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Inflammatory stories about painful end of life have often been shared with this Committee to promote ideology rather than encourage proper analysis and cogent debate. I am not here to do that.

I speak from the perspective of an individual who has lived with quadriplegia due to a spinal cord injury over 41 years, and as a lawyer who has practiced in the field of disability rights and mental health law for over 25 years.

At the outset, I ask you to accept what is the stark truth, but all too often ignored. That is, disabled Canadians experience a pernicious form of human rights denial that includes poverty, and unacceptable markers in the social determinants of health. If this reality is not acknowledged, absorbed, understood, and empathized, then many more persons will die unnecessarily in Canada consequent to MAID legislation. What we believe is a good and happy life many of you believe is suffering.

In my limited time, I wish to speak to the inherent contradiction that section 241,2 (1) (c) of the Criminal Code, poses with the accepted equality analysis of human rights Tribunals and the Supreme Court of Canada. Section 241 (1) (c) states that a medical condition will make a person eligible for MAID because it is “grievous and irremediable.” Canadian human rights legislation, and the Supreme Court states that physical and mental conditions are “personal

affects” to be protected from human rights abuse in a manner no different than race, sex, gender, religion, and many other grounds of discrimination.

Moreover, the courts have stated that disability is a social construction i.e., remove the social barriers, and you remove the discrimination. This indicates that discrimination is fully remediable. So, what is disability, a physical or mental condition that makes one eligible for medically administered death, or a remediable social construction?

An analysis for MAID assessment must consider more than an extreme medical only determination and be balanced with established human rights law. The word ‘irremediable’ is in the legislation. The full weight of its meaning must prevail, and be central to future jurisprudential interpretation.

In addition to the errors inherent in the law as it exists, it is critical that this committee appreciate the following:

1. In a survey of 714 practicing US physicians nationwide, 82.4 percent reported that people with significant disability have worse quality of life than nondisabled people. Only 40.7 percent of physicians were very confident about their ability to provide the same quality of care to patients with disability, just 56.5 percent strongly agreed that they welcomed patients with disability into their practices (Iezzoni et al.).
2. All empirical data on psycho-social adjustment to significant disability and/or chronic illness, indicates that when given the opportunity to adjust through grief, and appropriate psychological, and social supports individuals report that their quality of life is approximately equivalent to able-bodied persons.

3. A recent Oxford study indicates that jurisdictions with assisted suicide disproportionately impacts individuals living in poverty, and especially single mothers.

Time does not allow me to further expand on other limitations and inconsistencies in the law I wish to therefore recommend the following:

1. Regulations must include a human rights analysis of the definition of irremediability.
2. Future regulations, guidelines or policy respecting MAID must be comprehensive and provide higher priority funding in their commitment to independent living, home care, and palliative care than MAID. Regulations must meet a standard that incorporates vulnerability and social disenfranchisement as a risk to error and abuse of access to MAID.
3. Regulations must incorporate the utilization of a multidisciplinary approach. skills can be brought to bear in the psychosocial adjustment to illness through social workers, psychologists, palliative care specialists, independent living experts and others who understand the nature of living a full life rather than a hastened termination of life.
4. Access to MAID must guard against allowing individuals suffering a mental disorder to utilize MAID as a facilitation for suicide.
5. Each province, through regulation, should create an oversight body by way of commission and/or tribunal that can review applications for MAID to ensure that procedural safeguards and thorough assessments have been conducted.
6. The regulated MAID oversight body must be independent, and provide annual reports to the minister and the public.

In closing, let us remember a just society should prioritize social inclusion for its citizens.

Showing someone the door is not the answer. Let’s invite them in and make them feel welcome.

References

Iezzoni, L. I., Rao, S. R., Ressler, J., Bolcic-Jankovic, D., Agaronnik, N. D., Donelan, K., & Campbell, E. G. (2021). Physicians’ Perceptions Of People With Disability And Their Health Care: Study reports the results of a survey of physicians' perceptions of people with disability. *Health Affairs*, 40(2), 297-306.