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I would like to thank the Chairs and members for this opportunity to speak with you today. I will however confess to some hesitation in accepting the invitation given how profoundly the concerns of the disability community have been ignored as Canada has, in my view, recklessly expanded its euthanasia and assisted suicide law to a point where we have become one of the most permissive and least regulated jurisdictions in the world.

I have reflected many times on the process surrounding Bill C7. The failure to appeal the Truchon decision was shocking given the significance and scope of its impact. As C7 worked its way through parliament, some 200 disability organizations, including all the major national bodies, were clear and united in their opposition, warning the government of the threat it posed to disabled people and other vulnerable populations. Numerous witnesses shared their concern often with compelling personal narratives such as that of Jonathan Marchand. In addition, serious concerns were raised by the UN Special Rapporteurs on the Rights of Disabled Persons, the UN Independent Expert on the Enjoyment of all Human Rights by Older Persons and, the UN Special Rapporteur on Extreme Poverty and Human Rights. Not only were all of these concerns ignored, the Bill was massively expanded by a Senate amendment to require the inclusion of mental illness within 2 years, a significant expansion to the original intent of C7 without study or

review. It is also worth noting that Justice Smith in her original decision stated explicitly “I do not accept that the term ‘grievously and irremediably ill persons’ should incorporate reference to ‘psychosocial suffering’” (Grant). Despite this, on March 17, 2021, Bill C7 received royal assent after the Government invoked closure to cut off debate.

It is hard to imagine a similar overwhelming dismissal of the disability communities concerns if we were discussing any other equity group were they to voice unified concern over a bill and were backed up by UN human rights experts. And yet the government somehow believed, and correctly it would seem, that the concerns of the disability community would not resonate beyond that community, and it was safe to ignore them without damage to their political fortunes. Why this was the case can only be explained by recognizing a deep, pervasive, and often unconscious ableism that pervades Canadian society.

Canada’s euthanasia and assisted suicide laws have always been about balancing individual autonomy to decide when to end one’s life and the protection of the vulnerable. After the passage of C14 it would seem that protection of the vulnerable has been largely ignored in favour of an increasingly atomistic interpretation of autonomy. It is somewhat ironic that as we come out of the unprecedented era of COVID-19 where we were all asked to sacrifice some of our personal autonomy in favour of broad protection for the whole of society and particularly the vulnerable, that in the debate on euthanasia and assisted suicide we persist in privileging a view of autonomy more akin to the one used by those that railed against the vaccine mandates as an infringement on their liberty rather than our traditional recognition that autonomy for one cannot harm the wellbeing of others. John Stuart Mill, one of the fiercest defenders of individual liberty, provided an analogy for when interference with individual autonomy was permissible. He wrote

that if a man is trying to cross a bridge that is unsafe it is permissible to impede his progress as he does not wish to fall into the river but rather his will is to cross. This committee and many others have heard from people and seen the numerous press reports of disabled persons that do not desire to end their lives but feel their lives are no longer tenable given the crushing demands of poverty, forced institutionalization and a lack of necessary services and supports. They are our bridge crossers. They do not wish to fall into the abyss but without the repairs to the bridge—ending poverty, ending unwanted institutionalization, improving our disability and mental health supports—feel they have no option. Rather than restraining them as Mill suggests, we are shepherding them to the edge, and over, through MAiD in the name of a thin autonomy we now seem captive to, one that is diminishing the value of so many lives.

I am also concerned as to where this all ends. Given the rapid and ill-considered expansion making Canada the world leader in cases of assisted suicide and euthanasia in a mere 6 years, I worry that we will soon see calls for legalizing the killing of disabled people who are unable to formally consent at the request of their parents or guardians. Sadly, we know from the public reactions to the murder of Tracy Latimer and many other cases that so called mercy killing has widespread public support. If we continue to weaken the need for direct consent through permitting advance directives and allow for children to be euthanized it is a very small step to involuntary euthanasia of disabled people considered unable to consent. While this may seem inflammatory or overly alarmist, I would ask the members to recall how we were assured in Carter that there would be no risk of a slippery slope and that our different “medico-legal culture” would prevent such a slide—and yet here we are a few short years later careening down

the slope with little study, reflection or even sufficiently robust data collection to tell us the true impact of these changes.

I have a son with an intellectual disability. He cannot tell you directly the value of his life, but he shows us every day in his accomplishments, laughter, and his smile. He shows us by how others who take the time to see him and know him are touched by his presence. And yet I know that most people who see him in passing assume his life is one of tragedy, suffering and dependency. People who would see an end to that life as a “mercy.” The Canada I want to believe we live in would value, support and celebrate his life. Sadly, I increasingly fear it is becoming one that seeks only to end his life.

References

Grant, Isabel. “Legislated Ableism: Bill C-7 and the Rapid Expansion of Medical Assistance in Dying in Canada.” *McGill Journal of Law and Health* (2023).