

TGC

Bill C-7 Becomes Law

Bill C-7 erodes the equal protection of life for Canada's most vulnerable

MARCH 25, 2021

André Schutten is a constitutional lawyer and Director of Law & Public Policy with the Association for Reformed Political Action,

If there is just one task for the civil government, one responsibility inherent in its office and divine institution, it is to protect in law – equally and fully – the lives of its citizens. Canada's Parliament took a step away from that responsibility last week when it turned a blind eye and a deaf ear to the plight and voices of vulnerable Canadians.

On March 17th, Parliament officially passed into law Bill C-7 that expands the availability of assisted suicide[*] to anyone who is suffering because of disability, disease, or a relevant condition. The bill not only drew the ire of disability rights groups but also the repeated criticism from the United Nations and public condemnation from hundreds of physicians, First Nations leaders, academics, and religious leaders. In a rare move, both the New Democrats (from the political left) and the Conservatives (from the political right) voted against the Liberal government's bill.

What exactly does the change in the law allow?

Assisted suicide has been legal in Canada since 2016 for those aged 18+ who expressed a wish to die, who had “a grievous and irremediable medical condition” that caused the patient “enduring physical or psychological suffering that is intolerable to them” and whose “natural death has become reasonably foreseeable.”

The last element was a crucial safeguard; it signaled that assisted suicide should only be available at the last moments of life when the patient is suffering unbearably. Such a law

did not on its face (though it did in effect) discriminate against people with disabilities since it was ostensibly available to *all* people at the end of life who were suffering.

What Bill C-7 proposed and what is now embedded in the *Criminal Code* in sections 241.1-241.4 is discriminatory and ableist. The legislation eliminates the “reasonable foreseeability of natural death” criterion for assisted suicide while at the same time creating two tracks to access it.

The fast track allows a doctor to end the life of their patient the same day the request is made if the patient’s natural death is “reasonably foreseeable.” It should be noted that there is no guidance on what is “reasonably foreseeable.” In some of the court challenges to date, doctors testified that they interpreted a prognosis of 10 years as being a “reasonably foreseeable” death.

The slow track is available for anyone whose death is not “reasonably foreseeable.” Any patient who is suffering due to disability, disease, or another relevant condition can make a written request for their life to be ended. The patient then begins a 90-day waiting period during which they should be offered supports from experts in their particular disability or disease.

Sadly, the law is ambiguous as to when the 90-day clock starts ticking: is it when assisted suicide is first discussed, or when the written request is signed, or when the doctor first analyses without the patient’s knowledge whether the patient is eligible, and does it restart when the patient changes his or her mind?

It is with this “slow track” that the discriminatory element of Bill C-7 comes into sharp focus. As disability rights advocate Liz Carr points out, “When non-disabled people talk of suicide, they’re discouraged and offered prevention... When a disabled person talks about it, though, suddenly the conversation is overtaken with words like ‘choice’, and ‘autonomy’... while talk of prevention and mental health support are rare.”

If a depressed but able-bodied 18-year-old expresses a wish to die, the big We (family, community, medical, and medical systems) will do whatever we can to offer suicide prevention. Police will even arrest and detain a suicidal person in order to preserve their life. But if a person with a disability expresses a wish to die, we are supposed to assist them in their suicide. A suicide helpline takes on a whole new meaning.

The new law removes other safeguards including reducing the number of required witnesses from two to one. The law also fails to prohibit anyone from proactively offering assisted suicide to vulnerable patients. It allows for patients to waive final consent to their own death (effectively a covert way to allow for advance directives) and, coming into effect in two years, allows assisted suicide where mental illness (think chronic depression) is the sole underlying condition.

These problems are further explained in [ARPA Canada's 7-page submission](#) to the Senate Legal & Constitutional Affairs Committee. There are also awful implications for conscientious doctors, nurse practitioners, and pharmacists, the subject of which requires another article to spell out.

How should the Christian community respond?

Suicide is always a tragedy, even if done via lethal injection by a doctor. But now it is freely available to the elderly, those with disabilities, or those who are severely ill. Canadians, *and Christians especially*, should be appalled at the disregard for life on display in Bill C-7.

Consider how Scripture talks about disability and suffering. In the first place, it teaches that all people, including people with disabilities, are made in the image of God ([Gen 1:26-27](#)) and therefore have inherent dignity and worth. By that fact, no innocent person may be killed by the hands of man ([Gen 9:6](#); [Exod 20:13](#)).

Further, disability falls under God's providence ([Exod 4:11](#)); and so people with disabilities are to be treated with respect and not mistreated ([Lev 19:14](#)); and the people of God ought to speak up for those being led toward death, including those with severe disabilities and suicidal thoughts ([Prov 24:10-12](#)).

Disability and suffering provide an opportunity for God to display his works in us ([John 9:1-7](#)) and for the church to display its love for the vulnerable and the hurting ([Luke 14:12-14](#); cf. [Matt 25:31-46](#)). And God can use suffering to build up his children ([James 1:2-4](#); [5:7-11](#)). Suffering and disability lead us to long for future glory ([Rom 8:18](#); [2 Cor 4:16-18](#)). And finally, suffering is not alien to Christ ([Isa 51:1-12](#)); he humbled himself for us and bore the torment of the cross and the terror of hell for us. He knows suffering.

So, we the church must turn our collective minds to how we should now live and work in a post-Bill-C-7 Canada.

Consider, for example, the question of belonging. Physical pain is not generally the primary reason a person requests assisted suicide. Rather it is because either they feel like a burden on their family or community or because they are lonely. Those two reasons can be mitigated by the church.

The church could develop plans for being a place of welcome to the vulnerable, the aged, and those living with disabilities – not just in our own congregation but in our communities. Do the senior citizens within walking distance of your church know that you want to be a help and friend to them? How much time does the youth group in your church

spend shoveling walkways, playing games, or going for walks with seniors within and outside your church? How accessible is your church to wheelchairs? Are your wheelchair spots only at the back of the auditorium?

The church should also start thinking creatively about taking back the practice of medicine and hospitality. **The idea of public health care was the brainchild of Tommy Douglas, a Baptist preacher. I think he would shudder at what has become of it.** The sad reality is that conscientious doctors are finding it harder to practice medicine within that system. Perhaps it's time for churches to put nurses and doctors on salary to minister to people within their communities.

In the fight against Bill C-7, we saw strong alliances between secular disability rights groups and religious groups. The church should be ready to amplify its voice to the disability rights community and say, "You are welcome here! Our church is a safe space for you. When you are at your lowest point, we won't abandon you."

The church should also work hard to be educated on this issue. ARPA Canada put together a simple website – CareNOTKill.ca – to help the average Canadian explain the problem with legalizing assisted suicide. Salt and light Canadian Christians should be conversant in this issue in order to help shift the cultural narrative. The voices of the vulnerable will be quiet whispers that the church must amplify.

And finally, the church needs to be in prayer. Many thousands of Canadians have died by assisted suicide, and the number will now jump at an exponential rate. Consider calling a solemn assembly for the purpose of prayer and fasting together with a repentant heart. Make this a regular event in your church calendar, at least annually. And continue to be engaged with those who have the office and power to change the law. The law can be improved when Christians pray and work to end injustice.

Assisted suicide teaches people to support their family member or friend's wish to die rather than to support their life by fulfilling unmet needs and helping them find meaning. Assisted suicide in this way conflicts with the gospel. The gospel recognizes the reality of the mess and the pain and the agony that can characterize this life.

Christ Jesus entered into this mess to minister and heal and comfort and resurrect and visit and encourage and will return one day to eradicate death and disease and wipe every tear from our eyes. His followers continue the tradition by serving others in life-affirming, dignity-affirming, personhood-affirming ways. Canada can do better, and the church must demonstrate how.

[*] I intentionally use the term assisted suicide throughout this article. The term MAiD, or Medical Assistance in Dying, is used in the political-legal realm. MAiD is an intentionally misleading and profoundly euphemistic term that blurs the lines between the categorically different areas of palliative medicine (which truly gives aid to people in order to die well) and assisted suicide (which intentionally assists a patient to end their own life when they express a wish to die).

André Schutten is a constitutional lawyer and Director of Law & Public Policy with the Association for Reformed Political Action, a Canadian Christian advocacy organization rooted in the Reformed tradition, seeking to winsomely engage our civil governments by shining the light of God's word into law and politics. André represented ARPA Canada as an intervener at the Supreme Court of Canada in the 2016 Carter case and as a participant in various government consultations and as a witness to multiple Parliamentary committees for Bill C-14 in 2016 and Bill C-7 in 2020.