



## **Catholic Health Alliance of Canada**

### **Response to the B.C. Court of Appeal Decision**

October 11, 2013

In a long-awaited decision the British Columbia Court of Appeal has reversed a lower court ruling that struck down the *Criminal Code* statute on assisted suicide based on a Charter of Rights and Freedoms challenge. The Catholic Health Alliance of Canada is relieved by the ruling which affirms foundational relationships of care and trust in health care, especially for the chronically ill and those at end of life. The media coverage and public opinion polls over the last two years demonstrate significant confusion over the rights of individuals to refuse burdensome treatments, the goals of hospice and palliative care and the effectiveness of pain and other physical symptom control.

The constant media valorization of advocates of assisted suicide and the failure to respect and learn from the fidelity and care that is so evident in hospice and palliative care is deeply troubling. The conflation of assisted suicide with dignity as if dignity depended entirely on the choice of controlling the circumstance of one's death, and were not an inherent human characteristic, reflects a consumer and commercialized notion of life and relationships of care. Moreover, the failure to recognize that virtually all requests for assisted death arise from the emotional, psychological and spiritual experience of suffering – dependence, fear of future care, sense of loss of dignity and being a burden to others – not intractable pain is worrisome.

Commitment to recognize and attend to both pain and other physical symptoms is central to good end of life care. However, suffering is a human experience which can occur throughout life and is not directly related to dying. The medicalization of suffering is both inappropriate and replete with risk for society. Death is not a treatment.

This court decision will undoubtedly be appealed to the Supreme Court of Canada. This presents a unique opportunity for clarification of much of this confusion and a more balanced presentation of the issues for care of the dying and for Canadian society in this critical issue.

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