Vulnerable Persons Standard | Norme sur la protection des personnes vulnérables

Outreach Package

For media support or more information, please contact:
Tara Brinston, National Coordinator, Vulnerable Persons Standard Secretariat
tbrinston@vps-npv.ca | 1-877-207-7418 | vps-npv.ca

Thank you for your assistance in helping us to build support for the Vulnerable Persons Standard.

This package includes a series of documents that will assist you.

These include:

1. The Vulnerable Persons Standard
2. FAQs concerning the Standard
3. The VPS Media Advisory
4. Sample letter of a parliamentarian
5. Jean Vanier's Letter on Fragility

Please take a moment to read each item carefully as they will provide you with essential information on the Standard, its function and its implications.

Web and social media:

Website: www.vps-npv.ca
Twitter: @vps_npv (note the underscore)
Hashtags: #vps-npv #assisteddeath

Important dates and times:

Monday February 29, 2016:

- National and local media advisories may be issued UNDER EMBARGO UNTIL TUESDAY MARCH 1, 2016 at 6AM ET

Tuesday March 1, 2016:

- VPS website goes live at 6am ET
- The Standard may be circulated freely. Please check the website for any final updates to the text.
- Publication of Jean Vanier's letter in Globe and Mail online edition, 6am ET
- National press conference, noon ET, Ottawa
- Local and national direct outreach to elected officials and potential allies

We need your help to:

- Engage local and provincial media by requesting a meeting with an editor or journalist to discuss the Standard, or submitting an op-ed or letter to the editor

- Organize a conference call with local and provincial allies to share these materials and solicit their assistance in sharing the Standard

- Send a message concerning the Standard to your mailing lists

- Follow the Standard on Twitter, and retweet @vps_npv messages throughout the week

- Write to your local councillors, provincial members, and MPs and Senators and urge them to declare their support for the Standard

- Contact local physicians, health professionals and health service administrators, including hospital CEOs, and urge them to declare their support for the Standard

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Requirements	Safeguards
1. **Equal Protection for Vulnerable Persons** The right to the equal protection and equal benefit of the law without discrimination must be preserved for all. Amendments to the Criminal Code concerning physician-assisted death must not perpetuate disadvantage or contribute to social vulnerability.	▪ The Criminal Code exemption includes a preamble affirming that all lives, however they are lived, have inherent dignity and are worthy of respect. ▪ The operational implementation of the Criminal Code exemption will be carefully regulated and publicly reported. ▪ Independent research into the social impacts of Canada's assisted death policies will be promoted, financially supported and publicly reported. Any adverse impacts of the law which directly or indirectly cause harm or disadvantage to Canadians, or to Canada's social fabric, will be identified and addressed without delay. ▪ The provision of palliative care options for all Canadians with end-of-life conditions will be prioritized and the impact of the practice of physician-assisted death will be subject to ongoing and rigorous attention.
2. **End-of-life Condition** Physician-assisted death is only authorized for end-of-life conditions for adults in a state of advanced weakening capacities with no chance of improvement and who have enduring and intolerable suffering as a result of a grievous and irremediable medical condition.	▪ Two physicians must independently assess the medical condition as grievous and irremediable, meaning an advanced state of weakening capacities, with no chance of improvement, and at the end of life. ▪ The physicians who make these threshold assessments must have specific expertise in relation to the person's medical condition as well as the range of appropriate care options. They must have met with the patient and diligently explored their request.
3. **Voluntary and Capable Consent** Voluntariness, non-ambivalence and decisional capacity are required to request and consent to an assisted death, including immediately prior to death.	▪ In evaluating the request, physicians must separately attest that the person: 1) has made the request independently, free of undue influence or coercion; 2) has capacity to make the request; 3) is informed and understands all alternatives; and, 4) has been supported to pursue any acceptable alternatives, including palliative care. ▪ A physician must attest at the time when assistance is provided that the person has the capacity to give consent, and that consent is voluntary and non-ambivalent. ▪ In all discussions related to physician-assisted death with the patient, neutral, independent and professional interpretation services, including ASL/LSQ, must be provided as required. ▪ The use of advance directives to authorize physician-assisted death is prohibited.
4. **Assessment of Suffering and Vulnerability** A request for physician-assisted death requires a careful exploration of the causes of a patient's suffering as well as any inducements that may arise from psychosocial or non-medical conditions and circumstance.	▪ Two physicians must, after consultation with members of the patient's extended health care team, attest that the person's subjective experience of enduring and intolerable suffering is the direct and substantial result of a grievous and irremediable medical condition. ▪ If psychosocial factors such as grief, loneliness, stigma, and shame or social conditions such as a lack of needed supports for the person and their caregivers are motivating the patient's request, these will be actively explored. Every effort must be made, through palliative care and other means, to alleviate their impact upon the person's suffering.
5. **Arms-Length Authorization** The request for physician-assisted death is subject to an expedited prior review and authorization by a judge or independent body with expertise in the fields of health care, ethics and law. The law, the eligibility assessment process, and mechanisms for arms-length prior review and authorization are both transparent and consistent across Canada.	▪ Every request along with all related clinical assessments are reviewed by a judge or an independent expert body with authority to approve or deny the request for exemption from the prohibitions on assisted death, or to request more information prior to making a determination. ▪ Decisions will be made on an expedited basis, appropriate to the person's life expectancy prognosis and with a degree of formality and expertise appropriate to the circumstance. ▪ Reasons will be recorded and reported for each decision. ▪ Legal provisions for exemption to the prohibitions on assisted death are in the Criminal Code to ensure pan-Canadian consistency, including: definitions, criteria for access, requirements of vulnerability assessments, and terms for independent prior review in each province or territory.

Frequently asked questions about the Vulnerable Persons Standard

1. What is vulnerability and who is vulnerable?

To be vulnerable is to have diminished defences, making us more prone to harm. Many Canadians are fortunate to have defences that we can take for granted: food and secure shelter; adequate income, education and healthcare; family and friends; laws and policies that protect us and promote our interests. Regrettably, however, this is not the case for every Canadian.

Research demonstrates that these kinds of defences – often referred to as the social determinants of health – are highly significant in affecting our health and well-being. People with less access to these defences are more vulnerable to illness, to suffering, and to reduced life expectancy.

Psychosocial factors, including grief, loneliness, stigma and shame may also contribute to a person's vulnerability. A person may also be vulnerable to being induced or coerced to request an assisted death, which is why it is essential to address this risk with a Vulnerable Persons Standard.

Vulnerability can compromise autonomy in ways that are often difficult to detect. The Vulnerable Persons Standard provides a benchmark to evaluate the effectiveness of any safeguard system in preventing the potential harms created by permitting access to physician-assisted death.

2. Why is the Standard important?

The Vulnerable Persons Standard is rooted in the Supreme Court of Canada's conclusion that a "properly administered regulatory regime is capable of protecting the vulnerable from abuse and error."

People who request a physician-assisted death can be

motivated by a range of factors unrelated to their medical condition or prognosis. These factors make some people vulnerable to request an assisted death when what they want and deserve is better treatment – to have their needs for care, respect and palliative and other supports better met. The Supreme Court of Canada recognized this reality. While it found that the absolute ban on assisted suicide breached a suffering person's right to autonomy in some cases, it also found that an exception to the ban could make some people vulnerable to abuse and error. Therefore, access to physician-assisted death must be balanced by our moral and constitutional duties to protect vulnerable persons who have unmet needs.

3. Does the Standard restrict access to physician-assisted death to end-of-life conditions?

Yes. The Supreme Court of Canada has determined that adults who 'may be vulnerable to committing suicide in a time of weakness' should be protected.

In its *Carter* decision, the Supreme Court adopted the language introduced by the lower court. The legal phrase "grievous and irremediable" was defined by the lower court in its finding as an "advanced state of weakening capacities", with "no chance of improvement". In granting Gloria Taylor a constitutional exemption from the law prohibiting an assisted death, the trial judge stated that physician-assisted death was justified only where the adult was "terminally ill and near death, and there is no hope of her recovering". The criteria were intentionally restricted to end-of-life conditions with no hope of recovery in order to protect vulnerable persons who have unmet needs for treatment and support.

Therefore, if people are *not* at the end-of-life with medical conditions that cause enduring and intolerable suffering, then their request to die must be considered as an expression of their vulnerability – an intolerable level of unmet need that requires response.

4. Is the Vulnerable Persons Standard consistent with the Supreme Court's decision in the Carter case?

Yes. The Vulnerable Persons Standard is entirely consistent with the Court's ruling in Carter. In fact it meets the high standard imposed by the Court to protect vulnerable persons

from being induced to commit suicide. Constitutional law experts and human rights lawyers who support the Vulnerable Persons Standard agree that adopting the Standard is an appropriate exercise of legislative authority and consistent with the principle of a constitutional dialogue between the Courts and the legislature.

It has been said that the Carter decision establishes the “floor”, or minimum standard, which an assisted dying law must meet in Canada. Some have interpreted this to mean that the broad terms utilized in the Court’s decision should not be defined and that criteria for providing an assisted death should not restrict an absolute right of access. This interpretation should not stand. Nothing in the Carter decision, or in the Canadian Charter of Rights and Freedoms should be interpreted in such a way as to put vulnerable persons at risk. If the Carter decision establishes a floor, it is a floor upon which must be constructed a robust set of safeguards for the protection of vulnerable persons.

5. How will it be determined if a patient’s condition is "grievous and irremediable"?

Two physicians, through independent medical assessments and in consultation with the patient, must agree that the medical condition is grievous and irremediable in that it places the person in an "advanced state of weakening capacities", with "no chance of improvement". Both physicians must independently provide a prognosis that the patient is at the end of life.

6. How will it be determined whether the person requesting physician-assisted death is vulnerable to suffering caused by factors other than their medical condition?

Together with the patient’s physicians, an interdisciplinary health team will provide expertise in physical, psychosocial and spiritual causes of suffering, treatment and support alternatives, and be attuned to the risks of inducement and coercion as they complete a comprehensive vulnerability assessment.

7. What is a ‘vulnerability assessment’ and why is it necessary?

A vulnerability assessment is an opportunity for appropriately trained health or social service professionals to carefully

consider any conditions related to the social determinants of health and psychosocial factors that may underlie or increase a person's suffering.

Evidence indicates that adults who request physician-assisted death may be motivated by a range of circumstances separate from their end-of-life conditions. These can include an impairment of judgment, fear of losing independence, concern for stress on caregivers, a sense of shame resulting from their condition as well as direct or indirect coercion by others. A person who is disempowered or intimidated by authority figures in their life may also be unduly influenced, for example, by what they think a doctor or a dominant family member wants them to do.

Vulnerability assessments are required to assess whether these or other circumstances are contributing to the patient's desire to die. The assessment process should seek to alleviate these conditions by addressing sources of vulnerability.

An effective vulnerability assessment and evaluation should be designed to open doors and remove barriers, offering alternative options that might increase a person's resilience and well-being.

8. Would patients suffering from severe and ongoing mental anguish or psychiatric illness qualify under the Standard?

If the patient can provide voluntary and capable consent and has an end-of-life condition that is "grievous and irremediable" which has been found by two physicians to cause enduring suffering including mental anguish or psychiatric illness, the patient could be eligible. However, mental anguish or psychiatric illness on its own is not an end-of-life condition and so would not be eligible.

9. Does the Standard allow minors to access physician-assisted death?

No. The Supreme Court judgment explicitly limited its declaration to adults who meet all specified criteria for an assisted death. The Standard is entirely consistent with the Court's decision, and ensures that the particular vulnerabilities of children and youth are respected.

10. Would persons with developmental, intellectual or cognitive disability qualify under the Standard?

Developmental, intellectual or cognitive disability on its own is not an end-of-life condition and so would not be eligible.

11. Why does the Standard not allow for adults to request physician-assisted death through an advance directive?

The Supreme Court has stated that a person must have the capacity to give free and voluntary consent to a physician-assisted death, based on the experience of enduring and intolerable suffering "in the circumstances of his or her condition". Advance directives have authority only at some undetermined point in the future, after a person is no longer competent to make decisions for him or herself.

A request for physician-assisted death must be motivated by a person's personal and subjective experience of intolerable suffering. Predicting future suffering is unreliable: studies of human psychology indicate that people routinely mis-predict how much they will suffer as a result of future events. When a person no longer has the capacity to decide whether their suffering is so great as to choose physician-assisted death, advance directives would require some other decision-maker to assess that person's experience of suffering. While determining the cause of a person's suffering may be undertaken objectively, determining the amount or quality of a person's suffering can only be done subjectively. To empower others to decide whether a person with cognitive impairments is suffering enough to warrant a physician-assisted death would make too many people vulnerable to abuse and error, especially error based on stigma, stereotype or prejudice.

Advance directives cannot meet the requirement imposed by the Supreme Court: that the person must be experiencing enduring suffering that is intolerable "in the circumstances of his or her condition." Those circumstances, how a person will respond, and the options that might be available at that time cannot be anticipated in advance.

12. Why does the Standard require that a request for physician-assisted death be referred to judge or an independent expert body?

Authorization by a judge or independent expert body ensures

that the patient's request satisfies the criteria necessary to obtain the legal participation of a physician to assist a person's death.

This authority would verify that vulnerability assessments have been conducted, that two physicians concur with the request and have fulfilled their responsibilities under the law, and that all risks of abuse and error have been minimized to the greatest extent possible.

13. Would there be a path to appeal the decision of a judge or an independent expert body?

Yes, patients whose requests are not approved could appeal to the appropriate court of their province or territory.

14. Is there a model that can be the basis for an independent expert body?

Yes. Provinces and territories have a variety of arms-length mechanisms to authorize health care decisions, consent, civil committal, substitute decision-making, disclosure of personal health information and mandatory blood testing.

For example, Ontario's Consent and Capacity Board considered over 3,500 applications on these questions in 2014/15, and has a roster of over 120 members who adjudicate on its behalf.

As well, each province and territory has a review board established under the Criminal Code to make placement decisions about individuals found to be not criminally responsible or unfit to stand trial.

These precedents are good models and provide the basis for designing a credible independent authorization system for physician-assisted death in each province and territory.

15. Does the requirement for independent authorization create an undue burden for persons who are suffering at the end of their lives?

No. The experience of the other Boards and Tribunals noted above indicates that proceedings can be conducted on an expedited basis, and with due regard and accommodation for an applicant's fragile condition and circumstances.

16. Why is the availability of interpretation services important?

It is essential for patients facing end-of-life conditions to fully understand and converse about the options available to them. Patients must have access to neutral, independent and professional interpreter services, including ASL/English, LSQ/French as well as Cultural interpretation and other communication accommodations to support decision-making.

17. Is the Standard consistent with international law?

In its 2001 review of the report from the Netherlands on the International Covenant on Civil and Political Rights, the Human Rights Committee of the UN expressed concern that assisted suicide and euthanasia in the Netherlands were subject only to "ex-post [facto] control, not being able to prevent the termination of life when the statutory conditions are not fulfilled". In its 2009 report, the Committee repeated that it "remains concerned… [because] although a second physician must give an opinion, a physician can terminate a patient's life without any independent review by a judge or magistrate to guarantee that this decision was not the subject of undue influence or misapprehension." Like the Netherlands, Canada has committed to comply with its obligations under this covenant, which was ratified in 1976.

Canada has also ratified the UN Convention on the Rights of Persons with Disabilities, including Article 10 on the obligation to protect the inherent right to life of people with disabilities, and Article 16 on the obligation to protect against exploitation and abuse. Canada's compliance with these Articles is now being reviewed by the United Nations, and the compliance of the system for physician-assisted death is expected to be reported on by the UN in 2017.

18. Who developed this Standard?

The standard was developed by a group of advisors with expertise in medicine, ethics, law, public policy and needs of vulnerable persons. A full list of the advisors to the Standard is available at www.vps-npv.ca.

Please note that some advisors who have contributed to the Standard have ethical and moral objections to euthanasia and assisted suicide, but support this Standard in order to help limit the harms and risks these practices present, especially to vulnerable people.

19. Who endorses this Standard?

A list of the organizations that have endorsed the Standard is available at www.vps-npv.ca.

Please note that some individuals and organizations that have endorsed the Standard have ethical and moral objections to euthanasia and assisted suicide, but support this Standard in order to help limit the harms and risks these practices present, especially to vulnerable people.

20. How is the Standard intended to be used?

The standard is intended as a tool for legislators in Parliament and provincial and territorial legislatures to guide law and policy reform to ensure the system for physician-assisted death is designed to protect vulnerable persons. It is also intended as a resource for civil society and professional organizations committed to help develop and promote robust safeguards that will ensure that vulnerable persons are protected in the system.

21. Where can I get more information about this issue?

For more information, please visit the 'News and Resources' tab on the menu, and follow links to the organizations which have signaled their support for the Vulnerable Persons Standard.

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Media Advisory

Embargoed: Tuesday, March 1st, Noon ET

Medical experts and national organizations endorse special safeguards to protect vulnerable Canadians in right-to-die legislation

The Vulnerable Persons Standard is launched today: www.vps-npv.ca

Today community and health organizations from across Canada call on Parliament to adopt a series of evidence-based safeguards designed to protect the lives of vulnerable Canadians.

The Vulnerable Persons Standard has been developed by leading Canadian physicians, health professionals, lawyers, ethicists, public policy experts and national representative organizations for people with disabilities and the needs of vulnerable persons.

The Standard will ensure that policies designed to help Canadians requesting assistance from physicians to end their life do not jeopardize the lives of vulnerable persons who may be subject to coercion and abuse.

"The federal government needs to exercise wisdom in striking a balance between equitable access and appropriate safeguards for people whose physical, emotional, cognitive or social vulnerability may make them more susceptible to suicide," says Dr. Harvey Max Chochinov, Canada Research Chair in Palliative Care and Former Chair of the 'Federal External Panel' on Options for a Legislative Response to Carter v Canada, and an adviser to the Standard.

"The decision to die should not become a default choice for vulnerable Canadians. We need safeguards to ensure that palliative care and relevant support options have been exhausted," says Dr. Balfour Mount, Professor and Emeritus Flanders Chair of Palliative Medicine, McGill University, and an adviser to the Standard.

The Standards requires that:

1. Legislation concerning physician-assisted death must not perpetuate disadvantage or contribute to social vulnerability.

2. The patient face end-of-life conditions with no chance of improvement and has enduring and intolerable suffering as a result of a grievous and irremediable medical

condition.

3. Voluntary and capable request and consent by the patient including immediately prior to death. This prohibits the use of advance directives for physician-assisted death.

4. An assessment of suffering and vulnerability that may arise from psychosocial or non-medical conditions and circumstance.

5. Arms-length authorization be obtained from a judge or independent body with expertise in the fields of health care, ethics and law.

"The recommendations contained in the Joint Parliamentary report on medically-assisted dying should give all Canadians pause. They would remove virtually all restrictions on accessing physician-assisted death and significantly exceed the guidance provided by Canada's Supreme Court," says Tony Dolan, Chair of the Council of Canadians with Disabilities, one of the organizations supporting the Standard.

"This debate highlights uneven access to quality palliative services in Canada. As we recognize the right to physician-assisted death, we must also redouble our efforts to ensure that Canadians have access to adequate palliative care options and other supports for patients and caregivers," says Dr. Susan MacDonald of the Canadian Society of Palliative Care Physicians.

"As the Supreme Court of Canada recognized, permitting physician-assisted death presents inherent risks for vulnerable people. This should be of deep concern to all Canadians. While we believe a complete ban remains the only way to eliminate such risks, the Standard contains important measures to help minimize them, consistent with a 'carefully-designed system imposing stringent limits' as contemplated by the Court," says Derek Ross, Executive Director of the Christian Legal Fellowship.

Joy Bacon, President of the Canadian Association for Community Living, another supporting organization, says "It should be possible for Canadians to access these services without also jeopardizing the lives of vulnerable persons. I hope the Standard will help the federal government to strike a better balance between these important rights."

The Vulnerable Persons Standard will be released publicly during a press conference in the National Press Theatre at Noon EST in Ottawa, and is available at www.vps-npv.ca

Advisers to the Standard include:

- Dr. Harvey Max Chochinov, OC, OM, MD, PhD, FRCPC, FRSC, Canada Research Chair in Palliative Care and Former Chair of the 'Federal External Panel' on Options for a Legislative Response to Carter v Canada
- Dr. Nuala P. Kenny, OC, MD, FRCP(C), Emeritus Professor Dalhousie University, Halifax, N.S., and Former Member, Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying
- Dr. Balfour M. Mount, OC, OQ, MD, FRCS(C), LLD, Professor and Emeritus Flanders Chair of

Palliative Medicine, McGill University
- Dianne Pothier, Professor Emeritus, Schulich School of Law at Dalhousie University
- Mary Shariff, BSc LLB LLM PhD, Associate Dean Academic, JD Program and Associate Professor, Faculty of Law, University of Manitoba

A full list of the almost 30 advisers to the Standard can be obtained at www.vps-npv.ca

Organizations endorsing the Standard include:

Canadian Association for Community Living
Canadian Association of the Deaf
Canadian Council of Imams
Canadian Society of Palliative Care Physicians
Catholic Health Alliance of Canada
Council of Canadians with Disabilities
DAWN-RAFH Canada - Disabled Women's Network of Canada
Physicians Alliance against Euthanasia
Vivre dans la Dignité/Living with Dignity

A full list of endorsing organizations can be obtained at www.vps-npv.ca

Spokespeople available to discuss the Standard:
- Dr. Harvey Max Chochinov, Canada Research Chair in Palliative Care and Former Chair of the 'Federal External Panel' on Options for a Legislative Response to Carter v Canada
- Catherine Frazee, Adviser to the Standard, and Former Member 'Federal External Panel'
- Michael Bach, Executive Vice-President, Canadian Association for Community Living
- David Baker, lawyer, and co-author of model legislation for physician-assisted death
- Rhonda Wiebe, Council of Canadians with Disabilities

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For media availability, please contact:
Tara Brinston, National Coordinator, Vulnerable Persons Secretariat
tbrinston@vps-npv.ca | 1-877-207-7418 | vps-npv.ca

Organizations Supporting the Standard

We are grateful to acknowledge the strong support of community and health organizations across Canada.

ARCH Disability Law Centre

Canadian Association for Community Living

Canadian Association of the Deaf

Canadian Council of Imams

Catholic Health Alliance of Canada

Canadian Society of Palliative Care Physicians

Christian Legal Fellowship

Council of Canadians with Disabilities

DAWN-RAFH Canada – Disabled Women's Network of Canada

Euthanasia Prevention Coalition

The Evangelical Fellowship of Canada

L'Arche Canada

Vivre dans la Dignité/Living with Dignity

National Education Association of Disabled Students

People First of Canada

PLAN – Planned Lifetime Advocacy Network

Physicians Alliance against Euthanasia

Inclusion British Columbia

Inclusion Alberta

Saskatchewan Association for Community Living

Yukon Association for Community Living

Newfoundland and Labrador Association for Community Living

Community Living Manitoba

Sample letter of a parliamentarian

February 28, 2016

Dear First Name Last Name, MP

I am writing to express my concern about the recently released report of the Joint Parliamentary Committee on Medical Assistance in Dying.

I believe the report should give all Canadians pause. If its recommendations are enacted in new federal legislation, it would remove virtually all restrictions on accessing physician-assisted death and significantly exceed the guidance provided by Canada's Supreme Court.

The federal government needs to take a more prudent approach. Any new legislation should balance equitable access with appropriate safeguards for people who because of their physical, cognitive or psychosocial vulnerability may be more susceptible to suicide.

To that end, I would like to recommend to you a new series of safeguards recently endorsed by a wide range of community and health organizations across Canada.

The Vulnerable Persons Standard is a series of evidence-based safeguards designed to protect the lives of vulnerable Canadians. It has been developed by leading Canadian physicians, health professionals, lawyers, ethicists, public policy experts, and advocates.

I believe that Standard will help to ensure that Canadians requesting assistance from physicians to end their life can do so without jeopardizing the lives of vulnerable persons who may be subject to coercion and abuse.

You can learn more about the Standard at www.vps-npv.ca

I ask that you declare your support for the Standard, and encourage your colleagues to do the same.

Sincerely,

A Message to all Canadians,
Senators and Members of the Parliament of Canada
from Jean Vanier, Founder of L'Arche,
and Hollee Card, National Leader, L'Arche Canada

25 February 2016

We are all fragile

We in L'Arche have had the privilege of accompanying many on life's journey, not only in times of health and strength, but in times of fragility and weakness as well. Through this experience we have learned many things. Most importantly, we have learned that it is the most fragile among us who are the closest to their humanity, to their suffering, and to their need to be loved. It is they who show the rest of us the way to live in truth and in love.

So much of the history of modern life has been a struggle to secure important personal freedoms. For many people, the freedom to die at the time of one's choosing, in the midst of pain and suffering, is as important a right as any they can imagine.

Several countries including the Netherlands, Belgium and Switzerland, as well as the U.S. states of Oregon and Washington, acknowledge the right to the assistance of a physician to enable death. Now, at the insistence of its Supreme Court, Canada will enact changes to its Criminal Code to permit physician-assisted dying too.

With this right — the right to die — we must take care not to obscure or forget the innate dignity of those who are vulnerable or reinforce an ideal that only an independent life has purpose and value. We are all fragile, and the vulnerability that comes with the passage from birth to death is one which we must each find a way to accept.

Living in a society that values independence over interdependence, we fear becoming a burden or losing the capacities that we think make us valuable or loved. Instead, we must be independent and strong, rather than vulnerable and weak. We dare not ask others to care for us. We feel shame when we imagine ourselves needing others — even when we think of needing our family and kin.

This fear is not a healthy state of mind. It is a symptom of how we view vulnerability and our responsibilities to one another. In a society where we show compassion and afford dignity to everyone, we do not need to fear the transition from one phase of life to the next. It is part of our humanity that we provide care to one another, and also that we receive care from one another.

In this way, we should all be able to meet death with dignity — no matter our condition or our needs.

This is why we have a special obligation to ensure that the care available to each of us throughout our lives, but especially in our final stages of life, affirms both our dignity and humanity. Otherwise we diminish our range of experience to include only our independence. We diminish the love we can share, and the vulnerability we can show to one another.

Such a spartan culture ultimately devalues life. In its place we must recommit to honouring and accepting ourselves and others by finding ways to accept our frailties, and the full course of life.

Humans are not solitary creatures; each of us has both personal and communal rights. Modern societies have tended to privilege personal rights, while providing only very minimally to support the communal rights that are no less important.

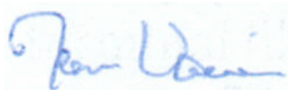
Recent federal as well as provincial and territorial commissions examining the question of physician-assisted dying have each emphasized the importance of developing comprehensive end-of-life and palliative care services. Without a much stronger system of care to protect and value each of us in our final phase of life, we deprive ourselves of an important communal right and we deepen our suffering.

We also know that the decision to die must be carefully safeguarded. Physicians need not only to weigh competency, but also to take into account the possibility of coercion and what psychologists call 'unconscious inducement'. In this latter situation, individuals facing terminal illness come to believe that hastening their own death is a socially generous and responsible act. An ethos that may subtly support such thinking can lead to a deep and subversive betrayal of an individual's right to live their life out to its natural end.

In L'Arche, we have learned much over the years accompanying people on the path of life, from fragility to strength and back to fragility. More than anything, we have discovered that there is an inexplicable grace to be found in learning to accept ourselves and one another, not only because of our strengths but also because of our weaknesses and fragilities.

Nothing is more fundamental to a society than its attitudes towards life and death. As Canada removes the legal prohibition to physician-assisted dying for certain exceptional circumstances, it enters a new medical and ethical realm.

It strikes us that this is an occasion to reaffirm life even as we permit those facing terrible suffering to choose death. We must ensure that the best safeguards exist, while redoubling our commitment to caring for one another in the most fragile moments of each of our lives.



Jean Vanier, CC GOQ
Founder of L'Arche

Hollee Card, National Leader
L'Arche Canada

Jean Vanier's letter on fragility coincides with the release of the Vulnerable Persons Standard — a series of important safeguards that will help to ensure that Canadians requesting assistance from physicians to end their life can do so without jeopardizing the lives of vulnerable persons who may be subject to coercion and abuse. The Standard will be released in Ottawa Tuesday. www.vps-npv.ca