

A photograph of a woman with short hair, glasses, and tattoos on her arms, wearing a grey patterned t-shirt. She is standing and feeding a young man with blonde hair who is sitting in a wheelchair. The man is wearing a blue polo shirt and is smiling broadly, looking upwards. The woman is holding a small bowl and a spoon, offering him a piece of green food. The background shows a bright, indoor setting with a window, a vase of purple flowers, and a bookshelf.

We Can and Must Do *Much* Better

Religious Leaders in Canada oppose Bill C-7
“An Act to amend the Criminal Code”
(medical assistance in dying)



We are convinced that a robust palliative care system available to all Canadians is a much more effective response to suffering and to protecting the sacred dignity of the human person.

Open Letter to All Canadians

We are obliged to express our strong concern and opposition to Bill C-7 which, among other things, expands access to euthanasia and assisted suicide to those who are not dying. It perplexes our collective minds that we have come so far as a society yet, at the same time, have so seriously regressed in the manner that we treat the weak, the ill, and the marginalized. We the undersigned remain inalterably opposed to

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euthanasia and assisted suicide, the intentional killing of human beings, euphemistically being called “Medical Assistance in Dying,” (MAiD) but which is more accurately, and tragically, nothing less than murder, as was recognized by the Criminal Code of Canada prior to the passing of Bill C-14 in June 2016.¹

We, of course, have no desire to impose pain on the sick, nor do we wish that anyone suffer unduly. This is not our approach to illness and dying. We are convinced that a robust palliative care system available to all Canadians is a much more effective

response to suffering and to protecting the sacred dignity of the human person. Palliative care addresses pain in a loving and caring environment, wherein people go out of their way to offer comfort and solace. It makes everyone into a better person. Palliative care is a viable and life affirming alternative, which does not discriminate against any group and which gives expression to the ethics of caring and inclusion, hallmarks of Canadian values.

It is clear that the offerings of Bill C-7 will have harmful effects on persons with disabilities, as their representatives and organizations have made abundantly clear, and as [the United Nations Special Rapporteur concluded on her visit to Canada](#). Offering euthanasia or assisted suicide to those living with a disability or chronic illness, but who are not dying, suggests that living with a disability or illness is a fate worse than death. This will create certain pressures to accept such lethal procedures, putting the lives of these Canadians at greater risk in what is now a new regime that sees certain lives can be ended.

We the undersigned remain inalterably opposed to euthanasia and assisted suicide, the intentional killing of human beings, euphemistically being called “Medical Assistance in Dying,” but which is more accurately, and tragically, nothing less than murder, as was recognized by the Criminal Code of Canada prior to the passing of Bill C-14 in June 2016.¹

¹ Prior to the exemptions of Bill C-14, medical practitioners and nurse practitioners in Canada, would have been charged criminally with “culpable homicide” if they “intentionally cause the death of another person, even if they consent to die (section 14 of the Criminal Code).” Likewise, prior to Bill C-14, it was a criminal offence for anyone to “assist a person to die by suicide, whether or not suicide ensues (paragraph 241(b) of the Criminal Code).” Cf. <https://www.justice.gc.ca/eng/rp-pr/other-autre/ad-am/p2.html>

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Soon, the Federal Government will be contemplating the expansion of euthanasia to “mature minors” and to those whose sole medical condition is mental illness. With our world-renowned health care system now endorsing euthanasia as a “solution” to human suffering, we will be undermining the creativity and resolve that is needed to confront some of the most complex cases of care. We are, in effect, imposing the intentional taking of human life as a solution to human suffering. This is not just deeply troubling; it is unacceptable for a civilized society. The course on which we have embarked has resulted in the perverse reality that doctors and other health-care professionals who, on basic religious or ethical principle, refuse to administer a lethal injection could be subject to sanctions, even to the point of losing their license. How precipitous a fall we have made into a moral abyss. This is not what we, as Canadians, have in mind when thinking of ourselves as a caring, compassionate and inclusive society.

Instead, we must embrace those who suffer, and offer exceptional care to those who are confronting illness

and death; to deploy our expertise and resources in confronting complex cases of care, rather than choosing lethal procedures that are incompatible with the dignity of both the patient and the health-care professional. Palliative care administered with unwavering compassion, generosity and skill expresses the best of who we are. Rather than withdrawing from those who are not far from leaving us, we must embrace them even more tightly, helping them to find meaning up to the last moments of life. This is how we build compassionate communities.

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In the presence of human pain, suffering and loneliness, we need to respond as a society with profound solidarity and extraordinary care. It is via the deep acknowledgement of the beauty and dignity of human life, lived and experienced as a gift, filled with meaning and love, that we can come to the aid of the most vulnerable among us.



As Canadians, we can and must do better. It is our firm belief that to avoid moving too quickly toward a reality that has serious and long-lasting repercussions, we need to press hard on the pause button, and take serious stock of the impact of MAiD. As religious leaders in Canada, we provide this moral vision through the

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living memories of our respective traditions which stem from thousands of years across continents and cultures. We do not claim to have the technical solutions to all these complex problems; however, our duty is to witness to the lessons about the human spirit, the

inestimable value and meaning of life, and the equal dignity of all learned through the crucible of history and through our extensive experiences of being at the bedside of the sick and dying. A society suffering from moral amnesia is perilously vulnerable to repeating the painful mistakes of the past. Let us not forget what is most becoming and appropriate to human dignity.

We urge a more complete consultation with all Canadians on this grave matter. In the presence of human pain, suffering and loneliness, we need to respond as a society with profound solidarity and extraordinary care. It is via the deep acknowledgement of the beauty and dignity of human life, lived and experienced as a gift, filled with meaning and

love, that we can come to the aid of the most vulnerable among us. This is a defining moment for Canada. Let us take this moment with careful and complete deliberation, so we can become/be a society of care, compassion and inclusion for all. ☸



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