Minister of Environment and Climate Change, Lib.): Mr. Speaker, I rise on a point of order today to simply point out that there are rules in this House. One of the main rules is that we have a chance to ask questions, as well as to respond to those questions. Unfortunately, today the hon. member for Prince Albert did not follow those rules. During the response of the Minister of Agriculture and Agri-Food to a question, he was so loud that I had a hard time hearing her, and I am sitting literally two seats behind her. Following the response to his question, he decided to throw attacks at her and continue to launch insults.

Yesterday, I do not know if the hon. member wore a pink shirt for Anti-Bullying Day. If he did, it was not worth the picture that was printed on it, and I am asking him to apologize to this House.

Mr. Randy Hoback (Prince Albert, CPC): Mr. Speaker, I do apologize to the House. I did act irrationally, but I have to justify it in such a fashion that there are farmers right now looking at the weather, looking at the road bans, looking at their financial situations and they need action. The government does not seem to act unless it is a crisis—

The Speaker: I am going to accept the hon. member's apology.

I want to remind hon. members that when someone rises on a point of order about respect in the room and then there is shouting afterward, there is an irony there. I wonder if I am missing something.

* * *

BUSINESS OF THE HOUSE

Hon. Candice Bergen (Portage—Lisgar, CPC): Mr. Speaker, I have a very simple and short question for the government House leader. I would ask him to tell this House what the business is for the remainder of this week. If he knows what the priorities will be when we return after our constituency week, that would also be appreciated.

[*Translation*]

Hon. Pablo Rodriguez (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, this afternoon, we will continue debate at second reading of Bill C-7 on medical assistance in dying.

Tomorrow will be an allotted day for the Conservative Party.

The House will then adjourn for one week, during which we will be in our ridings doing incredibly important work with our constituents.

[*English*]

Upon our return, we will deal with Bill C-4, an act to implement the agreement between Canada, the United States and Mexico, and Bill C-7, an act to amend the Criminal Code on medical assistance in dying.

GOVERNMENT ORDERS

● (1515)

[*Translation*]

CRIMINAL CODE

The House resumed consideration of the motion that Bill C-7, An Act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

Mr. William Amos (Parliamentary Secretary to Minister of Innovation, Science and Industry (Science), Lib.): Mr. Speaker, I will continue to speak to the report of the Council of Canadian Academies on the provision of medical assistance in dying to those struggling with mental illness.

The complexity of the issue is reflected in the fact that the members of the Council of Canadian Academies working group had vastly different opinions on the subject. On the one hand, the reports note that symptoms of mental disorder can impair cognitive abilities, making it more difficult to understand or appreciate the nature and consequences of treatment decisions.

The word "incurable" is not generally used by clinicians in the context of mental disorders, which makes it difficult to assess the condition of a person with "irremediable" health problems under the current legislation.

[*English*]

On the other hand, the report points out that the autonomy rights of an individual with a mental illness must be respected. The report cites the experiences of Belgium and the Netherlands, which permit assisted dying for psychiatric conditions, with additional safeguards. However, the report also acknowledges that assisted dying for persons with mental illnesses in these jurisdictions remains controversial, and the public debate is ongoing. Ultimately, the working group could not reach consensus on ways to address complexities and mitigate risks associated with mental illness and medical assistance in dying.

On the topic of advance requests, the Council of Canadian Academies report on advance requests also documents considerable evidence and provided many instructive findings on an issue of great interest and concern to many Canadians. Particularly in our riding, this was an issue I heard a lot about.

An advance request is a request for assisted dying made well in advance and in anticipation of the time when the person making the request may face suffering and other circumstances that may make them eligible for medical assistance in death. An advance request would set out conditions under which an individual requests MAID to be provided at a future date. Advance requests are premised on the likelihood that when people's health circumstances deteriorate to the point where they would want an assisted death, they would no longer have the capacity to affirm their decision immediately before receiving medical assistance in dying. In other words, that critical requirement of giving final consent would not be possible.

Many people express the desire to make an advance request so they have the comfort of knowing they will be able to avoid a lengthy period of grievous suffering for themselves and for their families. This is in the event they succumb to an illness that could leave them severely impaired and lacking cognitive capacity for a lengthy time period.

The CCA report helped unpack advance requests, in a way that really was helpful, by outlining several scenarios of increasing complexity. The first scenario involves an individual at the end of life who has been assessed as eligible for medical assistance in dying, but fears losing capacity while waiting to receive it. This is the situation experienced by Audrey Parker from Nova Scotia who chose to receive MAID earlier than she had wanted in fear of losing her eligibility status.

The second scenario involves an individual who has been diagnosed with a serious condition, but does not yet qualify for medical assistance in dying.

The third scenario involves an individual who wants to plan for various future outcomes, prior to any diagnosis.

The report indicated that when the request is farther in advance of the procedure, it becomes more challenging for health care providers to be certain that the request still reflects the wishes of the individual. The report found that the first scenario poses the least risk and is relatively straightforward. Canadians expressed a great deal of support for this scenario in the federal consultations and it is also widely supported by experts and practitioners.

Our proposed amendments in Bill C-7 would permit this type of advance request. This means that an individual who has a reasonably foreseeable natural death, and who is assessed and approved for medical assistance in dying, can wait for their chosen date without worrying about losing decision-making capacity. If the person does lose capacity prior to that date, they would still receive medical assistance in dying on the requested date or earlier, as expressed in their advance wish. It also means that individuals no longer need to reduce required pain medications and endure additional suffering in order to maintain their capacity to consent right before the procedure.

However, the other two scenarios, where significantly more time passes between preparing a request and medical assistance in dying provision, are far more complex and challenging.

I want to point out that we have definitely made movement on that first aspect. It is in those other two aspects where there is significantly more debate, and those need to be taken care of by Parliament in the coming months, which is exactly what this bill provides for.

● (1520)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, it is really interesting that this member actually makes very explicit the slippery slope that so many people are concerned about, because when C-14 first came out, the ministers at the time defended it as representing a finely tuned balance between access and safeguards.

Now, we have legislation that removes safeguards and this member talks about the possibility of new legislation very soon after the statutory review in June that would remove further safeguards. We have seen dramatic increases in the rate of people accessing euthanasia in each of the last four years.

I wonder if people should be reasonably skeptical when the government talks about the balance that it is trying to establish, when every single time this comes up, they want to remove more and more of the safeguards.

I will pick on one safeguard, the idea that there could be a 10-day waiting period, one that can be waived in certain circumstances, but by and large is in place. That seems to be eminently reasonable. There is also the idea that there should be two witnesses who observe the consent. These basic safeguards, the 10-day waiting period that could be waived and two witnesses, are very reasonable things that the government wants to do away with.

It makes me wonder, in the next iteration of this legislation, what safeguards at that point will the government remove. How many safeguards do they intend to take away? What is wrong with having some checks and balances in place protecting vulnerable people?

Mr. William Amos: Mr. Speaker, this country has been going through an ongoing discussion on this issue. This precedes the Carter decision. It goes even beyond the Rodriguez case. We have been having this conversation about what are the appropriate ways to secure the life, liberty and security of the person while also respecting his or her dignity. This is not a question of removing safeguards. This is a question of ensuring that Canada has a properly progressing discussion about issues that are very difficult.

Granted, the bill brought in 2016 was brought with significant time pressures and there was a significant and robust discussion, but we left room for further discussion. That was the whole purpose of the reports that were prepared by the Council of Canadian Academies, so that further reflection could be provided. That was done, and those reports have really helped this legislation bring forward better proposals.

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Mr. Speaker, listening to the debate today, one of the things we need to do as a Parliament is to make sure we have national standards for palliative care and a national mental health strategy that ties the provinces to the Canada Health Act and makes sure provinces spend money in these areas, so that those are not concerns going forward with this act.

My question is about the final consent waiver, proposed subsection (3.2). It seems that it is tied directly to entering an agreement in writing with a medical practitioner or a nurse practitioner. That medical practitioner or nurse practitioner would administer a substance to cause the patient's death on a specific date. I am just wondering whether it is actually tied to that practitioner or whether it could be transferred to another practitioner, in the case where that medical practitioner with whom the patient made the agreement is unable to go forward with those wishes at that time, when the patient needs medical assistance in dying.

Mr. William Amos: Mr. Speaker, I must confess that is an aspect of this bill that I do not know enough about. I am going to have to go back and discuss that with the Minister of Health and the Minister of Justice because it does raise an interesting question. Canadians do have access to different health practitioners. Rather than saying something that I do not know much about, I would rather reserve comment, thank the member for his question and then have a discussion with him separately.

● (1525)

[*Translation*]

Hon. Jean-Yves Duclos (President of the Treasury Board, Lib.): First of all, Mr. Speaker, I would like to thank the hon. member for Pontiac and congratulate him for his great sensitivity, his ability to listen and his deep sense of humanity when he speaks to this very important issue.

I would like to quickly ask him to talk about the twofold objective we want to achieve, namely the protection of vulnerable people and access to greater dignity through greater freedom of choice for those who are experiencing tremendous suffering.

Mr. William Amos: Mr. Speaker, I thank my esteemed colleague for his question. This certainly is a very sensitive subject. It is a complex and deeply personal issue.

That is what comes through when I talk to people in the Pontiac. Everyone is concerned not only about their own future and their own health, but also the health and future of their family members and loved ones. We need to strike a balance between societal needs. The Government of Canada remains committed to protecting vulnerable individuals on the one hand and every Canadian's right to equality on the other. We need to safeguard eligible individuals' autonomy in requesting MAID. We also have to protect families and individuals who are not competent to make that decision. It is not easy. I am proud of our government for bringing in legislation on this issue.

[*English*]

Mr. Larry Maguire (Brandon—Souris, CPC): Mr. Speaker, I will be sharing my time today with my colleague, the member for Saskatoon West.

As a new member of the justice committee, I look forward to the issues that we will be dealing with in this new Parliament. While I am not a lawyer, nor do I have any desire to become one, I hope my contributions and insight on the issues of the day will help in rebuilding trust in our judicial system.

I am fully aware that many Canadians have serious concerns. Many are looking for solutions that will keep our communities safe, and they want us to begin the process of rebuilding the public's confidence in our justice system.

The legislation we are dealing with today is about one of those issues that almost every Canadian has heard of and will be, undoubtedly, following in the news. As a member of the Conservative caucus, I can debate this legislation and vote on it as I see fit. It is my intent to improve this legislation and to do the best I can in representing the good people of Brandon—Souris.

Like many Canadians, I find discussing the implications of medical assistance in dying challenging. There is no sugar-coating the fact that, for many people, it is extremely difficult to openly discuss the issue of death. As a result of the Carter decision, it was left up to Parliament in 2016 to determine the appropriate legislative response in order to be compliant with section 7 of the charter. It must also be said that the Carter decision was specifically limited to a competent adult who gave her consent in receiving medical assistance in dying.

When we were seized with dealing with the legislation, many members of Parliament felt the government's response did not go far enough. One of the Liberal MPs who voted against the legislation was none other than the Minister of Justice. Some members were quite concerned about the lack of clarity, such as in the term "reasonably foreseeable", which was left undefined. Other members wanted Parliament to supersede the Carter decision.

Disagreement is not new in this place. It is to be expected in Parliament, with members from all political stripes and backgrounds. I would argue that our democracy is much better served having such divergent views as to guarantee that every position is fleshed out.

When we debated Bill C-14, our Conservative caucus studied the legislation with the rigour that Canadians demanded of us. We asked the tough questions, we put forward amendments and we did what we were sent here to do, which was to ensure the concerns of our constituents were put front and centre. It is my sincere hope that we once again invest the necessary time on this and be as inclusive as we can so that all Canadians have their say on Bill C-7.

It goes without saying that there are deep divisions on the overall issue of medical assistance in dying. I know every member of Parliament is hearing from constituents on this issue, and in the past couple of weeks numerous petitions have been sent to all members' offices. I would also note that in the election, I received inquiries on the future of the legislation and on whether Parliament would be reviewing it anytime soon.

One of the elements in the original legislation was to have an automatic review, which will be undertaken this summer. It is notable that the legislation now before us has pre-empted the automatic review on a few matters. This upcoming review will be far more comprehensive than the two-week online survey used for Bill C-7.

From what many were expecting, the legislation that was set to be introduced was to respond to the Superior Court of Québec's ruling. We now know that this is not the case. In fact, yesterday during debate, the parliamentary secretary of justice acknowledged that the Liberals did go above and beyond, because that is what he thinks Canadians want. While that may be his opinion, it is concerning that the larger changes found within Bill C-7 could have been dealt with in the larger review this summer.

What we are debating today has numerous changes that go much further than deleting and replacing the phrase "reasonably foreseeable" in order to be compliant with the recent court decision. For example, the government is easing safeguards, which I might add is the actual language found within the presentation with which departmental officials briefed MPs.

● (1530)

As it stands, patients must make a written request for MAID that is witnessed by two independent witnesses. In Bill C-7, this has been changed to one independent witness. I believe it is incumbent on the government to justify this change and to outline the rationale for why it needed to be amended. The government is also removing the mandatory 10-day period after the written request is signed. Once again, this is a significant change that goes above and beyond what was required for the law to be in compliance with the Quebec Superior Court decision.

It is my intent to invite as many experts, health care professionals and provincial governments to committee to ask them about the proposed changes and to determine if they are in fact needed. We must be cognizant that MAID still has the necessary safeguards in place to protect the vulnerable.

I want to put on the record that many of the issues we raised in the last Parliament, such as enshrining conscience legislation in law for medical practitioners, has fallen on deaf ears. This was an almost universal position among my Conservative colleagues, and the Liberal government of the day did not adopt those measures.

We were also quite adamant about improving access to palliative care. Even though the delivery of health care falls under the purview of provincial governments, we passed a private member's bill to implement an action plan. My colleague from Sarnia—Lambton, who worked hard to get this legislation passed, is very disappointed that the government's five-year action plan failed to commit enough resources or outline a clear set of measurable outcomes. In a rural riding like mine, there are not enough palliative care services available. My heart goes out to those families who must send loved ones to a different community in the final days of their lives.

As a champion of rural Canada, I know first-hand the unique challenges that millions of people face every day due to their isolation or remoteness. I want to give the benefit of the doubt to the government that it is committed to rural Canadians, but its record says something completely different. While these issues cannot be fixed in this legislation, we cannot treat them in isolation while discussing MAID.

In closing, I want the government to know I am committed to working with it constructively on this legislation. I will ensure that the concerns of my constituents are heard. We know there is nothing more precious than the gift of life: to live freely, to live safely and to live healthy and happily. It is our collective responsibility to do what we can to improve the quality of life of all Canadians.

I look forward to what my colleagues have to say on this legislation, and if it is sent to our justice committee, we will do our due diligence to listen to witnesses and improve it where possible.

● (1535)

Hon. Larry Bagnell (Parliamentary Secretary to the Minister of Economic Development and Official Languages (Canadian Northern Economic Development Agency), Lib.): Mr. Speaker, I enjoy working the member on the Standing Committee of Parliamentarians of the Arctic Region. He gave a very positive speech.

I wanted to reply to a couple of items. Why now, before that major review of the act in June? We had no choice; the Supreme Court ordered it. Concerning the 10-day period, medical practitioners suggested that a person may be incapable in those 10 days, so it was not necessary. That was a bit problematic, as was getting two signatures.

On palliative care, I agree 100% with the member. That is one of the reasons why in the last budget, for the first time in history, we added $6 billion to help the provinces with palliative care. I hope it is working toward exactly what the member would like.

Could the member let me know, as I think about this bill, what his constituents said to him about the MAID legislation?

Mr. Larry Maguire: Mr. Speaker, my colleague from Yukon and I have worked together on the Standing Committee of Parliamentarians of the Arctic Region for a while. Someday I will have to go up to Whitehorse to see how he operates.

The people in my riding have given me differing directions on this particular issue. As I said in my speech, there are many people with different ideas on how this should be done and on whether it should be done at all. I have received petitions from hundreds of people on both sides of this issue.

We will be listening intently, and as I said, if it comes to the justice committee, which I am a member of, we will be looking for input from the witnesses in the way I outlined and making sure we improve the bill wherever we can.

[*Translation*]

Mrs. Louise Charbonneau (Trois-Rivières, BQ): Mr. Speaker, I want to thank my colleague for his speech.

I would like to know why my colleague does not like the idea of having a single witness present while MAID is being administered. Usually, at this important time in their lives, sick people are surrounded by family members, and therefore by love and affection.

[*English*]

Mr. Larry Maguire: Mr. Speaker, the only thing I can say on that is that the two signatures acted as a safeguard. That was in place before, and now it would be one. There is also a shortening of the time frame for the reflection period. I think we need to hear from witnesses as to whether that should have stayed where it was or gone forward, but the government has put it in the bill to move it in that direction. I am not saying that one witness is not enough. I am just saying that the safeguards need to be in place to protect those who are vulnerable.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Mr. Speaker, obviously the original medical assistance in dying legislation was about limiting the amount of unnecessary suffering when people are facing end-of-life issues, both for the individual and for the families.

One part of the legislation that has been brought forward has been referred to as "Audrey's amendment", named after Audrey Parker, a woman in Nova Scotia, who felt forced to choose an earlier death than she would have liked and ended up missing a last Christmas with her family because she felt she might lose competence and not be able to give consent at the end.

The bill that has come forward provides that those who have been assessed and approved can give instruction to a doctor so that if they lose competence before their wishes are carried out, they can receive assistance and not have to make the ugly choice to go sooner than they would like. Does the member support that provision?

Mr. Larry Maguire: Mr. Speaker, I want to assure my New Democrat colleague that this is an area of concern. There is no doubt that the situation he outlined is of great importance in determining the situation before us. It will be coming back to our committee. I look forward to working with him on it as well, as he is a member of the justice committee.

At this point I want to make sure we hear from as many witnesses as we can. I have already heard from many in my area who are quite supportive of that and of having the 90-day before going forward. This is one of the changes to "reasonably foreseeable" put in the bill, and I support the part of the bill that would allow them to do that.

● (1540)

Mr. Brad Redekopp (Saskatoon West, CPC): Mr. Speaker, today I rise to speak on Bill C-7, an act to amend the Criminal Code regarding medical assistance in dying.

My office has received about 135 phone calls, emails or letters so far on this issue, and I recognize that this is a very touchy, personal and non-partisan issue.

I will begin with a quick bit of history. The MAID legislation came into law in June 2016. Recently, one judge in Quebec ruled that the wording in the legislation on "foreseeable death" was too restrictive. The Liberal government was very quick to accept this ruling. It chose not to appeal, and instead moved to rewrite the legislation taking into account the decision of the court.

This caused me to compare this ruling to the recent Alberta court ruling in which four judges found the carbon tax to be unconstitutional. It made me wonder if the government is going to be as quick to accept the Alberta court ruling as well and not appeal it, but that is a digression.

As I said, MAID is a very touchy, personal and non-partisan issue. One can always find examples of people for whom MAID legislation is a difficult but welcome option. Unfortunately, those simple examples are usually in the minority. Far more often, it is much more complicated than that. The stories I have heard reflect these complications, such as the case where families are caught by surprise with a death and then forced to deal with the aftermath of that.

There are cases where a person is at a particularly low point in their health but, under this proposed legislation, would be able to request and receive MAID with no waiting period. There are cases where physicians or hospital officials apply pressure on individuals to consider MAID. For example, Roger Foley, an Ontario man who is suffering from an incurable neurological disease, said that the medical staff repeatedly offered him MAID, despite his repeated requests to live at home.

There is also the B.C. case of Ms. S. Dr. Wiebe lamented the profound suffering of Ms. S. but felt that Ms. S. was not eligible for an assisted death. Then, unfortunately, Ms. S. decided to starve herself. Dr. Wiebe and another doctor then determined that, due to the severe malnutrition and dehydration of Ms. S., her natural death was reasonably foreseeable, so Dr. Wiebe euthanized her on March 2017.

According to a Globe and Mail article, this case is the first to be made public in which a medical regulator has ruled on the contentious question of whether doctors should grant assisted death to patients who only satisfy all the criteria of the federal law after they have stopped eating and drinking.

It is not difficult to imagine a situation where a hospital will, for reasons of efficiency, encourage its staff to suggest MAID to patients with chronically difficult and complex cases. It is not a simple problem. It is a very complex problem.

What bothers me about this is that the government is pre-empting the parliamentary review process that was specified in the legislation. We know that the current justice minister voted against the party on the original legislation because he felt that it did not go far enough. Now, as justice minister, he is able to make the changes that he desired. This is troubling, because he is choosing to pre-empt the legislated review process and get his desired changes into legislation without consultation.

The existing law mandates the review of the legislation every five years, and the review will happen in just a few months.

Why is the government is such a rush to make substantive changes to this legislation and pre-empt the legislated review process?

To me, it makes far more sense to deal with the specific issue raised by the Quebec judge only, then do a proper consultation with Canadians this summer and propose changes based on that. Instead, the government had an extensive online survey that lasted two weeks. While it received a lot of responses, I think it just proves that there is great interest, and Canadians have a lot to say about this issue. So far, the results of these responses have not been shared, and I ask for these responses to be shared. I call on the government to do the right thing and leave any changes beyond what the Quebec judge has asked for until the completion of the review process later this year.

Since we are talking about changes to this legislation, I want to talk about palliative care. There are calls for a pan-Canadian strategy on palliative care. I think it is convenient to point to the provinces and say that this is their problem, but there cannot be a full end-of-life strategy without funds and laws around palliative care.

The government broke a key election promise to invest $3 billion in long-term care, including palliative care. Access to palliative care is an essential part of end-of-life decision-making.

I have a personal example from Saskatoon, which has 12 palliative care beds for an area with over 300,000 people.

● (1545)

My mother-in-law had a terminal disease. In her case, MAID was neither requested nor desired. She was fortunate in that her death was relatively quick, and by some miracle she was able to get one of those 12 beds in Saskatoon.

It should not take a miracle to get good end-of-life care. It should not be that MAID is the only reasonable solution at the end of life because palliative care is not available. Therefore, I call on the government to put as much effort into palliative care as it has into MAID.

Another significant area of concern is conscience protection. Physicians and health professionals must be given strong conscience rights. They must be free to not participate and be free of penalty or harassment for making that choice. They must also be free to not be required to refer to another health professional. They must have full conscience protection.

Further, it must be recognized that the conscience objection of institutions must be protected. Institutions are not bricks and mortar. They are collections of people with values. Therefore, institutions must also be given the right of conscience protection. Several Supreme Court cases are instructive here.

The Supreme Court in 2015, in the Loyola case, stated:

> Religious freedom under the Charter must therefore account for the socially embedded nature of religious belief, and the deep linkages between this belief and its manifestation through communal institutions and traditions.

In another 2015 decision, the Supreme Court stated:

> A neutral public space free from coercion, pressure and judgment on the part of public authorities in matters of spirituality is intended to protect every person's freedom and dignity, and it helps preserve and promote the multicultural nature of Canadian society.

We must respect the multicultural nature of Canadian society. We must respect both medical professionals and institutions, and allow them to have full conscience protections free from harassment and consequences.

There are some specific changes proposed that I am concerned about. The current legislation includes a 10-day waiting period between when MAID is requested and when it can be administered. The current legislation already allows for this waiting period to be waived. It states that if two medical practitioners:

> ...are both of the opinion that the person's death, or the loss of their capacity to provide informed consent, is imminent—any shorter period that the first medical practitioner or nurse practitioner considers appropriate [can be used] in the circumstances.

There already is a provision to deal with this issue. There is no need to make changes. The situation has been contemplated and addressed in the current legislation.

Another area of concern is the lack of safeguards for the mentally ill. Mental illness is a very complex situation. Patients diagnosed with an underlying mental health challenge are not required to undergo a psychiatric assessment by a psychiatric professional to determine whether they have the capacity to consent.

There is no one-size-fits-all solution to the issues of mental health. However, it is not difficult to imagine a scenario in which a person is in a particularly dark period and considers MAID. It may well be that with proper professional help that person can work through the darkness and emerge a bit better. This may not always be the case, but that is why having a general waiting period is so important. It eliminates the ability of medical professionals or others to make a quick decision that they regret.

A poll in January found that Saskatchewan and Manitoba had the lowest support in the country for MAID. In 2018, in Saskatchewan, only 67 of 172 applicants for MAID actually received medically assisted death. Some were declined, some withdrew and some died before the request could be completed.

In summary, I would make the following observations. Most importantly, in the words of a constituent I spoke with this week, "We need to slow this down, not speed it up." Yes, we need to deal with the Quebec court decision, but that only requires one change. There is a legislated review that will happen this summer.

Let us wait for a proper consultation and use that lens to view any proposed changes. Let us have a pan-Canadian strategy for palliative care. Let us put full conscience protection in place for physicians and health care professionals. Let us put conscience protection in place for institutions. Let us leave the 10-day waiting period and the ability to create exceptions the way it is. Let us deal with the Quebec court decision and leave the rest until after the legislated review this summer. Let us slow this down.

● (1550)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, given the preamble in the old Bill C-14 expressly references conscience protections, given that section 241.2(9) of the Criminal Code, which was amended by his party at his party's suggestion in the last Parliament, also has conscience protections, given that paragraph 132 of the Carter decision references conscience protections and given that the section 2 protection in the charter is a bedrock foundational conscience protection, does the member, first, think that is sufficient with respect to conscience protections?

Second, is there any instance of an institution, of religious persuasion or otherwise, being forced to provide this, given those protections? I am aware of none.

Mr. Brad Redekopp: Mr. Speaker, there are cases that I am aware of, to the member's last point. The reality is what happens on the ground. I have heard cases of people, medical professionals who do not want to participate and yet they felt harassed, pressured, criticized and those types of things. There are certain protections under the laws now, but they need to be strengthened, and in practice it needs to be expanded.

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Mr. Speaker, I thank my colleague for his speech, in which he talked about rights and freedoms.

I just want to know if he is aware of the ruling regarding Nicole Gladu and Jean Truchon, both of whom have degenerative diseases, in which Justice Christine Baudouin wrote that, "The Court has no hesitation in concluding that the reasonably foreseeable natural death requirement infringes Mr. Truchon and Ms. Gladu's rights to liberty and security, protected by section 7 of the Charter."

I would like to hear my colleague's thoughts on that.

[*English*]

Mr. Brad Redekopp: Mr. Speaker, yes, I am aware of that. That is the part that I believe we should be pursuing now. The other changes that have been proposed, regarding the waiting period and some of these other things, should not be pursued now. The bulk of what is being proposed should wait until the consultation period in the summer. We need to deal with the request from the Quebec court and the ruling from the Quebec court. For the rest, I believe we should wait.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Mr. Speaker, I would like to talk about something that happened just a few minutes ago. Someone I know quite well contacted me, someone who is not currently eligible for medical assistance in dying under the legislation and would probably qualify under the new provisions. This person is in intolerable pain and suffering and has reached out to many people, asking for help.

I believe the reason the government has decided to proceed with some of these changes is to meet that need and help us reduce unnecessary suffering at the end of life. This is not someone who is being pressured. This is someone whose condition is deteriorating quite rapidly and is, as I said, in enormous pain. I ask the member to think about that motivation here for us to reach out and help those people and those families who are faced with this right now, not months from now.

Mr. Brad Redekopp: Mr. Speaker, we can all think of many specific cases of people who are impacted by this. I still believe it is correct to wait for the review process to look at all these cases and make changes based on that.

The other issue that the member's question raises is the lack of palliative care. If there were more and better palliative care options, while I do not know about the specific case the member mentioned, then more people would have other options than MAID. I believe, though, that is another solution.

● (1555)

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Mr. Speaker, in this debate, we hear that the safeguards we currently have are already not working. We know that quality palliative care is a necessary solution and we all see a lack of access, even a revocation of palliative care in my province.

The third thing is, unfortunately, the inability to ensure conscience rights protection. In my province of B.C., the former program director of palliative care had to resign when Fraser Health Authority imposed MAID in hospices. He believes that palliative care does not include euthanasia since palliative care, by definition, neither hastens nor postpones death.

Why is the government not working harder to ensure proper protection for patients and health care professionals?

Mr. Brad Redekopp: Mr. Speaker, that raises some very good points. It raises the issue of institutional conscience protection, and also the issue of better palliative care options in our country. Those are areas that we need to pursue just as vigorously as the government is pursuing the MAID legislation.

Ms. Kamal Khera (Parliamentary Secretary to the Minister of International Development, Lib.): Mr. Speaker, it is an honour to rise in this House to speak today about Bill C-7. This bill would amend the medical assistance in dying regime in the Criminal Code to address the Superior Court of Québec's decision in the Truchon case. As members know, in September 2019, the Quebec Superior Court struck down the eligibility criterion of "reasonably foreseeable natural death" from the medical assistance in dying, or MAID, regime in the Criminal Code. Our government has made significant efforts to consult and engage with Canadians in order to inform the proposed approach to address this decision and amend the MAID regime in Canada.

An online consultation was launched, and over 300,000 responses were received from Canadians. In addition, the Minister of Justice and Attorney General of Canada, the Minister of Health and the Minister of Employment, Workforce Development and Disability Inclusion had the opportunity, along with their parliamentary secretaries, to meet with stakeholders and experts across the country during a series of round tables all over Canada. These consultations were an extremely important part of the development of Bill C-7.

Medical assistance in dying is a sensitive and challenging social issue that we are currently faced with, one that is deeply personal for very many people and for me personally. I worked as an oncology nurse at St. Joseph's hospital in Toronto and have seen end-of-life care first-hand. I have seen individuals making difficult end-of-life decisions for themselves or their loved ones, and I appreciate our government's decision to consult and listen carefully to Canadians on this issue.

In addition to being deeply personal, the issue of medical assistance in dying is also legally and ethically complex, which is why it was so important for our government to meet with experts, stakeholders and practitioners during the round tables. Our government listened. It listened to the health care experts, doctors, nurses, legal scholars and regulators, but most importantly, it listened to Canadians. The bill takes into account what was learned during these consultations and responds to the Truchon ruling by proposing amendments to the Criminal Code that would ensure consistency of the MAID law across the country by broadening eligibility, and adjusting the safeguards accordingly, for a MAID regime that is no longer limited to end-of-life circumstances.

Bill C-7 proposes to amend the Criminal Code in response to the Truchon ruling in three ways.

The first is by expanding eligibility to those whose natural death is not reasonably foreseeable but who are still experiencing intolerable suffering. This will give those who are suffering in a wider range of situations the choice of a medically assisted death.

At the same time, the amendments would exclude those suffering from only a mental illness. This is in response to very specific concerns voiced by experts and mental health professionals about eligibility on the basis of a mental illness. Many members will also recall that during the study of former Bill C-14, the government asked the Council of Canadian Academies to look into such cases. The experts in this field could not come to a consensus on this very complicated issue in their report on the subject, which was released and tabled in this chamber in December 2018.

Our government recognizes that the unique considerations for the availability of MAID for individuals experiencing suffering only from mental illness requires further discussion and public debate. I believe the parliamentary review that will begin in June 2020 is the appropriate forum for the further consultation and deliberation that are needed before considering any changes in this regard.

The second main feature of this bill is the creation of two sets of safeguards to be followed before medical assistance in dying is provided, depending on whether a person's natural death is reasonably foreseeable or not.

● (1600)

The bill would continue to use the expression "reasonably foreseeable natural death" as the element that determines which safeguards to use. This approach for a MAID request is consistent with the view that medical assistance in dying for people whose natural death is not reasonably foreseeable presents more complexity. Many experts believe that the assessment of a request should be tailored to these different types of cases.

New safeguards for those whose natural death is not reasonably foreseeable will focus on ensuring that assessments take adequate time and involve the relevant expertise to detect and address the sources of the person's suffering. They will also ensure that people receive information about the appropriate and available services and options to improve their quality of life. They will need to give serious consideration to those options before concluding that medical assistance in dying is the choice for them.

Finally, the bill would relax some of the existing safeguards, in particular for those whose natural death is reasonably foreseeable. Those whose deaths are reasonably foreseeable will not need to undergo the 10-day reflection period. These individuals have already given a lot of thought to their request before they made it, and requiring them to wait another 10 days after they have been approved for medical assistance in dying may prolong their suffering unnecessarily.

Just as importantly, the bill proposes to permit the requirement of final consent to be waived in the case of people whose natural death is reasonably foreseeable when certain conditions are met. These conditions are that the patient's death must be reasonably foreseeable; they must have been assessed and approved for medical assistance in dying in accordance with all safeguards; they are at risk of losing decision-making capacity before their preferred date to receive medical assistance in dying; and they have a written arrangement with their practitioner, in which they have given consent in advance to medical assistance in dying being administered if they lose capacity, and in which the practitioner agrees to provide medical assistance in dying on their preferred date, or earlier, if they can no longer provide the final consent.

These proposed amendments would also clarify that practitioners would not be allowed, in this situation, to provide medical assistance in dying if the patient demonstrates refusal or resistance by words, sounds or gestures.

For individuals whose natural death is not reasonably foreseeable, the remaining criteria defining the grievous and irremediable medical condition in the Criminal code would expand eligibility to medical assistance in dying to people with a wide range of conditions. A grievous and irremediable medical condition is defined in the code as a serious and incurable illness, disease or disability; an advanced state of irreversible decline in capacity; or intolerable suffering that cannot be alleviated under conditions that the person considers acceptable.

This means that a grievous and irremediable medical condition could include conditions producing chronic pain or other symptoms. Canada's medical assistance in dying regime would move away from being an end-of-life regime to becoming a regime in which MAID could be chosen to relieve unbearable suffering that occurs outside of the dying process.

To conclude, the bill before us today proposes the amendments required by the Truchon decision. It also reflects what we heard in 300,000 responses to the online consultation. This is what we heard from stakeholders when the ministers and parliamentary secretaries held consultations from coast to coast to coast. It takes into account the opinions and input of health care professionals, doctors, nurses, legal scholars, provincial regulators, civil society, non-governmental advocacy organizations and those with lived experiences. The bill strives to achieve a balance between respecting personal autonomy and protecting vulnerable individuals. Perhaps most importantly, it respects the equality rights of all Canadians.

For those reasons, I call on the members of the House to support this bill, send it to committee where it can be looked at even more thoroughly and make this a reality in Canada.

● (1605)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I want to comment and pose a question for the member around one of the strands in today's debate.

Members on our side have raised the need for safeguards because of the risk of abuse. Responding to an argument that was not made, government members have said they trust health care professionals to make good decisions in the vast majority of cases.

Of course, we also trust health care providers to make good decisions, to have good intentions and to do all they can to stay within the bounds of a patient's well-being in the vast majority of cases. However, the reason we have safeguards is to deal with that small minority of cases in which someone could actually lose his or her life as a result of pressure, as a result of a proper review not taking place, or as a result of being rushed into decisions in less than ideal circumstances.

We talked about examples of this small minority of cases in which human lives are still very much in the balance. Because of this need to have safeguards for these situations, would the member accept that a default to a 10-day reflection period would provide some degree of insulation against the possible risk of someone in a dark moment, in a short-term thinking process, opting for something that on balance they would actually not opt for with the proper engagement of their full support structure?

The 10-day reflection period can be waived in extreme circumstances already, so what is wrong with a 10-day reflection period?

Ms. Kamal Khera: Mr. Speaker, I know this is very complex and a very personal issue. For those whose death is reasonably foreseeable, the bill proposes to eliminate the 10-day reflection period, 10 days that many practitioners say can prolong unbearable suffering. It is about patients and about the individuals and their rights.

The requirement for two independent witnesses, which many experts indicated created difficulties for certain types of patients, would also be eased for eligible persons. Health care workers would be able to act as independent witnesses, provided that they are not the provider or the assessor.

Mr. Lloyd Longfield (Guelph, Lib.): Mr. Speaker, I thank the hon. member for Brampton West both for her speech today and for work as a health professional. Listening to her, I wonder what her patients must be thinking of her as she speaks now in the House on their behalf.

I have had many conversations with constituents who are facing the need to have this legislation improved. In December, I spoke to a person who had a best friend who was trying to access medical assistance in dying, and he also had a brother who was trying to access medical assistance in dying. The reasons that led them both to that were ultimately the pain they were feeling and the loss of independence and dignity, and not foreseeable death.

The voices that really resonate at the end of the day are the people who are trying to access services or family members who know their situation. It is important that we give priority to the voices of the people whose rights are being denied under the current legislation.

Could the hon. member comment on how important it is that we protect the freedoms of the people we are serving who are trying to access this type of service?

● (1610)

Ms. Kamal Khera: Mr. Speaker, I would like to thank my colleague for his ongoing advocacy on this issue, and we have had many conversations about it.

It is very personal for me to speak on this issue, as I have in the past when the debate on medical assistance in dying first came to this chamber in 2015. Just before the election in 2015, I was a registered nurse. I am still a registered nurse working in oncology, working with patients to provide them with palliative care and helping them during their end of life.

Those rights are what we are protecting today. I think the member in his question answered his own question, so I would like to thank him for that. I think the bill does just that. I hope that all members of the House pass the bill and take it to committee, where there may be some discussion on how to make it better.

[*Translation*]

Mrs. Louise Charbonneau (Trois-Rivières, BQ): Mr. Speaker, I thank my distinguished colleague for her speech.

Yesterday, I stated in the House that certain aspects of this bill need to be clarified. Similarly, I noted that the provision dealing with the eligibility of mature minors, which we have talked very little about here, is to be reviewed.

I would like to know how my esteemed colleague would define the term "mature minors".

[*English*]

Ms. Kamal Khera: Mr. Speaker, my colleague raises a very important question. As I have said before, this is a very complex and personal issue. It raises many difficult conversations, not just in this place but throughout the country. Whether it is around mature minors or mental health, we are ensuring that we work with provinces and territories to continue to invest in palliative care. We want to ensure people have the end-of-life care they need and deserve.

It is important to ensure we protect people when it comes to mental health issues or mature minors. We need to have that broader discussion. That is why I hope we can take this bill to committee to have those conversations. I know that in June 2020 there will be a broader discussion on this very topic.

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Mr. Speaker, my Liberal colleagues continue to push the myth that there are only two choices here. Option one is horrific suffering and option two is euthanasia. However, there is a third option, which is the love in the form of palliative care that meets the true needs of the patients.

Why do the Liberals insist on only offering a binary solution, when our amazing health professionals want instead to offer the truly compassionate option of palliative care? Why are they pushing euthanasia ahead of palliative care?

Ms. Kamal Khera: Mr. Speaker, I want to correct the record. There are not two choices; there are many choices. It is about the choices of people who are going through the suffering at the end of their life. It is truly about that.

As someone who has worked with patients during their end of life and has provided palliative care to patients, I am their biggest advocate to ensuring we are working to provide more palliative care. That is not just in our hospitals and long-term care facilities, but also for people who want to be in their homes.

That is why our government has worked collaboratively with partners, such as the provinces and territories, to develop a framework on palliative care. To support this framework, our government is implementing a targeted action plan, which will help improve access to palliative care to underserved populations, families, supports, health care communities and communities.

In addition, it is important to talk about the fact that we provided $6 billion in federal funding directly to provinces and territories to support better home care and palliative care in our communities. We have been having this conversation.

I agree with the member opposite that we need to do more when it comes to palliative care and to ensure we work with our provinces and territories to make it a reality for every Canadian.

To say there are only two choices is misleading the House. It is about the choices of the patients, what they want, and respecting those choices.

● (1615)

[*Translation*]

The Deputy Speaker: Before resuming debate, I must inform hon. members that we have had five hours of debate on this motion. The maximum time allocated for all subsequent interventions shall be 10 minutes for speeches and five minutes for questions and comments.

[*English*]

The hon. member for North Island—Powell River.

Ms. Rachel Blaney (North Island—Powell River, NDP): Mr. Speaker, I am here today to talk to Bill C-7, an act to amend the Criminal Code regarding medical assistance in dying.

It is very interesting for me to be here in a new Parliament discussing something we spoke about in the last Parliament. I was a fairly new member when Bill C-14 was before the House. I had a lot of constituents calling my office, sending letters and emailing us on this very important issue. I spent a lot of hours responding to people, talking to them on the phone and hearing their stories. What I really respected was the thoughtfulness. There were concerns of course, which is legitimate, but there was a lot of hope for some people as well.

Here we are back at it again. It reminds me of a dear friend and loved one who used MAID in his journey. His name was Joey. When I think of the core issue and value we are discussing today, which for me is unnecessary suffering, I cannot help but think of Joey.

Joey had an illness that was slowly killing him. In fact, it was so painful for him that he made this decision. He rearranged his time of death so I could be there with him, which was a huge honour for me. I was so grateful for that.

I think about the process we went through together that day. It was a beautiful process, but it was also a hard process. Part of the reason why it was so hard was he could not take any of his pain medication that day. He had to be totally able to answer that question. After a lot of thoughtful discussion, he had to stay in pain all day. We spent the day with him, but it was hard to see him suffering.

When we look at the bill before us today, that is what I hope all Canadians and all parliamentarians remember. We are here ensure nobody goes through unnecessary suffering like that.

One of the things that really struck me about the day when Joey passed was his doctor came to be part of the process. His doctor had made a decision that he did not want to be in a role to administer MAID, but he came. There were a lot of tears and remembrance of the long-term relationship. We also have to talk about the length of time some of our doctors have known us. Some have known us for years in some cases, and in Joey's case that was the reality. Another doctor was there for the process, but Joey's doctor was with him. His loved ones were around him. It was a peaceful process when he left us.

Today we are here to do this important work. I hope this goes to committee. I have had discussions with doctors in my riding who administer this process and they have a lot of good things to say about the bill, as well as some concerns they would like addressed, and I hope that will happen.

As this process started, a lot of people started writing my office again. We did some outreach. We wanted to let people know that this would be coming up. We wanted them to know that there was a process for them to connect with us and give their feedback to the government on this issue. A lot of my constituents participated in the process online. Not only did they participate, they were very thoughtful to ensure that the information they submitted was also given to my office. In front of me, I have a small portion of the comments from the people who sent us information and shared their stories.

I want to be clear about something, and we have to remember this as we go through the legislation. I represent a rural and remote community. The doctors who provide this service sometimes spend the whole day travelling to the community to provide this very important service.

There are some specific barriers and we want to ensure that in all our legislation we do not let those people in rural and remote communities down.

There are three of these doctors in my region. The riding I represent is just under 60,000 square kilometres, it has several ferries and many small islands. The doctors in that area provide the total service for that area plus a portion of my neighbour's riding. They deliver the service to a huge number of people over a vast distance.

● (1620)

Message after message thanked those doctors. In fact, Dr. Daws, a doctor in my riding, was mentioned repeatedly for being compassionate and for helping people go through this process in a very respectful way. People wrote me before they were going to participate in MAID. They just wanted tell me that this doctor had been very helpful.

I want to recognize the amazing health care providers in our country who provide this service, who do it in a sensitive and beautiful way. They are with people at one of the most precious moments.

I want to talk about Margaret who told us about her nephew. Her nephew had participated in MAID and that this was his decision. The biggest issue for her was the lack of the advance consent clause. He was given a choice of either going through this process two months earlier or not at all. Due to the medication he would have to take for his illness, it would automatically disqualify him from having the capacity to provide the consent.

This is the biggest issue for me, because people were having to leave sooner than they wanted to because they were afraid they would lose the capacity to give their consent.

I think of Megan who wrote about the experience her family went through. They were present for a friend's death. She said:

> I fully support the idea of giving prior consent for MAID in case one is unable to give that consent immediately prior to the procedure, or in case one is in considerable pain and discomfort and would go through the process more calmly with adequate pain control at the end.

This really resonated with my experience with Joey, watching him suffer physically, and waiting for the relief. It was really hard. This is so important as we go through this process.

I think about Dolores, who sent me a beautiful message about ensuring the process was clear for people, wanting to have the accessibility to this be very clear and easy, and in an information package. Her biggest concern was that her family physician did not believe in this process and would not give her the information she needed to make the decision. She said that it would be good to have an information package that was a little more effective, so when a doctor was struggling with that personal choice, it would not impact the patient.

As a parliamentarian, these are the moments when I really respect the role I have on a whole new level, when people are telling me about the precious experiences they have had in their lives.

Another family talked about its father-in-law who spent seven years with dementia and was very well cared for, but in his last year, he rapidly deteriorated. His dignity plummeted. A loving son said that he was convinced that if he could have projected how his final years of deterioration would happen, he would have chosen MAID as an option, if it was available to him.

Then there is Milt whose wife is in a care home. Because of her Alzheimer's, she will not be able to express herself. He is so concerned that she will suffer way too long and he does not want to see that.

Another family talked about a friend who had cancer of the brain. Then she had a stroke. After her stroke, she was concerned that if she had a second stroke, she would be unable to state her wishes. Because of that, she participated in MAID sooner than she would have wanted.

This is a precious decision people make. It is a decision they make with their loved ones and their health professionals. I will be supporting the bill because I do not believe in people suffering unnecessarily. There are some challenges in the bill that I hope are clarified, especially looking at the realities for rural and remote communities. However, when people tell these personal stories, we hear again and again that they do not want to see people suffer, that they do not want to see people lose their dignity and that they want to ensure their wishes are honoured.

● (1625)

I am happy to be here to talk to the bill. I want to thank all of my constituents who have reached out to me. I always appreciate these beautiful stories that people share and some of the hard ones.

Hon. Larry Bagnell (Parliamentary Secretary to the Minister of Economic Development and Official Languages (Canadian Northern Economic Development Agency), Lib.): Mr. Speaker, I would like to thank the member for her very heartfelt speech. It is one of the best ones I have heard, because she provided us with her personal opinion.

She mentioned that what is important to her is that people do not have to end their life earlier than they need to because they are not competent. The other major positive item is people who do not have access to MAID at all right now and that the bill would make it available to them.

The member mentioned at the beginning of her speech that she had some suggestions from health care professionals. I wonder if she could outline some of those to us.

Ms. Rachel Blaney: Mr. Speaker, some of the things that I have heard from professionals in my riding are around language, for example, who will get to decide what a specialist is. There is some of that language, especially again for rural and remote communities. Who are they identifying? If somebody has had condition for a long time, obviously that individual has met with a specialist. What is that process?

Another issue is the 90 days and the concern about how long that is going to take, again coming back to people suffering in profound ways and wanting to make a decision. We have to look at some of those numbers.

Language is the biggest part. We need to make sure as always that legislation is as clear as possible, that we understand what we are legislating so that the language matches the practice.

Hopefully some of those things can be fixed. I believe they can. I hope that everyone in this place is aware of what we are here to do, and that is to obey the law. We are here today because of the court decision in Quebec, while also making sure that we are supporting people and their access, and that we are preventing suffering at all costs.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Mr. Speaker, I listened intently to the member. I appreciate her heartfelt comments. We work together on veterans committee.

I would like to talk to her about that dynamic specifically here. The bill states that the patient's death no longer must be “reasonably foreseeable” but requires patients to still have a “grievous and irremediable medical condition”.

The member and I appreciate our veterans but we are deeply concerned about the number of them who are choosing to end their lives because they do not feel well when they come back home. It is antithetical to try to prevent them from taking their own lives and yet telling them this is an opportunity to do so.

My father had Alzheimer's and passed away two and a half weeks ago. When he was barely able to still control his thoughts, he looked at my mom and his words were, “Will you take care of me?” That was nine years ago. The palliative care he had, the love that he had in that circumstance I cannot imagine, even though he was down to nothing, not honouring the fact of life and death in that circumstance the way it was.

Ms. Rachel Blaney: Mr. Speaker, I thank the member for the work that she does with me on veterans committee. I too share a deep concern and admiration for the people who have served this country.

My colleague knows some of the things that I would like to see done to support our veterans. She hears me in committee talking about the supports that need to be in place.

When I look at this legislation, I keep coming back to the fact that people have a fundamental right to make a decision that works for them. I deeply appreciate the story my colleague shared about her father and her loved one. I remember the years that I spent as a hospice volunteer, sitting with people who were ready to go. I would be in the hospital with families and with people as they were going through that process. I was honoured to have been a part of some beautiful moments. Just bringing people food and reminding them to eat when they were going through that incredibly sad time is something I will never forget. I also remember people starving themselves and refusing all help because they so wanted to be out of their body. They wanted to be out of their pain and their suffering.

When we look at this process, we have to honour all decisions, and that is what I am hoping to see through this legislation.

● (1630)

Mr. Majid Jowhari (Richmond Hill, Lib.): Mr. Speaker, it gives me great pleasure to once again rise in this House and speak to Bill C-7, an act to amend the Criminal Code (medical assistance in dying). This bill proposes amendments to the Criminal Code provisions on medical assistance in dying, or MAID, in response to the Superior Court of Québec Truchon decision, which struck down the eligibility criterion that natural death be reasonably foreseeable.

I would like to highlight five major components that stood out for me.

First, it repeals the condition that a person's natural death be reasonably foreseeable, with the exception of patients whose sole underlying condition is mental health issues.

Second, it introduces new safeguards in addition to existing ones for patients whose natural death is not reasonably foreseeable.

Third, it permits the waiver of the requirement for final consent, allowing patients to provide consent to health care practitioners in advance, in the event that their death is naturally foreseeable and they are at risk of losing capacity to consent.

Fourth, it permits the waiver of the requirement for final consent if a patient chooses MAID by self-administration, in case complications arise following self-administration, such as a loss of capacity.

Fifth, it modifies the MAID monitoring regime to require that health care providers and pharmacy technicians provide regulated information when assessing a patient's eligibility or when dispensing a substance for MAID.

Over the last two days, many of my colleagues from both sides of this House intervened on a fair number of details. It gives me great pleasure to see that there is broad agreement that this legislation, with these amendments, gets voted in and move to the committee for further study.

I rose in this House during the 42nd Parliament back in 2016, and shared my experience, which dealt with the tragic loss of my father as a result of stage 4 cancer back in 2014. Such assistance was not available to us and we saw the loss of dignity. We saw the loss of the person I called “my hero” losing the capacity to be able to function and lead our family, as well as the fact that his desire would have been met, had we had this type of assistance available.

Also, as the chair of the all-party mental health caucus, I have been advocating, and our caucus has been advocating, for the consideration of mental health and the exclusion of that. I am pleased to see that that remains.

As I was listening attentively to the interventions over the last two days, at times there were questions raised about why it took so long. Considering that, and considering that we are almost halfway through this debate, I decided to focus my intervention mainly on the journey that our government has gone through over the last four years. The key concepts within that journey are the challenges that we are faced with; the stakeholders that we engaged with; the consultations during the studies; and the implementation, successes and challenges we have had.

Having said that, since the introduction of the legislation for medical assistance in dying in 2016, we have witnessed a steady increase in the number of Canadians and health care providers who have adopted this new regime. We have seen a relatively smooth integration of MAID assessments and delivery in end-of-life care service available across the country.

The enactment of this historic legislation was just the beginning of our efforts. Our government has since been very active in supporting the implementation of MAID across Canada. The 2016 legislation included clear directives for action, including the need for government to initiate independent reviews on three complex issues not addressed in the bill back in 2016. Some of my colleagues before me touched on those complex issues.

Rather than proceed too hastily, Parliament felt that it required more study and a review of available evidence. The government tasked the Council of Canadian Academies with undertaking these studies and that is where the journey started.

● (1635)

The resulting report tabled in Parliament in 2018 reflected an extensive review of academic and policy research, stakeholder submissions and international expertise in all three areas. It documented a range of perspectives from health care professionals, academic disciplines, advocacy groups and indigenous leaders; hence, the stakeholders that we have engaged with. We expect dialogue on these issues to continue during the parliamentary review and, as I have indicated, I hope that everyone in the House votes for this so that we can move it to committee and continue this dialogue.

Taking into account our federal system and division of responsibility for health care and criminal law, the federal government developed the monitoring and reporting regime to collect valuable information about requests for and the provision of MAID. In all other jurisdictions permitting assisted dying, there is an oversight and monitoring mechanism in place. The roles and responsibilities of these monitoring regimes vary.

In the wake of this monumental shift toward legalized assisted dying, Canadians wanted to know what kind of uptake there would be. Some were keen to know how accessible MAID would be across this vast country. Others want to know how safeguards would be applied and if there were protections in place for the vulnerable. Our government worked quickly with the provinces and territories to establish an interim reporting system, collecting and reporting on the best data available.

I want to acknowledge our provincial and territorial partners that had the challenging task of arranging safe access to MAID services from scratch, in a short period of time and in collaboration with multiple partners, such as health care providers, professional associations and health care delivery institutions. This tremendous task involved setting standards of practice for physicians, nurse practitioners and pharmacists to support the consistent and safe delivery of MAID within a legally sound framework. It also helped minimize the disparity to access in rural and urban areas.

Our government produced four interim reports using data voluntarily transferred by providers and various jurisdictions from 2016 until the creation of the permanent regime in late 2018. These reports covered a six-month period and provided information on the number of MAID deaths, patient demographic information, underlying medical conditions and predicted MAID requests.

In reviewing these reports, we know that the awareness of MAID as a legal option is growing. There appears to be a growing comfort among health care providers. In the interim period, our government worked to establish a permanent national monitoring and reporting system as considered in Bill C-14.

Through stakeholder consultation and collaboration with provinces and territories, the government enacted federal monitoring regulations in late 2018. These regulations set out the reporting requirements for all physicians, nurse practitioners and pharmacists who participate in MAID. We were mindful of balancing the need for information while limiting the reporting burden on health care providers and avoiding duplication of effort. This system has been operating for just over a year. Late this spring, our government plans to release the first annual report using data from this new monitoring system.

Budget 2017 announced $11 billion over 10 years to support home and community care services, including palliative care, mental health and addiction services; $6 billion was specifically allocated to those services I talked about. In 2019, our government worked with all the provinces and territories to develop the framework for palliative care in Canada, which I consider a cornerstone of this bill.

Over the last three and half years that MAID has been available, our government has worked to support a smooth integration into the health care system based on the foundation I have just laid out. On the evidence that we have gathered, we have put together a bill that represents the Truchon decision and addresses other issues where there is clear consensus and a reasonable path forward. It is my hope that, after due consideration and debate, we move this bill to committee.

I will close by saying that I support this bill and I thank all members for intervening on this topic.

● (1640)

Mr. Pat Kelly (Calgary Rocky Ridge, CPC): Mr. Speaker, I did support Bill C-14 and voted for it in the last Parliament. I thought that it did strike the right balance and that it had a very limited application. However, I was troubled at the time about the reasonable foreseeability words, which I thought would likely be litigated, and indeed they were.

I would ask the member this: Why not now simply deal with the narrow issue of the court only? There was a reason, at the time, to have a full five-year period before revisiting a significant expansion. The reason was to collect a broad volume of data to examine how Bill C-14 would be implemented. Why the expansion beyond the narrow issue of the court decision?

Mr. Majid Jowhari: Mr. Speaker, as the hon. member mentioned, we had the opportunity to only deal with the narrow amendments required to respond to the Superior Court of Québec on the Truchon case.

I believe I went through the list of stakeholders who have engaged in the consultation. Through that consultation and that journey, we heard about other areas that we needed to address. We found this was an opportune time to not only address the areas that we are mandated to by the court, but also table other potential amendments to let our stakeholders know that we have listened, and send it to committee where we have the opportunity to study it further.

[*Translation*]

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, I thank my colleague for his speech.

The NDP will also support this bill so it can be referred to committee for study in order to improve it and perhaps correct some of its flaws.

I am personally concerned about the issue of people dealing with degenerative illnesses that affect not the body but rather the spirit or intellect, such as Alzheimer's.

Why would it not be possible for a bill such as this one to provide for the possibility of drafting an advance directive, together with the medical staff, which could be renewed every six months in the case of someone who has already been diagnosed with Alzheimer's?

[*English*]

Mr. Majid Jowhari: Mr. Speaker, let me thank the member for supporting the bill and giving it the opportunity to be studied in committee. I am sure this will be one of the areas we will spend a fair amount of time on.

Having said that, it is best that we look at it from a holistic point of view and consider all the options available. This is one of the options that I think it would be worthwhile considering and looking into. I am looking forward to the member's input at committee.

● (1645)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I want to ask the member about the 10-day waiting period. Right now, there is a 10-day reflection period; however, that reflection period can already be waived in certain circumstances.

It is a good default that some time is spent in consideration and that it is not a person who decides in the morning they want to be euthanized and then it is taken care of right away. There should be some period of reflection.

Would the member not agree that in most cases that is sensible?

Mr. Majid Jowhari: Mr. Speaker, the member has raised this point in other interventions. I agree that there needs to be that 10-day period. The beauty of this bill going to committee is it gives us an opportunity to discuss that in further detail.

However, personally from my position, I think we need to consider that as part of the safeguard.

The Deputy Speaker: It is my duty pursuant to Standing Order 38 to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Sherwood Park—Fort Saskatchewan, Public Safety; the hon. member for Leeds—Grenville—Thousand Islands and Rideau Lakes, Ethics.

* * *

PRIVILEGE

ALLEGED PREMATURE DISCLOSURE OF PRIVATE MEMBER'S BILL

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I rise on a question of privilege respecting the premature disclosure of the contents of a bill between the notice and introduction period.

The member for Markham—Unionville gave notice of a bill entitled "an act to amend the Criminal Code (unlawfully imported firearms)", on Friday, February 21. On February 24, the member for Markham—Unionville, in an article published on iPolitics, disclosed the contents of the bill.

The article in question revealed the following. It states:

> [The member for Markham—Unionville] is introducing legislation that would amend the Criminal Code to increase the mandatory sentence to three years for someone found in possession of a gun illegally brought into Canada. If an offender were found guilty of owning a smuggled gun a second time, their prison sentence would be a minimum of five years.

The article continues to disclose the content of the bill. It states:

> [The] proposed law changes would also see the maximum amount of prison time that could be awarded to somebody who owns a smuggled gun increased to 14 years, both the first time they break the law and in every offence that follows.

On Tuesday, February 25, the member for Markham—Unionville gave notice of a new bill entitled "an act to amend the Criminal Code (possession of unlawfully imported firearms)". Today, February 27, the member introduced the bill as Bill C-238. While I would note that there was a slight change to the long title, Bill C-238 accords directly with the details of the bill that were published in the article by iPolitics on February 24.

Clause 2.1 of Bill C-238 states:

> Every person who commits an offence under subsection (1) when the object in question was obtained by the commission of an offence under subsection 103(1) is, if prosecuted by indictment, liable to imprisonment for a term not exceeding 14 years and to a minimum punishment of imprisonment for a term of
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> (a) in the case of a first offence, three years; and
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> (b) in the case of a second or subsequent offence, five years.

The provisions of Bill C-238, which I just quoted, accord directly with the characterization in the iPolitics article on February 24, which was provided earlier in my intervention. While I do not want to impute unworthy motives on the part of the member for Markham—Unionville with respect to his bill, it does raise certain questions.

I submit that the member for Markham—Unionville is attempting to do indirectly what he knows he cannot do directly. I submit that the practice of placing a bill on notice, making public the content of the bill, then placing another bill with a slightly different title to avoid a charge of premature disclosure of the content of a bill would set a dangerous precedent. In short, using this approach would subvert the principle that members should be the first to see the contents of a bill.

I would also like to draw the attention of members to the Speaker's ruling earlier this day concerning two bills that were substantially similar, despite a different long title.

The Speaker stated, "I would like to take a few minutes to inform members of an error on the Order Paper. Two private members' bills, which are substantially the same, are currently listed under Private Members' Business. Items outside of the Order of Precedence, specifically Bill C-212 on the Employment Insurance Act standing in the name of the member for Elmwood—Transcona was introduced and read the first time on Thursday, February 20, 2020, and Bill C-217 standing in the name of the member for Salaberry—Suroît was introduced and read a first time on Monday, February 24, 2020.

"Pursuant to Standing Order 86(4), the Speaker can refuse notice if he determines the two items as to be substantially the same. As a result, Bill C-217 is currently before the House in error. I therefore direct it that the order for the second reading of Bill C-217 be discharged and the bill be dropped from the Order Paper."

● (1650)

It would be interesting to see if the first bill that the member for Markham—Unionville had placed on notice, if introduced, would be determined to be substantially similar to Bill C-238. While I cannot confirm this to be the case, it certainly gives rise to the assumption that the bills would be substantially similar.

I further submit that if this practice was determined to be an acceptable practice, I can only assume that this approach could become common practice. Imagine the government placing a bill on notice, then making a public statement which comprehensively discloses the content of a bill, then making a slight change to the long title and placing this new bill on notice, followed by its introduction. This would be seen by members and perhaps by you, Mr. Speaker, as a clear departure from the long-standing principle that members should be the first to see the contents of a bill.

I will not waste the precious time of the House reciting the numerous precedents that support the conclusion that the premature disclosure of the contents of a bill between the notice and introduction period has been determined to be a bona fide question of privilege.

I do not begrudge the member for Markham—Unionville for his attempt to get out his message about what his bill would accomplish and to provide the details of his bill to solicit the public's support for the bill. The fact remains that it is an affront to the privileges of the House to disclose a bill's contents before members of the House have had the opportunity to see the bill once introduced.

I understand that there was a very similar issue raised on February 25 with respect to the unfortunate premature disclosure of the medical assistance in dying legislation. As a result, if you determine, Mr. Speaker, that this matter is a prima facie question of privilege, I would suggest that both matters be heard together at the procedure and house affairs committee.

Mr. Speaker, I await your decision, and if you agree, I would be prepared to move the appropriate motion at the said time.

Mr. John Brassard (Barrie—Innisfil, CPC): Mr. Speaker, while I respectfully disagree with the hon. member, I would like to reserve the right of the official opposition to respond at some point to the question of privilege.

Hon. Rob Moore (Fundy Royal, CPC): Mr. Speaker, the hon. member mentioned that he did not want to waste the time of the House, yet he went on, when we are debating medical assistance in dying, on a question of privilege about a private member's bill. I would point him back to earlier this week when the entire contents of Bill C-7, medical assistance in dying, was in a CP story the morning before the bill was introduced. This is just for his reference.

● (1655)

The Deputy Speaker: The intention was not to get into debating various aspects of the question of privilege at this point in time. I can assure the hon. parliamentary secretary that we will get back to the House in due course. I have noted the hon. member for Barrie—Innisfil's intention to come back to this at a later time as well.

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CRIMINAL CODE

The House resumed consideration of the motion that Bill C-7, An Act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

Mr. Dane Lloyd (Sturgeon River—Parkland, CPC): Mr. Speaker, I rise today to address Bill C-7, an act to amend the Criminal Code, medical assistance in dying.

Assisted dying is the leading moral and ethical issue of our time. Previously respected traditions supporting the sanctity of all human life until natural death have been tossed aside, most recently with the Supreme Court's decision in the landmark Carter case.

As parliamentarians, it is incumbent upon us to draft responsible legislation that protects the sanctity of life, protects those contemplating suicide and protects vulnerable peoples. These are principles outlined in the preamble to Bill C-14, the landmark legislation that governs assisted dying in this country. These are principles, although restated largely in Bill C-7, that are being watered down and undermined by this legislation.

As recently as the early 1990s, the Supreme Court ruled in the Rodriguez case that there was no constitutional right to assisted dying in this country. The Carter decision overruled that previous decision, and now Parliament has been tasked to take on the difficult task of balancing the autonomy of Canadians with protecting vulnerable people.

[*Translation*]

The Deputy Speaker: Order. The hon. member for Shefford on a point of order.

Ms. Andréanne Larouche: Mr. Speaker, I cannot hear the interpreters.

The Deputy Speaker: Thank you for drawing our attention to the problem with the interpretation service, a very important tool for the members of the House.

Resuming debate. The hon. member for Sturgeon River—Parkland.

[*English*]

Mr. Dane Lloyd: Mr. Speaker, would I be able to restart for the benefit of my colleagues?

The Deputy Speaker: Perhaps the member could go back about 30 seconds and pick it up from there.

The hon. member.

Mr. Dane Lloyd: Mr. Speaker, as parliamentarians it is incumbent upon us to draft responsible legislation that protects the sanctity of life, protects those contemplating suicide and protects vulnerable peoples. These are principles that were outlined in the preamble to Bill C-14, the landmark legislation that governs assisted dying in this country. These are principles that, although largely restated in Bill C-7, are being watered down and undermined by this legislation.

As recently as the early 1990s, in the landmark Rodriguez case, the court ruled that there was no constitutional right to assisted dying in this country. The Carter decision overruled that previous decision, and now Parliament has the difficult task of balancing the autonomy of Canadians with our responsibility to create safeguards for vulnerable Canadians. It is one of our most sacred responsibilities to protect the lives of our citizens. We need to get laws on assisted dying right.

The adoption of medical assistance in dying after the 2015 election is an event I am very familiar with. I had the honour of serving under the member for St. Albert—Edmonton as he took the lead as the Conservative vice-chair of the Special Joint Committee on Physician-Assisted Dying. During this time, I was involved in all aspects of the committee that was making recommendations on a new law. I heard from all the witnesses, and I listened to all deliberations regarding what direction our country should take.

That committee recommended a radical departure with very few safeguards. These recommendations did not reflect the testimony of experts, but instead the political agenda of special interests.

The Conservative minority report provided at the joint committee was entrenched firmly in the principles of the Supreme Court's decision in Carter, and included recommendations that were laid out by key witnesses, such as the former president of the Canadian Psychiatric Association, Dr. Karandeep Sonu Gaind. It outlined key principles for us on the issue of physician-assisted dying.

These included not accepting the provision that assistance in dying be provided to those under the age of 18, in line with the Carter decision, which stated that only competent adults should be allowed access to assisted dying. We also did not accept the extension of medical assistance in dying for those suffering exclusively from mental illnesses. We did not believe that any mental illness is irremediable, as the Canadian Psychiatric Association stated.

We also did not believe in the validity of advance directives to allow Canadians to consent to an assisted death far in advance of its administration. This change would stand opposed to the express will of the Supreme Court of Canada, which ruled that consent must be contemporaneous with the time of death.

We also recognized the lessons of the Quebec experience, as the first jurisdiction in this country to legalize euthanasia. In its regime, medical assistance in dying could only be rendered on adults with a severe, incurable physical illness, characterized by an advanced state of irreversible decline.

I believe many Canadians can sympathize with this limited exception for assistance in dying; however, even these safeguards have proved to be short-lived. Barely five years later, the courts and the government have decided that these safeguards are far too restrictive.

How did we get here today? Barely had the ink dried on Bill C-14 before proponents of expanded assisted dying launched their campaign to eliminate necessary safeguards.

As a Conservative who strongly believes in the sanctity of human life, Bill C-14 was a difficult pill to swallow. However, it was one that I believed upheld many of the values that I hold and the values that many of my constituents hold.

The previous legislation recognized that we must tread carefully with this new reality of assisted dying. It introduced safeguards that limited mature minors, those with exclusively mental illnesses and those whose deaths were not reasonably foreseeable.

I believe this is where the majority of Canadians are, and I believe the government largely got the balance right under Bill C-14. Unfortunately, there are a radical, vocal few who want to undermine even these protections and push this country headlong into a permissive regime for assisted dying, a regime that, as we know from international experience, has resulted in the deaths of vulnerable people.

If we continue to go down this road and liberalize all safeguards, we will continue to see mistakes and deliberate actions that end the lives of vulnerable people. This new legislation outlined in Bill C-7, although not taking these large, radical steps that I outlined, is opening the door to a wider radical departure from principles like the protection of the vulnerable and the sanctity of human life.

I am particularly concerned about the inclusion of the term and policy of advance consent.

● (1700)

The Supreme Court of Canada was very clear, crystal clear, that an assisted death should only be administered with the consent of a person at the time of death. We know that there are some cases where people fear losing their capacity to end their lives. However, we cannot allow the precedent of advance consent to gain legitimacy in our system. Advance consent in this legislation I believe is a Trojan horse designed to build the legal case to accept the adoption of advance directives.

Advance directives are a concept by which people can direct the actions of medical professionals after they have ceased to have the capacity to consent to an assisted death. Many Canadians are familiar with DNRs: do-not-resuscitate orders. DNRs are a completely ethical and morally acceptable practice, whereby a patient can designate that no action should be taken to attempt resuscitation. By respecting the will of the patient and not acting, medical professionals are allowing the patient to die a natural death. Medical professionals can also hasten the natural death of their patient through pain remediation. I believe this is also an acceptable practice.

I support do-not-resuscitate orders, and I think many Canadians are being deliberately misled into believing that an advance directive is the moral and ethical equivalent of a DNR. It is not. An advance directive does not ask medical professionals to withhold action allowing a natural death. It requires medical professionals to take direct action to immediately end the life of the patient.

This is a leap in practice that goes far beyond what I believe is ethical. It undermines one of the greatest medical principles: first, do no harm. I can imagine, in a not-so-distant future, someone with dementia or Alzheimer's who had previously written an advance directive, believing that life would be not worth living with this disease. Imagine in the future that we had the medical expertise and the breakthrough pharmaceuticals that could make life better for those suffering. How can someone consent to have life end without contemporaneous consent at the time of death, when they cannot know what their quality of life will be?

It introduces a high level of subjectivity to the question about what kind of life is a life worth living. This is a dangerous question that will lead us down a lethal road, a road that I do not think anyone wants to go down today. I believe it is unethical and dangerous to allow someone's life to be ended by an advance directive or consent, even with the meagre protections offered in Bill C-7, which includes a provision that no resistance be shown. There is still a threat of abuse. If people are unable to understand and consent to death, how are they supposed to know to resist when someone comes to administer their death?

Parliament is being rushed into liberalizing a practice that is not even half a decade old. Its members lack the experience, the data and the moral understanding to press forward with such a life-and-death issue. I am disappointed that the government abdicated its responsibility to stand up for vulnerable people when it chose not even to appeal the Quebec court's decision to the Supreme Court of Canada. What better court to clarify what safeguards are acceptable than the very court that originally dealt with these significant matters?

Instead, the government has given Parliament little time to contemplate such an important issue. Canadians are still catching up to the reality of assisted dying being legal in this country, and now we are foolishly pressing forward before we can fully understand the impacts of this legalization.

● (1705)

Hon. John McKay (Scarborough—Guildwood, Lib.): Mr. Speaker, since the member has obviously informed himself over the last number of years about the various forms of medically assisted dying, I want to ask him whether there has been any statistical pattern developed over the time that it has been a legal concept.

Do we know what the numbers are, where the weaknesses and strengths are? Is there material he could share with the House that gives us some pattern of who is asking, what is being asked for and when it is being asked?

Mr. Dane Lloyd: Mr. Speaker, I believe many of the cases we have seen where people have requested medical assistance in dying are cases that the majority of Canadians can sympathize with, and even support. What I am not saying here today is that we should be repealing all the laws on medical assistance in dying. I am saying we must be very cautious going forward.

I have read some statistical information regarding the socio-economic status of those seeking an assisted death. They tend to be in the wealthier range. I believe the numbers are slightly more than 6,000 people have sought out an assisted death.

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Mr. Speaker, I thank my colleague for his speech.

He used the word “euthanasia”, but there is a difference between euthanasia and medical assistance in dying. This bill is not about euthanasia.

Furthermore, I am sure that we can improve palliative care services and include that in a continuum of care for dying with dignity, and that includes medical assistance in dying.

I would like to hear his thoughts on that.

[*English*]

Mr. Dane Lloyd: Mr. Speaker, when the Conservatives were coming up with their minority report in the previous Parliament, the experience of Quebec weighed heavily on where they came in on this. It took six years in multiple legislatures in Quebec to come up with a law on this matter, and when Quebec came up with this law, it was stringent and there were strong protections for vulnerable people.

The cases where people are unable to consent to their death do, I believe, meet the definition of euthanasia. An assisted death occurs when somebody is participating with it up until the point that his or her life is actually ended. When somebody cannot consent to an assisted death, I believe that meets the definition of euthanasia.

● (1710)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I am afraid I disagree with the general tone of the approach taken by the hon. member. These changes are much-needed to respond to not only court decisions, but analyses of our charter rights to ensure that Canadians are not taking their own lives or finding the opportunity for medical assistance in dying prematurely, out of fear that they will be unable to give consent under the strictures of our current legislation.

I ask the hon. member, as well as those in the Conservative benches who think this is being rushed, how he suggests we deal with the fact that the courts in Quebec have ruled in Truchon that the law, as it currently exists, will be suspended March 11.

Mr. Dane Lloyd: Mr. Speaker, with regard to timing, I was very disappointed that this decision came out on September 11, the day the last election was called. The government was given one month to appeal this decision in the middle of an election campaign. I do not believe that this gave Parliament an ample opportunity to review the bill outside of a very politically charged period to decide whether this decision should have been appealed to the Supreme Court, which was the court that created legalized assisted dying in this country.

I believe the Supreme Court has something to say on this matter, and we failed by not getting the Supreme Court to weigh in on it.

Ms. Yasmin Ratansi (Don Valley East, Lib.): Mr. Speaker, I am pleased to rise today in support of Bill C-7, which proposes amendments to the Criminal Code's medical assistance in dying regime, in response to the Superior Court of Québec's Truchon decision. I will provide the context for the change.

As we know, in September 2019, the Superior Court of Québec struck down the federal and Quebec criteria that limit the access to MAID based on circumstances where death is reasonably foreseeable. The court, whose ruling only applies in Quebec, suspended its declaration of invalidity for six months, until March 11, 2020. On February 17, the Attorney General of Canada filed a motion to request a four-month extension to give Parliament the time needed to implement a response and ensure that the law across the country is consistent as it relates to the federal MAID regime.

I will provide a brief overview of the amendments to the Criminal Code that are being proposed under Bill C-7.

First, on the eligibility criteria, the bill would repeal the reasonably foreseeable natural death criteria and exclude persons whose sole underlying medical condition is a mental illness. Second, with regard to safeguards, the bill would create two sets of safeguards, depending on whether a person's death is reasonably foreseeable, while easing some existing safeguards and adding new ones for persons whose death is not reasonably foreseeable. Finally, the bill proposes to allow for a waiver of final consent on the day of the procedure in specific circumstances.

How did these changes materialize? The development of this legislation was informed by the Truchon decision; available Canadian and international reports, such as the December 2018 report of the Council of Canadian Academies; the experience of existing international regimes; and our government's recent consultation on MAID, held in January and early February.

The Minister of Justice, the Minister of Health and the Minister of Employment, Workforce Development and Disability Inclusion, along with their parliamentary secretaries, hosted several federal MAID round tables across the country. These events were attended by experts and stakeholders, including doctors, nurse practitioners, representatives from health regulatory bodies, legal experts, representatives of the disability community, indigenous representatives and other key stakeholders. They shared their experience and insight into MAID and its implementation in Canada over the last four years.

In parallel to these efforts, our government heard from over 300,000 Canadians who participated in the online public survey on MAID between January 23 and 27, 2020. There was an unprecedented number of respondents, reflecting the significance of this issue for Canadians. This kind of input is invaluable to government and, I am certain, was seriously considered by the ministers in the development of the bill.

I would like to provide a personal perspective on the issue of MAID in its previous iteration.

In 2015, when the Liberal government came to power, it was tasked by the Supreme Court to amend MAID. A special joint committee was established, involving both Houses and all parties. The special joint committee conducted an enormous amount of consultation and came up with a proposal. The then minister of justice and minister of health were presented with this proposal. Through intense discussions and consultations, the proposal was amended.

In my riding of Don Valley East, I did a consultation in the sanctuary of the Donway Covenant United Church. Various constituents, as well as other members from across Toronto, participated in the town hall. Members of CARP, the Canadian Association of Retired Persons, were also on the panel. It was an emotional meeting. I clearly remember one of my constituents, who was nonverbal and had to use her communication board, telling me that she wanted advance directives while she was lucid but could not predict whether she would be lucid in the foreseeable future.

In 2019, I had to do another presentation at a church in another riding. Here, overwhelmingly the audience was against the phrase “foreseeable future” and also wanted advance directives.

● (1715)

I am glad to see that some of the changes requested through consultations have now been incorporated. I look forward to the five-year review that is scheduled for June 2020 to see the discussions around advance directives.

I will now go to the bill itself and some of the changes it proposes to the eligibility criteria.

With regard to the proposed Criminal Code amendments in relation to eligibility, the bill proposes to make two changes to the current set of eligibility criteria for MAID. First, it would repeal the reasonable foreseeability of natural death criteria from the list of eligibility criteria in response to the Truchon ruling. That is good news for some of my constituents in Don Valley East. The legal effect of this amendment would be that those whose natural death is reasonably foreseeable and those whose natural death is not reasonably foreseeable would be eligible for MAID if they met all other eligible criteria.

Second, the bill proposes to exclude people whose sole underlying medical condition is mental illness. Many practitioners, stakeholders and experts have identified increased complexities regarding individuals seeking MAID whose sole underlying condition is mental illness. I suggest that this could be an item for Parliament to look at it in its upcoming mandatory five-year review of the MAID regime.

The Council of Canadian Academies' experts group issued a report in 2018 on the same issue and could not come to a consensus on this question. The Government of Quebec has also announced that access to MAID for cases where mental illness is the sole underlying condition would be suspended and that a broad consultation process would be conducted on this issue.

Regarding safeguards, the public needs to know some of the safeguards that will protect the vulnerable. With respect to the applicable safeguards proposed, the proposed Criminal Code amendment would create two different sets of safeguards depending on whether a person's natural death is expected in the near term or not. The first set of safeguards would continue to be tailored to persons who have a reasonably foreseeable death where risks are reduced. The second set of safeguards would be tailored to persons whose death is not reasonably foreseeable and would address the elevated risks associated with the diverse sources of suffering and vulnerability that could lead a person who is not nearing death to seek access to MAID, such as loneliness, isolation, lack of adequate supports and hopelessness.

Bill C-7 proposes to use the reasonable foreseeability of natural death standard to determine which set of safeguards applies to a particular case. This standard would also determine whether a person who is assessed and approved for MAID but who risks dying before the day of the procedure can give consent in advance. I will be discussing that proposal shortly.

How will these safeguards be applied? Specifically, it would require that a MAID request be witnessed by one independent witness instead of two, and it would allow individuals who are paid to provide either health or personal care to act as an independent witness.

On the advance consent or directives, the bill proposes amendments that would allow people who have a reasonably foreseeable natural death, and who have been assessed and approved for MAID, to retain their ability to receive MAID if they lose the capacity to consent.

The bill represents a significant paradigm shift in Canada's legal landscape with regard to medical assistance in dying. I call on members to support this important legislation and send it to committee for further review.

● (1720)

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Madam Speaker, the hon. member from the opposite side has gone on in length in regard to safeguards. There are currently safeguard infractions going on across Canada, without corresponding professional discipline being in place. We can go on and on about safeguards, but if the current ones do not work, why would we put in more or less? They are not working.

Let me point to the case of Mr. Roger Foley. He has had to open a GoFundMe in order to pay for his legal bills so he can get actual home care. He is a young man dying of cerebellar ataxia. He is suffering, and the government is keeping him away from proper care. He has been dehumanized, threatened, attacked and abused and his life has been completely devalued just because he is a person with disabilities.

Greater value is placed on access to MAID than access to alternatives that could alleviate a patient's intolerable suffering. MAID is being presented to patients as a preferred treatment option, rather than the very last resort once all other avenues have been exhausted.

Could the member opposite tell me how that is happening?

Ms. Yasmin Ratansi: Madam Speaker, I sympathize with the situation that the member opposite has brought to light, but I also need to advise her that the provincial jurisdiction controls the health care budget. We are doing things that are legally available because of certain issues that have been raised by the previous iteration of MAID. We have, as parliamentarians, responded to it from a legal perspective.

There are checks and balances in place. People break the law, like they break many laws. There is a judiciary process or there is a process within the health care practitioners that should be addressed.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, in studying the bill, and I certainly plan supporting it and considering amendments when it gets to committee, one of the things I am wondering about is this. When people make that consent, and it is an advance consent, and there are safeguards, do the personal practitioners who have accepted that consent have to be the ones who administer the procedure later? What if something happens to those individuals and they are not available or they themselves have died?

How would we handle the loss of those who are present at the advance consent at the moment when the medical assistance in dying procedure is determined to be appropriate?

Ms. Yasmin Ratansi: Madam Speaker, the hon. member has raised a very good question. That is why the bill must go to committee for thorough discussion, so we ask the right questions, we get the right answers and we put checks and balances in place to address the situation that she has brought to light.

● (1725)

Mr. Pat Kelly (Calgary Rocky Ridge, CPC): Madam Speaker, the present bill goes significantly beyond the immediate task of addressing the Quebec Superior Court's decision. A scheduled broader review of the bill was built into Bill C-14. The five-year period was deliberate. At that time, the government thought that to be an appropriate length of time to study the implementation of Bill C-14.

Why not just deal with the business of the problematic "foreseeability of death", the words from Bill C-14, which I had problematic from the start? Why take this time to add the other portions rather than as part of the review that would have otherwise taken place next year?

Ms. Yasmin Ratansi: Madam Speaker, as I look at the bill, the foreseeable death was a very problematic issue for all my constituents. They wanted the advance directive, but it was not there.

When the Supreme Court gave its decision, it created a base. When the special joint committee created a report, that was the ceiling. We have to find a midway balance to ensure that we protect the vulnerable, but also allow those who seek assistance to get the assistance they need.

Ms. Rachael Harder (Lethbridge, CPC): Madam Speaker, during this debate time, we have an opportunity as legislators to ensure that we carefully and thoughtfully examine Bill C-7 with the best interests of Canadians in mind.

On September 11, 2019, the Superior Court of Québec found that it was unconstitutional to limit access to medical assistance in dying to people nearing the end of life. Although the current bill before the House, Bill C-7, responds to the court's ruling, it goes far beyond the scope of Quebec's decision and it weakens the important safeguards that have been put in place under Bill C-14.

Since the Liberals put this legislation forward, I have heard from hundreds of my constituents in a matter of days. They have shared with me that they are very concerned about the bill.

I will use my time today to share a number of the concerns they have raised and to issue a thoughtful word of caution to this place.

First, there is a parliamentary review of the original legislation scheduled for June. The question has to be asked. Why are we rushing to expand the scope of the current legislation?

We are literally discussing life and death issues. Death, something so final, deserves just a little of our time, our attention and due diligence.

The government's original legislation went through a very lengthy consultation process. This time, however, the consultation only lasted a couple of weeks. That is not the sole concern I have. In addition to that, when I look at this survey, the questions that were asked were quite vague and the multiple choice answers that were provided were drafted in such a way that the party in power could interpret those answers to the secure findings it desired. It was unclear and therefore unhelpful, if we really are going to respect the voices of Canadians.

However, the fact that this survey was so unhelpful goes to show that the current government was not interested in hearing from Canadians. The current government was interested in pushing through its agenda and therefore being able to twist and manipulate the survey data to its end, which is absolutely wrong.

It is wrong, because it goes against the very essence of this place, which is 338 common people representing common people. This place exists for us to deliberate the issues that matter most in our country and to speak up on behalf of Canadians. Unfortunately, what we have before us is a bill that represents the Liberal agenda rather than the voices of the Canadian people. This is wrong.

With legislation of this magnitude, I would urge the members of the House to slow the process down, to consult extensively and for us to come back to the table.

I cannot think of another responsibility we carry as legislators that is more crucial, more obligatory than our duty to protect the most vulnerable in Canadian society. Therefore, we have to take every effort to alleviate any possibility for abuse or misuse based on what is in this bill or based on what is left out of the legislation.

My Conservative colleagues have raised many concerns and have given multiple examples where extreme liberties have been taken with physician-assisted suicide where there are looser restrictions in place. I do not wish to rehash all those examples here today, but I certainly will draw the House's attention to a few.

Sadly, members across the floor have disregarded many of those examples provided by my Conservative colleagues. They have suggested that the differing jurisdictions and rules should deem these cases irrelevant in this place.

● (1730)

We have the opportunity and even the duty to learn from other countries and the way they have legislated, to learn from cases within our own country and to make changes that are necessary to properly protect Canadians.

It is undeniable that as one's medical condition progresses, the individual inevitably become more vulnerable. It is our responsibility to stand up for the vulnerable.

Individuals could lose their ability to speak, to move autonomously or they could lack the coherent and cognitive ability to be able to interact correctly. When an individual reaches this state, this is precisely when the safeguards around MAID, medical assistance in dying, should be strong enough to keep them safe rather than weak enough to make them vulnerable.

The proposed change in the bill would allow for advance directive, which takes away the need for the patient to consent immediately before having medical assistance in dying administered. This proposed change is alarming and dangerous as well to the Canadian public.

When we are faced with difficult physical ailments, they often fluctuate in intensity and as they do, our decision-making ability shifts. Think for example about people who are suffering from terminal cancer. They have been advised by medical professionals that their quality of life is likely to deteriorate to a certain degree by a specific date. Let us say that does not happen. Those cancer patients who want to avoid unnecessary pain have already given the date on which their lives will be terminated.

Changes take place. What if the diagnosis the doctor gave was not right? What if those patients have actually fared much better? Health care professionals could in fact euthanize these individuals at any point without needing to obtain consent immediately before death is administered.

This should concern all of us because of the vulnerability that is in place here. There should be a requirement for contemporaneous consent. We cannot allow one's former self to dictate the will of his or her present self. Minds change, circumstances change, so final consent is an absolute necessity.

This example has been raised in the House at least once before, but it is worth raising again because it is close to home.

Taylor Hyatt is a staffer on the Hill. I had the opportunity to interact with her personally. She has a linguistics degree from Carleton University. She lives on her own and she loves her life. Taylor has cerebral palsy and is restricted to a wheelchair. She lives an incredible life and contributes to Canadian society in a multitude of ways.

Two years ago Taylor went to the hospital because she was feeling quite ill. The doctors did some tests and they said that whatever it was it really was affecting her breathing, and if it came to it, should they administer oxygen.

Taylor was quite surprised at the question. Of course she would want oxygen, that seems like a very basic thing. It is not like it was life support or something that people often take, those decisions of that magnitude, quite seriously. It was the simple administration of oxygen. A few seconds later, the doctor asked "Are you sure?", and he said it in such a way that he was actually applying pressure on her to reconsider her decision, as if to say that her life lacked the value that she felt it had.

That is atrocious. If we are sending that message to the most vulnerable in our society, then what have we become?

I would like to also address one other thing, and that is the need for palliative care. If we are going to talk about administering death to Canadians, then why are we not having a conversation around long-term care? If we are going to talk about the dignity of a human life, then what about those who want to live a dignified life right up until their last breath?

Why is the government not moving forward with the plan it promised to put in place with regard to palliative care? Why is it not spending the money that needs to be spent on preserving the dignity of those who wish to choose this type of death? These are essential questions with which the House must wrestle.

I would caution those within this place to take a step back, because we want our country to be one that supports all people.

● (1735)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I thank the member opposite for her contributions. I will clarify on a couple of points and then I will ask the member a question.

The first point the member raised was about looking at other jurisdictions. We have done exactly that. We evaluated this regime against every jurisdiction that permits medical assistance in dying.

With respect to the member's point that changes have been made that were not needed by Truchon, this is both a less restrictive regime and also a more restrictive regime, depending on whether a person's prospect of death is reasonably foreseeable. In the context of whether there are increased procedural safeguards, when someone's death is not approaching imminently, there is a 90-day assessment period and also a period in which an expert doctor must be involved.

The member opposite expressed considerable concern with respect to the advance consent regime and the Audrey Parker amendment, as it is colloquially known. Is the member willing to address the fact that failing to amend this legislation and address the concerns in terms of Audrey Parker actually leads to premature deaths such as Audrey Parker's, which is a violation of section 7, according to the jurisprudence?

Ms. Rachael Harder: Madam Speaker, I once again would caution this House. If we are going to talk about advance consent, that is one thing; but if we are going to remove the need to give final consent to the issuance of death, that is another thing.

We are talking about an individual who is going to have his or her life ended. That is very final. It might be good for the medical practitioner to ask the question as to whether that patient is sure that it is indeed what he or she wants in that moment. This is common sense.

I actually take offence at the question from the member opposite, because it is an incredible degradation of human life.

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Madam Speaker, I thank my colleague for her speech.

However, end of life situations can be difficult. Despite the high-quality care and support offered to people at end of life, it is possible that, for a small number of people, palliative care might not sufficiently alleviate all of their suffering. End-of-life legislation allows medical professionals to offer another choice to patients when all therapeutic, curative and palliative options have been deemed insufficient and they would prefer to die rather than continue to suffer.

I would like to hear my colleague's thoughts on that.

[*English*]

Ms. Rachael Harder: Madam Speaker, before this House is a piece of legislation having to do with medical assistance in dying. This process has been discussed for the last four and a half years. Of course, there was legislation put in place, Bill C-14, in 2016. That legislation allowed for medical assistance in dying in Canada. That is covered.

My question is this: Where are the millions of dollars that were promised for palliative care?

To the hon. member's point, this country exists on the precedent that there is choice, but if people have the choice for euthanasia, then where is the choice to live until their last breath in a place where they are cared for and where they are pain-free? That is called palliative care, and the current government has failed to deliver on that. By not doing so, it has actually forced a number of people to choose euthanasia when they would not normally choose that, but because their pain levels are so high and because palliative care is not offered, they choose death.

That is wrong.

● (1740)

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, I listened to the speech by the member for Lethbridge with great interest and I respect her very strong feelings on this issue. When she points out that the government is making changes that were not demanded by the courts, I would like to point out that there are many Canadians and Canadian families who are dealing with issues of intolerable suffering at the end of life who are asking for changes like Audrey's amendment, and they are asking for them right now.

As I mentioned earlier, because this debate is going on today, I have had someone I know quite well contact me to say they wish this bill would move quickly because it would assist them in making a choice in maintaining their control at the end of their life. They are facing intolerable suffering that cannot be alleviated.

While I agree with the member that we need more and better palliative care, we are dealing with the demand from individuals and families to make sure we avoid unnecessary suffering at the end of life.

Ms. Rachael Harder: Madam Speaker, that was more of a statement than a question. The hon. member and I would agree that yes, absolutely, palliative care is necessary. It should be an option for all Canadians, and that would be the most respectful thing to do for the Canadian population.

[*Translation*]

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, it is an honour to speak today to Bill C-7 regarding medical assistance in dying. This is the second time, the first being in the last Parliament, that I have had the opportunity to take part in the debate on this absolutely essential legislation on such a difficult subject.

[*English*]

This bill represents a major improvement and reflects some of the amendments that I made but that failed in the House, in the 42nd Parliament. Some of those amendments, in fact, were picked up and approved by the Senate.

I want to stop and reflect on the trajectory of this issue in Canada.

As identified when I rose in my place, I am a member of Parliament for Saanich—Gulf Islands and I believe that Saanich—Gulf Islands may have more constituents concerned with and calling for medical assistance in dying than perhaps any other riding in Canada. There are two active death-with-dignity groups within my community, one on Salt Spring Island and one on the Saanich Peninsula, and I think it is for a very simple reason.

Feelings run high, and honestly, my constituents persuaded me in 2011 and 2012 that I had to stand up for ensuring that there was access to medical assistance in dying and stand up for removing the Criminal Code punishments for people who, motivated by compassion and basic human dignity, assisted someone who was dealing with unbearable suffering in their last days and weeks.

The reason that my community is so very implicated in this issue is that Sue Rodriguez was a resident of North Saanich. She was unable to take her own life due to the effects of ALS, but she was able to find a doctor, who remains anonymous to this day, who assisted her in ending her own life.

● (1745)

[*Translation*]

It is clear that many people in my riding support the measures in Bill C-7, as they did support Bill C-14 in the previous Parliament.

This is about helping to alleviate suffering through medical assistance in dying. This difficult and very serious situation is unfair to anyone.

[*English*]

Sue Rodriguez went to court, so it is also a trajectory of court cases. The Supreme Court of Canada ruled in 1993 against Sue Rodriguez. She was suffering from ALS. ALS runs as a thread through what I want to talk about today. Sue was losing ability and had lost ability to speak, to swallow and to walk. We know the trajectory of ALS. She asked the court to change the law and she was unsuccessful. That was in 1993. By the way, it was a very close decision. It was five to four, a very close decision. She died a year later, on February 12, 1994.

Then we take it to 22 years later. That is how slowly the laws evolve. It takes a while. The Supreme Court of Canada and the laws of Canada evolve to meet the changing circumstances. I think part of the reason is that we also realize now, unlike 20, 30, 40, 50 years ago, that we can prolong lives and sufferings through miracle advancements in medical science, but before we passed this law in the 42nd Parliament, we were denying people death with dignity and the ability to control their own decision-making about the timing of their own death.

Along came the Carter decision, finally, in 2015. Twenty-two years after the Supreme Court of Canada decision in Rodriguez, we had the decision in Carter. I felt very strongly when we debated the bill for medical assistance in dying in this place in the last Parliament, the 42nd Parliament, that our legislative efforts fell far short of what the Supreme Court of Canada ruled in Carter.

I felt quite sure, and said many times in this place, that the legislation we were passing, while an improvement, would not stand up to legal scrutiny and would be ruled unconstitutional by the courts. Now we have the decision that came out last September in the Truchon case, and again a court has given us a deadline to come up with an improvement. It is being called Audrey's amendment. Certainly a lot of people have identified with that situation, and their hearts have been broken by knowing that medical assistance in dying was out of the reach of people who were suffering gravely but feared they would not be able to form the required consent on the day of the procedure.

I think the bill before us is a substantial improvement, and it really reflects on how courts grapple with this issue and how society grapples with it.

I have to say that in the 42nd Parliament, I found the debate remarkably respectful. Across all parties, we recognized that these are serious matters of life and death, not to be trifled with and not to be turned into partisan debate. The reality is that in this legislation we do make amends for some mistakes in the previous bill.

I always find it rather odd that we have to find that a person's natural death is “reasonably foreseeable”. I do not think any of us in this place fancy ourselves immortal. All of our deaths are entirely foreseeable; we just do not know exactly the time and place in which they will occur.

Doctors of those who are suffering from a terminal illness are not even able to say the reasonably foreseeable date. What does it mean to be reasonably foreseeable? We put people in a stricture where even if they knew they had a terminal illness, such as ALS, they could not necessarily get aid from this legislation and they could not necessarily give advance consent to a doctor to indicate that they did not want to go through what they knew lay ahead of them.

One of my best friends emailed earlier today to ask me to stand up and fight this bill, because she is dying with ALS and she did not think the bill would cover her. I spoke to the Minister of Justice to confirm that I was reading the bill correctly and that, yes, they were thinking specifically of people with ALS.

Our friend who used to sit in that chair, Mauril Bélanger, was lost to us so quickly through ALS. My friend, who is losing the ability of speech, is in a chair and has tubes in her stomach that cause enormous pain. She knows that her lungs will give out, so she is emailing me while we are having this debate. I was really relieved to talk to the Minister of Justice and realize that I am reading the bill correctly, that my friend can get the help that is needed to be assessed and be able to say that she wants consent in advance.

However, I do think that there are some areas for amendments that should be made here, and I wish we had more time. I hope the court will give us the additional four months, but we do not know that.

Some of the bogeymen that have been raised here today I think are considered in the bill. We do have the requisite safeguards to keep vulnerable people safe. No one can give permission for medical assistance in dying other than the patients themselves. They still have to meet very tight criteria. They have to have a sworn witness. They have to have a doctor. The bill also provides that on the day of the procedure, if a person indicates that they have changed their mind, they are completely allowed and of course have the right to indicate that they have changed their mind through all sorts of gestures and words, but not through any involuntary gestures. I think the bill is drafted as well as it can be, but we will continue to consider it in the amendments at clause-by-clause consideration.

The bill does continue to ensure that the death is reasonably foreseeable, and there may be some complications there in the language. I note concerns from Dr. Jocelyn Downie at Dalhousie University, who is one of Canada's leading experts in this field, and I want to hear her evidence. I hope that she will be a witness, and I am sure she will be, as well as Dr. Stefanie Green, the president of the Canadian Association of MAID Assessors and Providers. We want to make sure we get the language right.

I will close by thanking the Minister of Justice and the government for following through and hearing the cries of Audrey, from Halifax, that her death be not in vain.

● (1750)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I want to thank the hon. member for Saanich—Gulf Islands for her contributions today and every day in this chamber for so many years.

The member led us through a very eloquent chronological history of the status of the jurisprudence, from Sue Rodriguez to the Carter decision to the Truchon decision, as well as the idea of Parliament keeping up with and responding to the law.

There has been debate, and it is fair debate, in this chamber over the last two days about how we are attempting to exceed the Truchon decision in some respects by wading into the area of advance directives and addressing what is now becoming known as the Audrey Parker amendment.

I would like to have the member's sense and thoughts about trying to get in front of the courts, at least on this occasion, and whether that is a prudent step in terms of empowering and respecting the dignity of people who are in such precarious positions and want to maintain some control over their final days.

Ms. Elizabeth May: Madam Speaker, I do not think we are getting ahead of the law. I think the advance consent, the Audrey Parker amendment, within this legislation is exactly within the four corners of the decision in Carter. The question of when one's rights as a human being, under the Charter of Rights and Freedoms, are impinged was directly related, in Carter, to having to foreshorten one's own life because one knew one might not be able to consent later.

I would say we may be slightly ahead of a court decision striking the current law down, but we are not getting ahead of the law. We are finally meeting it.

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Madam Speaker, the hon. member asked what the trajectory is of the issue of euthanasia in this country, and I thank her for asking. It is really important that we make a concise assessment of where we are going with this legislation.

It is clear that this bill is ensuring that our country will prioritize euthanasia access, while allowing palliative care to take a back seat. As we know, a request for physician-assisted death cannot be truly voluntary if the option of proper palliative care is not available.

Is the hon. member willing to admit that palliative care in this country is abysmal, and dwindling more and more every day, due to the government's desire to push euthanasia as the preferred treatment option?

Ms. Elizabeth May: Madam Speaker, to the hon. member for Cloverdale—Langley City, not only am I not willing to admit it, I think the assertion is absurd. I think the assertion is offensive. Nobody in this place, regardless of party, would place euthanasia as a desired outcome over a full range of choices.

It does not require admitting anything. I asked the Minister of Health earlier in this place whether she would agree that services are not adequate for the provision of counselling, mental health services and, of course, assistance in having access to the facilities that make palliative care so much desired and so much preferred for patients and families across Canada.

I would urge the hon. member to rethink this. One cannot allege that the lack of services in palliative care is due to anyone's desire to push death over adequate care. I think the very notion is outrageous.

● (1755)

[*Translation*]

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Madam Speaker, I find it quite incredible that the official opposition is suggesting that the government wants to favour euthanasia over palliative care. I find that quite shocking.

There is one issue that concerns me in relation to people with Alzheimer's disease. Unlike physically degenerative diseases, Alzheimer's disease can last for years. How does my colleague view the possibility of advance consent?

Ms. Elizabeth May: Madam Speaker, I hope my answer will be brief. I thank my colleague from Rosemont—La Petite-Patrie.

These are such complex issues that I would prefer to wait for the review that is scheduled to take place soon, five years after the current act came into force. My own father died of Alzheimer's, and I am not sure what he would have done if he had this option. I want to take the time to think about it.

[*English*]

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Madam Speaker, I appreciate the opportunity to speak on Bill C-7, an act to amend the Criminal Code regarding medical assistance in dying, which was introduced earlier this week and dramatically expands the existing euthanasia regime in Canada.

This bill was introduced in response to a ruling made September 11, 2019, where the Superior Court of Québec found, in Truchon versus the Attorney General of Canada, that it was unconstitutional to limit access to medical assistance in dying to people nearing the end of life.

I believe it is completely unacceptable that the government did not appeal the Truchon decision to the Supreme Court. Truchon struck down vital protections for vulnerable Canadians that the Liberal government put in place less than five years ago. Appealing this decision would have allowed us to get certainty on the framework within which Parliament can legislate.

The summary of the bill states that it amends the Criminal Code to:

> among other things,
>
> (a) repeal the provision that requires a person's natural death to be reasonably foreseeable in order for them to be eligible for medical assistance in dying...

It excludes mental health as an eligible reason to receive assisted suicide. It creates two sets of safeguards that must be respected before medical assistance in dying may be provided, which differ in application depending on whether death is reasonably foreseeable. It also creates an advance directive wherein a medical practitioner can proceed with assisted suicide without consent immediately before administering it, assuming all other criteria are met and the patient enters into an arrangement in writing with a medical practitioner or a nurse practitioner to cause death on a specified day.

While these changes are significant, it is the other things where I will focus most of my attention. In responding to Bill C-14 in the last Parliament and now to this bill, it has always been our priority, on this side of the House, to ensure that legislation permitting euthanasia and assisted suicide includes safeguards for the most vulnerable in our society, as well as for the conscience rights of physicians and allied health professionals.

Of all the proposed changes, I am most concerned about the removal of the 10-day waiting period. This was not a change mandated by Truchon. Rather, it is a deliberate choice by the Liberal government to strike down one of the most important safeguards for vulnerable people facing uncertain medical prognoses.

Nearly every one of us can think of someone in their lives, perhaps a friend, a grandparent or even a spouse, who has received a serious diagnosis. The emotional impact of hearing that news can be overwhelming for both the patients and their families. It can cause depression, anxiety and a great fear of the unknown.

I am sure many of us can also think of people we know who have received terminal diagnoses and went on to beat their illness and live for years afterwards. However, with the safeguard of a 10-day waiting period gone, such stories may be fewer and farther between.

Without having to take the time to come to terms with their situation, to speak to their families and to learn about treatment options from their doctors, many people will make emotional decisions based on fear.

Another amendment removes the need for two independent witnesses and allows health care workers to act as witnesses. People may not even hear another voice offering a different solution.

By making these changes, we diminish the extremely important role legislators play in contemplating all of the unintended outcomes and consequences and then protecting against them. We know very well that the current euthanasia regime has serious problems, that it has been abused and that it has been used as a tool of desperation after the failures of government.

● (1800)

Sean Tagert suffered from an advanced case of ALS that left him completely paralyzed, unable to speak and reliant on a ventilator. Despite these challenges, Tagert fought to stay alive so he could watch his son, whom he spoke of in lengthy Facebook posts, grow up.

Sean required 24-hour in-home medical assistance to stay alive. Initially the health care system provided him only 15 hours, leaving Sean to somehow pay hundreds of dollars each day. Eventually, even that was too much for the health authority. Health care authorities told Sean that he would no longer receive funding for home care, leaving as his only option institutional care at a facility hours away, separated from family and removed from the son he called his reason for living.

Sean appealed, but to no avail. He was going to lose his home care. Mr. Tagert fought long and hard for the rights of persons with disabilities and their families but in the end, he was driven by his desperate circumstances to believe that assisted suicide was his only option. He was "worn out", in his own words. On August 6, 2019, he ended his life.

I am going to read from the statement his family posted at that time:

> We would ask, on Sean's behalf, that the government recognize the serious problems in its treatment of ALS patients and their families, and find real solutions for those already suffering unimaginably.

"Real solutions" does not mean removing the safeguards for those who are the most vulnerable. It means providing true alternatives, be that palliative care, in-home care or the unique care needed.

It is not enough to simply put in legislation as we find here in proposed paragraph 241.2(3.1)(g), under Safeguards:

> ...[to] ensure that the person has been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services and palliative care and has been offered consultations with relevant professionals who provide those services or...care.

If we have no intention of ensuring that those services are being funded or are even available, we have failed.

I note that the current federal government broke a key election commitment to invest $3 billion in long-term care, including palliative care. Access to palliative care is an essential part of end-of-life decision-making. That point has been made over and over during this debate.

People should never be put in a position where they believe death is the only solution available to them. We are, and we must be, better than that. We must protect every human life with a jealousy born of the knowledge that each person is unique, and has an innate dignity that nothing, not time, not illness nor disability, can ever take away.

● (1805)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I have one point of clarification and then one question for the hon. member.

I thank her for her comments today. The point of clarification is that the contribution, actually two budgets ago by the government, to palliative care and long-term care was $6 billion, not $3 billion.

I have a question. There are safeguards. The member opposite mentioned a catastrophic event or a diagnosis that could be shocking to an individual. That is exactly what we have contemplated by creating a second track for people whose death is not imminent and people whose death is not reasonably foreseeable.

The legislation entrenches a 90-day assessment period, a period of time when the person must be informed of counselling, mental health supports, disability supports, community services and palliative care, and then an acknowledgement from the medical practitioner that the person has appropriately considered those options.

Is that the exact type of response that the member opposite feels is required to ensure people are not making this decision, which is a permanent decision, with undue haste?

Mrs. Kelly Block: Madam Speaker, I would suggest that one of the safeguards that I feel should have been left in the legislation was the 10-day period of reflection. I think that was very important to leave in this legislation, as I mentioned in my remarks.

The observations have already been made that this could be waived, and I recognize that. However, I think any time we can keep a safeguard in place that allows individuals that sober second thought, we should do that.

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Madam Speaker, I thank my colleague for her speech.

I would like to remind her that medical assistance in dying is an intervention allowed only in exceptional cases, under very strict conditions. Access to this intervention is strictly regulated by law.

Bill C-7 will not bring about an unreasonable increase in MAID cases. According to a report of Quebec's commission on end-of-life care, from December 10, 2015, to March 31, 2018, a total of 830 requests for MAID were denied for various reasons, including the death of the person before the procedure, the withdrawal of the request by the sick person or a death that was not reasonably expected.

In short, there is nothing in Bill C-7 that will cause a substantial increase in requests for medical assistance in dying.

[*English*]

Mrs. Kelly Block: Madam Speaker, I do not think there was a question there. However, my hon. colleague made some observations about whether access to MAID has increased in her province.

I will state again something I said in the remarks I made. I believe it is incumbent upon legislators, who have been given the very important role of putting legislation in place, to always look at legislation to understand and try to address any unintended consequences and then protect against them. Leaving safeguards in place that do not unduly create duress should be the route we choose to take.

● (1810)

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, I want to ask the member about what I think is an unintended consequence of Bill C-14. It is the situation where people are forced to choose to go early because they are afraid of losing competence at the last minute, something the new bill addresses.

There are many examples of it across the country, I have one example that is very close to me. I have a friend who wanted to see family and relatives and spend some time doing last things because she had a very serious brain tumour. She chose to go earlier because she feared losing competence.

That is an unintended consequence of the current legislation. People should be able to make that choice and have an orderly and dignified end to their lives. Does the member not see that as an unintended consequence?

Mrs. Kelly Block: Madam Speaker, when Bill C-14 was introduced in the previous Parliament, the decision was made to not include advance directives. I think that was purposeful. Had we been allowed to deal with the issues that the Truchon case identified and keep all of these other issues in mind for the statutory review that is being contemplated, it would have allowed us far more time to look at the legislation, see what was and was not working and have a timely and comprehensive study of Bill C-14.

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Health, Lib.): Madam Speaker, medical assistance in dying, or MAID, is complex. It is a deeply personal and difficult topic, yet this past January alone, more than 300,000 Canadians took part in the online public consultation to have their say. Many others, including experts and family members of loved ones who received MAID, took part in round-table discussions.

We also heard how the legislation is working from many of the conscientious health care providers involved in delivering this service. Canadians are engaged and aware of the importance of bringing the compassionate, sensible measures contained within Bill C-7, an act to amend the Criminal Code (medical assistance in dying).

This bill builds on the foundation laid by the current legislation on MAID, passed by Parliament in June 2016, and extends eligibility for MAID to persons who, while suffering intolerably, may not be at the end of life. This bill respects the Truchon decision and supports the autonomy of Canadians wanting to make an informed choice to end the suffering they face as a result of serious illness, regardless of whether their condition is life-threatening in the near term.

Respecting the autonomy of Canadians while protecting the safety of vulnerable people remains our central objective. That is why Bill C-7 proposes a two-track approach to safeguards, based on whether or not a person's death is reasonably foreseeable.

We have proposed to ease certain safeguards that had the unintended consequence of creating a barrier for someone accessing MAID whose death is deemed reasonably foreseeable, and we will introduce new and modified safeguards for eligible persons whose death is not reasonably foreseeable.

Bill C-7 would permit the waiving of final consent for persons at the end of life who have been already assessed and approved to receive MAID, but who are at risk of losing their decision-making capacity before it can be provided. There was very strong support for this type of amendment from Canadians, experts, health care providers and their professional regulating bodies.

Our government recognizes the importance of data and science-based evidence in the decision-making process. That is why this bill proposes that we expand data collection through the federal monitoring regime to provide a more complete picture of MAID in Canada.

I would like to note that following the Truchon decision there has been widespread speculation about the potential for persons solely with mental illness to be eligible for MAID. However, many stakeholders in the mental health community have expressed deep concern about this possibility. They feel this option directly conflicts with important treatment principles, which are that there is always hope for recovery and that people can live fulfilling lives with a mental illness.

From the perspective of many health care providers and many health care specialists, assessing eligibility for such individuals poses numerous challenges. Mental illnesses are not generally considered to be incurable, which is a requirement under the current law. In addition, the trajectory of such conditions can be more difficult to predict.

In light of the multiple challenges we heard and the lack of support from the practitioner community who would bear the responsibility for conducting eligibility assessments, this bill does not permit MAID for persons whose sole medical condition is a mental illness.

This decision was not taken lightly. It in no way implies that suffering associated with mental illness is any less severe or more tolerable than that associated with another medical condition, such as one arising from a physical condition. Rather, this decision reflects the many uncertainties underlying this question and a concern that allowing MAID in these circumstances could place Canadians at risk.

We recognize that there are proponents who support MAID eligibility for persons solely with a mental illness. However, in light of the Quebec court decision and the compressed time frame for legislative amendments, there is insufficient time to fully address this topic and determine whether a regime that allows access to MAID for persons whose sole underlying condition is a mental illness is viable.

For these reasons, we are adopting an incremental and cautious approach. It is our view that this issue should be explored as part of the parliamentary review process, which is expected to begin later this year.

It is easy as parliamentarians and as legislators to lose the human element of what we do and to focus on talking points and politics, but these compassionate and sensible measures have come from extensive consultation with Canadians, experts and folks who have lived with the unintended consequences of the original legislation.

● (1815)

These are folks like the late Audrey Parker, a Nova Scotian who wanted to spend just one last Christmas with her family but ended her life through MAID two months prior, while she could still give consent.

I want to take this time to read some of Audrey Parker's final posts into the record so they will be preserved in Hansard, because this legislation includes her amendment. As my colleagues in the House debate, discuss and study the bill, I want them to remember that there are many folks like Audrey across Canada who deserve this autonomy and this compassion.

She said:

"This is my last note to you. I can tell you I loved my life so much and I have no regrets. I feel like I'm leaving as my best self and I'm ready to see what happens when I die today. I'm hoping for something exciting to happen but I guess I won't know until the time is here.

"The one thing I'm happiest about, is that I finally found 'my people' during my lifetime. I've even met new people that I already adore near the end of my journey so it's never too late for anything in life.

"In the spirit of teaching and sharing, I'd like to leave you with some words that explain my position with MAID.

"When the MP's debated MAID federally, someone decided to add late stage consent as a fail-safe to ensure no one dies at the hand of another.

"There are four categories of MAID candidates.... Of the four categories, the only one that is cut and dried is my category of Assessed and Approved. We are terminal, suffering outrageous pain and there is no time frame with using MAID. The kicker that makes it difficult is the late stage consent.

"As I near my death today, it is even more evident than ever before, that late stage consent has got to be amended and removed from MAID in Canada for my category of end users."

"Dying is a messy business. I can't predict when cancer will move into my brain matter or when something else big happens to make me more unwell. I and only I can make that decision for myself. It's about living out every extra day that I can. No one including my doctor knows what the right day to die will be. Only I can know that as I wake each day. I'm not going to wait until I lose myself.... I wanted to make it to Christmas and New Year's Eve... my favorite time of the year but I lost that opportunity because of a poorly thought out federal law.

"Had late stage consent been abolished, I simply would have taken my life one day at a time. If I noticed I was losing capacity, I would have taken control myself....and called my doctor to come assist me with my death. All I have to give is 24 hours notice so she can pick up the drugs from the drug store in my neighborhood. We were totally organized but the law tied our hands.

"This decision has to come from the patient. No one else. That's why we the dying should be living day to day until we have to leave by invoking MAID.

"Be happy everyone and be kind to others.... Audrey."

I ask that all members in the House support Bill C-7.

● (1820)

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Madam Speaker, obviously everyone is very touched by the testimony of our colleague.

The member talked about his support for the bill. I too support it. However, I have concerns with the timeline.

I was part of the National Assembly of Quebec when it became the first legislator in Canada to adopt a bill about this issue. It took us six full years. I was part of the committee that worked on the bill that the House of Commons adopted four years ago. It took us six full months.

As far as I am concerned, there is obviously a rush for some people, but does the member think we should take all the time necessary and do all the consultation necessary to achieve the best bill possible?

Mr. Darren Fisher: Madam Speaker, I want to thank the member, who has spoken passionately about this matter. I heard you in the House in 2014 and now, and I thank you for that.

Someone in the House said that we should proceed with caution. Someone else, a very smart man in this room, said we did that in 2015, and people suffered.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, obviously this debate engages all of our emotions and often from both sides. We have heard the testimony that the member shared. I shared in my speech a story of a woman who had her life taken in very sketchy circumstances. It was at a hospice in Vancouver, where someone took that person's life and said it was based on a demand for euthanasia and that the testimony was based on her own notes, but there had been no consultation with, or awareness by, the local staff.

We struggle with cases that involve major concern, cases that exist on all sides of this issue. I hope that through the amending process we may be able to find some common ground.

The member spoke specifically about the issue of advance consent. I think we should have some mechanism in that advance consent section to ensure that there is contemporaneous consultation with the patient. We know of other cases in which someone gave an advance directive and then had their life taken while they did not want that to happen.

Is there a way to meet in the middle and have a requirement for some kind of contemporaneous consent, even in the context of an advance directive?

● (1825)

Mr. Darren Fisher: Madam Speaker, this is one of those things that is hugely complex and affects everyone differently. We all have different approaches and different beliefs in this room about how we should approach this issue. I do not know whether we can find common ground. I think we found common ground or at least met in the mushy middle in 2015, and we let people down.

I salute the medical practitioners in this country who are assisting Canadians with end of life, whether it be palliative care or MAID. It is important that we see everyone's side to this situation and respect everyone's thoughts and beliefs. I have constituents on both sides of this issue.

I had a very bad joke I used in 2015 when we were talking about this. There is no yes or no. I said there are 50 shades of grey. Only a couple of people chuckled at that joke, and no one got it clearly in this room either.

It is one of those very complex issues on which people do not fall on one side or the other. We could ask 100 people and have 100 different perspectives.

The Assistant Deputy Speaker (Mrs. Carol Hughes): Resuming debate, the hon. member for Northumberland—Peterborough South.

Unfortunately, I will have to interrupt the member at some point. He will be able to continue his speech at a later date.

Mr. Philip Lawrence (Northumberland—Peterborough South, CPC): Madam Speaker, all of the speeches in the House come from a great place. On my side of the House we value life, and that is meritorious. We have heard other perspectives that talk about ending suffering and that truly has merit, so I appreciate all of the speeches that have taken place on such an important topic.

I know members have gone over this, but just for clarity I want to go over the background for medically assisted suicide in Canada. The 2015 Carter case was a landmark decision for the Supreme Court of Canada. The previous prohibition for assisted suicide was challenged as contrary to the Charter of Rights and Freedoms. In a unanimous decision, the court abolished the provision in the Criminal Code, thereby giving mentally competent Canadians who were suffering intolerably the right to medical assistance in dying when they had provided clear consent.

In June 2016, the first legislation on medical assistance in dying was passed in Canada's Parliament. In the recent 2019 Truchon decision, the Superior Court of Québec considered the constitutionality and Quebec's requirements in accessing MAID. The plaintiffs in the Truchon case were suffering from grave and incurable medical conditions that were causing tremendous suffering and a total loss of autonomy. However, they had each been refused MAID under the legislation in Quebec and federally. Because they were not at the end of life for the Quebec legislation and federally, death was not reasonably foreseeable.

Madam Justice Baudouin held that “reasonably foreseeable natural death” in the federal provisions infringed the plaintiff's fundamental rights under sections 7 and 15 of the charter. The court declared the impugned provisions unconstitutional. In a surprising and, in my mind, incorrect decision, the government chose not to challenge this decision, thereby getting guidance from higher courts such as the Supreme Court. By not challenging this legislation, the Liberal government was admitting that the legislation the House passed was deeply flawed.

The court's decision in Truchon gave the government until March 2020, which is now in the process of being extended, to amend the legislation to remove the reasonable foreseeability of death criteria from the MAID legislation. Prior to the introduction of this bill, the government conducted a narrow consultation process, limiting its consultations to urban centres and online surveys.

The minister noted several times, in his address to the House, that the provisions of Bill C-7 were the result of this process. However, he will not share that consultation with Parliament. This lack of respect is disheartening, and counterproductive to open and meaningful dialogue. I wish the government would stop playing games with such important topics and share the information it has with this minority Parliament.

Given that there is a limited timeline, that we are in a minority Parliament, and that MAID legislation will be subject to a complete review this summer, I would have expected the government to take a limited approach. Rather, the government has chosen to take a very different approach. The legislation makes substantial changes to the MAID eligibility far and beyond what is required to the Truchon decision.

ADJOURNMENT PROCEEDINGS

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

● (1830)

[*English*]

PUBLIC SAFETY

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, this is a bit frustrating because I have asked the same question of the government so many times. I hope I will be clear enough as to give the government no excuse this time. Hopefully I will actually get some degree of an answer.

My question is why the government has not listed the IRGC, the Islamic Revolutionary Guard Corps in Iran, a terrorist entity and if it is still the policy of the government to do so.

I will give a quick historical background on this.

Approaching two years ago, we passed in the House a motion to list the IRGC as a terrorist entity. That motion passed with the support of all members of the Conservative caucus and all members of the Liberal caucus, at least all those who were present. The Prime Minister and other leading ministers, such as the former ministers of public safety, foreign affairs, etc., were part of that vote and voted in favour of listing the IRGC as a terrorist entity under the Criminal Code.

In fact, the motion did not just say to list the IRGC, it said to do so immediately. The Conservatives followed up immediately. We told the government that it voted for a motion and that the House of Commons had expressed its desire to immediately list the IRGC as a terrorist entity under the Criminal Code. We had asked for it to be done immediately and the government had agreed. We asked what the government would do about it. The government said that it would think about it, would study it and that the process was under way.

We understood there was a process that could take a month, two months or three months. It is not really plausible that it is approaching two years after the fact. Surely the listing process does not take that long. In fact, there have been cases where terrorist entities that have existed for less time have managed to be listed in a much shorter period of time.

The typical response, and maybe the response we will hear from the government tonight, is to usually talk about other things that have been done on human rights related to Iran. The government will not say that all those things are continuations of things that were done under the Harper government, but nonetheless it will point to those things.

The government will say that the IRGC Quds Force, which is part of the IRGC, is listed. Again, that was an action taken by the Harper government, not by the current government. The Quds Force is still listed as a terrorist entity. However, the motion that passed, approaching two years ago, was not to list the Quds Force. It was already listed. The motion was to list the IRGC in its entirety and to do so immediately.

Maybe tonight will be the night. Maybe we will not hear the smoke and mirrors of it still being in process. It is going to be in process for another 50 years. Hopefully we will not hear this "still in process" nonsense. Hopefully the government will not just remind us about the Quds Force, which is already listed, has been for a long time and is not the topic here.

Hopefully the government will answer the question. Is it still the policy of the government to list the IRGC? Is there a reason the government did not list the IRGC earlier, and why? What is its intention with regard to the listing of the IRGC? It should be a simple question. It has been asked over and over again in question period and late shows. Hopefully now is the time we get an answer.

Is it still the policy of the government to list the IRGC, why has it not done it yet and does it plan to do it in the future?

● (1835)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, our thoughts continue to be with the families of those who perished in the crash of Ukrainian International Airlines flight 752. The plane was carrying 176 people when it crashed, and all of those on board were killed, including 57 Canadians.

After initially denying its responsibility, Iran has since admitted that it unintentionally shot down the plane. As the Prime Minister has said, there will be much thought given to the potential consequences in the course of the coming weeks. For now, we are seeking full clarity on the circumstances that led to such a horrific tragedy.

The downing of flight 752 has brought renewed focus to the Islamic Revolutionary Guard Corps, or IRGC. Canada continues to have in place a series of strong measures to hold both Iran and the IRGC accountable.

In June 2019, Canada added three new Iran-backed groups to the list: Al-Ashtar Brigades, Harakat al-Sabireen and Fatemiyoun Division. Iran provides these three groups with substantial resources, including training and weapons to carry out terrorist acts that advance its goals in the region.

The Al-Ashtar Brigades, or AAB, aims to overthrow Bahrain's monarchy and targets Bahraini security forces primarily through the use of improvised explosive devices. Canada is not alone in designating AAB. In 2017, AAB was listed by the U.K., and the U.S. designated it as a foreign terrorist organization in 2018.

Harakat al-Sabireen, or HaS, is an Iranian-backed Shia group that supports the destruction of Israel. HaS was founded and is led by a former leader of Palestinian Islamic Jihad, which is itself a listed entity in Canada. Members of HaS fight against Israel alongside Hamas and Palestinian Islamic Jihad. The U.S. designated HaS in 2018.

Finally, the Fatemiyoun Division, or FD, is supported and trained by the Quds Force and Hizballah. It serves as part of the Iran-backed forces fighting in Syria and has a presence in Afghanistan. FD is also known to have used Afghan children as child soldiers. In January 2019, the U.S. Treasury Department designated the FD for providing material support to Iran's Quds Force.

Canada continues to list the IRGC-Quds Force and a number of terrorist entities that have benefited from the force's patronage, including arms, funding and paramilitary training, and who help advance Iran's interests and foreign policy. These include Hizballah, Hamas, the Palestinian Islamic Jihad and the Taliban.

We have imposed sanctions on Iran and the IRGC, as well as on senior members of its leadership under the Special Economic Measures Act. The regulations explicitly target the IRGC and several sub-organizations, including the IRGC air force and air force missile command. Iran also continues to be designated as a state supporter of terrorism under Canada's State Immunity Act.

The member can be assured that Canada is looking at all possible options to constrain the activities of Iran that threaten national security.

Mr. Garnett Genuis: Madam Speaker, that response clearly demonstrates how uninterested the government is in engaging in a serious response to a serious and important question about foreign affairs and national security. We gave the opportunity to the minister, the parliamentary secretary for foreign affairs or the parliamentary secretary for public safety to respond to the question, and we have the great fog readout of policy detail that in no way engages with a very simple and clear question. It is not as if the government did not have advance notice of this.

Members know the way these late shows work: The government knows a long time in advance that the question is going to be asked and exactly what the question is going to be. Again and again we ask the same question, and not only has the government not bothered to answer, but the foreign affairs and public safety teams could not even be bothered to show up.

Again, this is a simple question: Why did the government not list the IRGC as a terrorist entity? Does it still intend to list the IRGC? If the answer is no, it should just tell us no. The House deserves an answer.

Mr. Kevin Lamoureux: Madam Speaker, this listing of regime is an important tool for countering terrorism in Canada and globally, and it is part of the government's commitment to keeping Canadians safe. Listing is just one component of the international and domestic response to terrorism.

With that in mind, I would reiterate that Canada has already taken action against Iran and the IRGC specifically, including listing the IRGC Quds Force. These actions are broadly consistent with our international partners, who have designated components of the IRGC under their own sanctioned regimes.

This past June we listed three militant groups that are aligned with, and controlled by, the Quds Force and operating in Bahrain, the Gaza strip, Syria and Afghanistan. A listing imposes severe penalties for people and organizations that deal with property or finances of a listed entity. Another important point is, of course, that once listed, an entity falls within the definition of a terrorist group in the Criminal Code. This helps to facilitate the laying of terrorism-related charges against perpetrators and supporters of terrorism.

● (1840)

ETHICS

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Madam Speaker, it is a pleasure to rise in this House.

I have said before and I will say again that, when I was appointed by the leader of the official opposition as the shadow minister for ethics, I told the leader, and I have told folks who have asked, that I hoped to be the most bored in the shadow cabinet, that I would not have any work to do.

Regrettably, the government has demonstrated through its top-down model of disregard for the rules, not only of this place but the rules writ large, that we seem to find ourselves constantly following up on the ethical violations of the Prime Minister, his cabinet members and his backbenchers.

I had the opportunity to ask a question in the House a few weeks ago about former member Joe Peschisolido, who was found guilty of having broken the conflict of interest code. The code is laid out in such a way that it is very easy for us to follow. The purpose of the code, as colleagues know, is so that Canadians can continue to have confidence in their elected officials and have confidence in public institutions.

When we, as the finance minister did, forget to disclose that we have a French villa, for example, Canadians find that a bit incredible to believe.

Madam Speaker, when you and I filled out our disclosures, I do not think that we paused too long on the French villa box. You and I both know how many French villas we have, as I am sure the Minister of Finance did.

In Mr. Peschisolido's case, he failed to disclose a wide range of things. I encourage interested Canadians to take a look at that. I also encourage the government to do the same.

The response I got from the government when I asked the government House leader was that, "Oh, that member is no longer a member of our caucus, so we don't know how it has anything to do with us." That speaks to the culture that exists in the government benches. That speaks to what we have seen with the Prime Minister twice being found guilty of breaking the Conflict of Interest Act, which is also in place to ensure that Canadians can have confidence in their executive, the Prime Minister and his or her ministers.

Whether it is the SNC-Lavalin scandal, clam scam or forgotten French villas, we have seen this litany of ethical breaches with the government. Most recently, again on the subject of disclosures, we make these disclosures to the commissioner with regard to members' personal dealings so that we can make sure members aren't being unduly influenced financially in a pecuniary manner.

The Prime Minister just did not answer the questionnaire. He is required to do so. He did not do it. In response, when he was called out on it, it was an administrative oversight. A week later, the Ethics Commissioner published who had failed to file their disclosures. Canada's Prime Minister's name appeared again.

When will the government start taking the confidence that Canadians have put in them seriously? Do they need any help following those rules?

● (1845)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, allow me to provide a quote with respect to what the commissioner said. He stated, "Where I conclude that a Member has contravened the Code and I find no mitigating circumstances, as was the case in this inquiry," as the member referenced, "I may recommend a sanction for the House to impose on the contravening Member. However, in the present case, given that Mr. Peschisolido is no longer a Member and therefore not subject to the rules governing Members of the House of Commons, issuing such a recommendation would serve no purpose."

I think the government, or at least the party, has been very consistent in our approach in regard to the Conflict of Interest and Ethics Commissioner. We recognize when mistakes are made, and we follow and respect the advice and recommendations that are provided and thank the commissioner for the fine work he does.

The problem I had with the question posed by the member across the way is he tries to come across as if this is sensitive and he did not want to be kept busy, and all this kind of stuff. To that I say, "balderdash".

Mr. Garnett Genuis: Is that parliamentary? Can you say "balderdash" in the House?

Mr. Kevin Lamoureux: Madam Speaker, there have been so many days when I have seen that the primary objective of the official opposition was character assassination. Its members will constantly go all out to try to identify an issue as an ethical breach, as if the Conservatives, the New Democrats or any other political party has never done anything wrong. Members need to be careful when they throw stones in glass houses.

The member cited how the Minister of Finance broke the code of ethics. We respect what the commissioner ruled on that. Does the member know that the Minister of Finance did not intentionally do what the member is proposing he did? In the case of that so-called French villa, it was shortly thereafter that the fact that the Minister of Finance had a house in France was published in a major newspaper here in Canada. There was no attempt to intentionally hide it.

Yes, sometimes mistakes happen. Members of Parliament on all sides of the House make mistakes, and the commissioner investigates them and comes up with recommendations. To try to give the illusion that there is only one political entity that makes mistakes inside this House is a false impression. There are mistakes made on all sides of the House. When a mistake is made, we need to recognize it and take corrective action. That is what we have seen with this government.

If the member wants to talk about proactive measures, I would remind him of the proactive disclosures we made with respect to the allowances of all members back when we were the third party in this House. We had to literally drag the Conservatives into supporting proactive disclosure. This Prime Minister and this government have taken the responsibility of being open, transparent and accountable very seriously. I would argue that this is something this government has been very good at, especially if we compare it to the Stephen Harper era. We have seen much more open government, transparency and accountability, which was lacking when Stephen Harper was the prime minister.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I want to remind members that I think it is disrespectful to be heckling when members are speaking, even if it is during the late show. All of the contributions that members make need to be heard, and everyone needs to have that respect to be heard and be responded to.

The hon. member for Leeds—Grenville—Thousand Islands and Rideau Lakes.

Mr. Michael Barrett: Madam Speaker, I would say "balderdash" to that.

I do not believe that "character assassination" is the correct term to be used here, because that would imply that what I said was malicious and unjustified. It is a fact that the Prime Minister was twice found guilty of breaking the law, and when he did, he did not apologize; rather, he said he would never apologize. He said he would stand up for jobs, but we know that he did not know what he was standing up for, other than his own seat.

My offer to the parliamentary secretary is in good faith. I am happy to work with him to develop a curriculum for the Prime Minister, the ministers and members of the government backbenches on how to properly follow the ethical guidelines that are in place. Is he interested in taking me up on that offer?

● (1850)

Mr. Kevin Lamoureux: Madam Speaker, I would welcome the participation or a nice sit-down discussion with the member with respect to how it is important that we listen to, follow and look at ways to improve a system, and not only for the Ethics Commissioner.

We can talk about the ombudsmen and election officers. Independent officers of Parliament serve our Parliament exceptionally well. When they come out with reports, we should listen so we can respond, so we can try to make our system work that much better.

I would acknowledge that we need to recognize that it is not just one member or one political entity that needs to learn things from reports. All political entities in the chamber would benefit. Maybe we can start that dialogue over a cup of coffee.

The Assistant Deputy Speaker (Mrs. Carol Hughes): The motion that the House do now adjourn is deemed to have been adopted. Accordingly, the House stands adjourned until tomorrow at 10 a.m. pursuant to Standing Order 24(1).

(The House adjourned at 6:51 p.m.)

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