
The Special Senate Committee on Euthanasia and Assisted Suicide

by Gary Levy

On June 6, 1995, the Special Senate Committee authorized to study the legal, social and ethical issues related to euthanasia and assisted suicide tabled its report in the Senate. This article looks at some of the innovative measures taken by the Committee since it was established in February 1994.

From the outset it was clear that the Senate Committee on Euthanasia and Assisted Suicide would be special in more than just name. For one thing its membership was set at seven, smaller than the usual Standing Committee. There was very little turnover in membership and substitution was rare. Full attendance was the rule rather than the exception. The Committee was also special in that four of the seven members were women including the Chairman, Senator Joan Neiman and the Vice Chairman, Thérèse Lavoie-Roux, a former social worker and Minister of Health and Social Services in Quebec.

The Senate generally meets only Tuesday, Wednesday and Thursday afternoons. Committees cannot meet at all when the Senate is in session (unless they have special permission). Committee meetings at other times are supposed to be confined to certain blocks of time established by the Whips. With committee rooms in short supply a special committee may find it difficult to find convenient times to meet. This was a particular problem for the Special Committee on Euthanasia and Assisted Suicide since there was an informal understanding that the Committee would try not to meet unless all members could be present.

Scheduling problems were ameliorated to some extent by the willingness of the Committee on Legal and Constitutional Affairs, chaired by Senator Beaudoin, to give one of its time slots, Wednesday afternoon, to the Special Committee. This was supplemented by a number of Wednesday evening meetings and by several meetings

on either a Monday or a Friday when the Senate was not in session. During the public phase of its hearings which lasted from March 1994 to January 1995 the Committee heard more than 150 groups and witnesses in Ottawa, Vancouver and Winnipeg.

To Travel or Not?

The question of travel was one of the first issues to be considered by the Committee. Should it hold hearings outside Ottawa? If so, where should it travel and should everyone travel? If the Committee travelled should it advertise extensively?

After much discussion the Committee decided to try to hear witnesses from Ontario, Quebec and the four Atlantic provinces in Ottawa. Because of the immense interest in the issues of euthanasia and assisted suicide in British Columbia three days of hearings were scheduled in Vancouver. This was combined with two more days of hearings in Winnipeg where witnesses from the prairie provinces would also be heard.

The Senators wanted to hear a variety of opinions and not necessarily the same views over and over. Thus not everyone who requested to appear was accepted and several individuals or groups were invited to appear because of their expertise in the area under investigation. The Committee did not authorize any paid advertising. Press releases announcing the travel itinerary were sent to the media and a notice was put on the parliamentary cable channel. Knowledge about the existence of the Committee seemed to spread mainly by word of mouth and by occasional newspaper reports of its hearings in Ottawa.

Criticism about the absence of advertising for the meetings in Vancouver and Winnipeg was anticipated and received. But generally speaking the Committee received

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During its hearings in Winnipeg, the Committee heard from representatives of People in Equal Participation, Sylvia Daniels and Theresa Ducharme. Members of the Committee, standing (l to r) are : Joan Neiman, Gérard Beaudoin, Jean-Noel Desmarais, (replacing Senator DeWare) Sharon Carstairs, Thérèse Lavoie-Roux, Wilbert Keon and Eymard Corbin.

(Photo credit: Theresa Ducharme)



favourable publicity during its trip. A number of hours each day were left open to hear from members of the audience in both Vancouver and Winnipeg. The Committee sat as late as necessary during its travel. In the end not a single person who wished to address the committee during the five days on the road was denied this opportunity.

One of the few negative stories about the Committee focused on the cost of providing simultaneous interpretation for members and witnesses during the trip. This was offset by some of the favourable remarks about the idea to hold the Vancouver hearings at the University Hospital at UBC rather than in a downtown hotel or conference centre. This not only saved hundreds of dollars but the money that was spent remained in the health and education sector where it was so badly needed.

The Committee also had to consider whether to examine how other jurisdictions deal with the issues of euthanasia, assisted suicide and palliative care. The Netherlands was an obvious destination because of the unique approach that country has taken to these issues. The United Kingdom and United States were other possible destinations. It was decided not to travel to any of these places. A few American experts were invited to testify in Ottawa but they were unable to accept. As for the Netherlands the Committee decided to try video-conference technology in order to gather some information about the Dutch situation.

The Senate, unlike the House of Commons, does not have any Committee rooms equipped to handle videoconferences. To rely on the House facilities would have risked being bumped at the last minute by a House Committee. As a result the Committee arranged for portable videoconference equipment to be installed for one day in a Senate Committee room. It enabled the members to see and hear testimony from 13 Dutch witnesses in-

cluding doctors, lawyers, nurses and others with considerable experience in areas of interest to the committee. The cost for this videoconference was less than \$7,500 compared with an estimated \$30,000 to take the committee to the Netherlands and nearly as much to bring that many Dutch witnesses to Ottawa.

Communications Strategy

Since a large part of the Committee's task was educational it published an in-house information bulletin that summarized evidence presented to the Committee. The bulletin included a selection of letters received from members of the public. This document was sent to everyone who wrote to the Committee and was available at all public meetings in Ottawa and on the road. It also served to provide background information for the many journalists and students who requested information about the Committee. The writing, design, production and distribution of seven issues of this bulletin in both languages was co-ordinated by one person hired on a contract basis.

The success of the Bulletin led the Committee to consider the next logical step, making it available in an electronic version through the Internet so that interested individuals around the world could read about what the Committee was doing. The first issues were made available through the National Capital Freenet at no cost to the Committee. A Freenet discussion group was also set up and over a period of six months about a hundred requests for information arrived in this way, some from universities and interested individuals as far away as Japan and Australia.

The Freenet experience did not prove very satisfactory, however. In part this was due to the difficulty in accessing Freenet during normal working hours. The amount of disk space that could be used was very limited as was

the assistance available to those unfamiliar with the technology. It became clear that if the Committee wanted to use the Internet in a serious way it was going to require an investment of time and money, neither of which was readily available.

At this time the Committee received an unsolicited offer from one of the "stakeholders" in the euthanasia debate, the Right to Die Society of Canada. The Society offered to put the entire Committee transcripts on the Internet at no charge to the Committee. This seemed like a good offer since the decision to make Committee transcripts available on the Internet some day had already been approved in principle but nothing could be done pending establishment of a full Internet Node on Parliament Hill. It was clear that would not be ready before the Committee tabled its report.

The main disadvantage of turning transcripts over to a third party is that the institution, in this case the Senate, loses control over what is done with the information. Nevertheless this offer was accepted, in part because it would serve as a test for the day the Senate itself began to place its Committee proceedings on the Internet.

Disks were shipped to the Right to Die Society in Victoria where they were made available as part of a larger database on end of life issues run by the Society. This material was subsequently merged with an American group to create an Internet site called "Deathnet" which specialized in information about euthanasia and assisted suicide. During its first few weeks the transcripts on Deathnet recorded 3,048 visits.

The decision to take advantage of the offer from an interested party in the debate over euthanasia and assisted suicide led to some objections by those on the other side of the debate. They argued that the impartiality of the committee could be questioned by its willingness to cooperate with a pro-euthanasia group even for the dissemination of its proceedings. The lesson from this experience seemed to be that if the Committee wanted to use the information highway it could not leave all the work and responsibility to another party.

Since the Parliamentary Internet Node was still under construction the Committee looked into obtaining a temporary Internet account with a commercial provider in Ottawa. Within a couple of weeks and at a cost of two hundred dollars for an account and \$500 in consulting fees the Committee had all its bulletins and other information on the Internet. The moment the report was tabled in the Senate it was also available online at the following Internet address: <http://www.magi.com~sencom/report.html>

Report and Reaction

The Report of the Special Committee was also somewhat of a departure from the usual parliamentary committee. Not surprisingly members did not agree on the very difficult areas of euthanasia and assisted suicide. But instead of having a majority and a minority report it was decided there would be one Report which would reflect all views and not just those of the majority. As a result arguments in favour of euthanasia or assisted suicide within strictly controlled guidelines and arguments in favour of maintaining the status quo were developed in the body of the report. Both sides of the argument were considered and the text drafted by all members since the objective of the exercise was primarily to provide a document that would help parliamentarians and the public prepare for future debate that is certain to occur long after the Committee has tabled its report. Thus members on one side made suggestions as to how arguments by the other side could be better formulated, even if they did not subscribe to those arguments.

In the end a majority of the seven person committee decided that assisted suicide and euthanasia should not be legalized. The minority decided otherwise and made recommendations accordingly. Those in favour of permitting assisted suicide emphasized that there would have to be clearly defined safeguards. Individuals must be competent and must be suffering from an irreversible illness that had reached an intolerable stage, as certified by a medical practitioner; the individual must make a free and informed request for assistance, without coercive pressures; the individual must have been informed of and fully understand his or her condition, prognosis and the alternative comfort care arrangements available. These and other conditions would have to be assessed by a health care professional. No person should be obligated to provide assistance with suicide.

While most media attention focused on the issues of euthanasia and assisted suicide, the Committee also made a number of recommendations, all of them unanimous, on areas such as pain control, palliative care, withholding and withdrawing of treatment, and the need for advance directive legislation in all provinces and a protocol to recognize advanced directives executed in other provinces and territories.

Media reaction to the report was mixed. Some saw it as offering the government a perfect excuse for taking no action. Others called it a lucid, balanced and enlightening discussion of a delicate subject. On the whole the work of the Special Committee seemed to demonstrate that the Senate can still be a useful instrument for the consideration of public policy issues and this can be done at a fraction of the cost of a Royal Commission.