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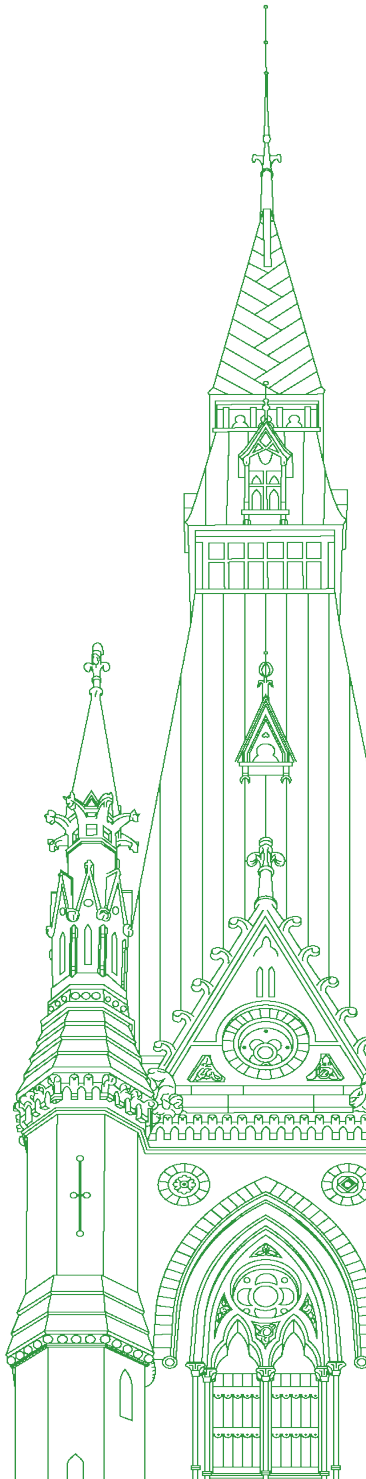

Chair: Mr. Ron McKinnon

# Standing Committee on Health

**Wednesday, February 19, 2020**

● (1540)

[*English*]

**The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)):** Hello everyone. I call to order meeting number four of the Standing Committee on Health.

Mr. Davies.

**Mr. Don Davies (Vancouver Kingsway, NDP):** Thank you, Mr. Chair.

I want to welcome back all of my colleagues. We're in committee business. I have circulated for the committee's consideration some motions that I would like to move. I know my colleagues have some as well that look very interesting.

With the motions I'm going to move today, I have a few criteria that I want to alert my colleagues to. One is that I'm looking for issues on which I think there could be broad collaboration across party lines, where I think there's interest around all sides of the table, or issues that have been identified as important to the current government, either in budgets or throne speeches—so I know there is interest on the government side—as well as issues that I think present a pressing health issue of some type. I have seven motions I plan to move. Obviously, we'll have to decide which ones we want to proceed with, in what order, and for how long. I think some of the studies can be short, some can be of moderate length, and some can be more in depth. I want to put a sample of issues for the committee's consideration.

I'll start with my first motion, which is on universal dental care. I've had a discussion with my friend, Darren Fisher, and I'm going to ask for an amendment to my motion. I'll read it into the record and then I'll tell you what my amendment would be:

> That, pursuant to Standing Order 108(2), the Committee undertake a study on the development of a national dental care program as an insured service for Canadians under the Canada Health Act; that the Committee report its findings and recommendations to the House; and that, pursuant to Standing Order 109, the Committee request that the Government table a comprehensive response to the report.

The amendment I propose is to strike the words “under the Canada Health Act”. I know that my colleagues in the Conservative Party often have a different view of whether something should be a universal, publicly delivered service or should be privately delivered. I think by removing those words it would leave it broader, as the committee would study a range of options, both public and otherwise.

● (1545)

**The Chair:** May I interrupt here?

**Mr. Don Davies:** Yes.

**The Chair:** The mover of the motion can't amend it, but you can move it that way at the outset.

**Mr. Don Davies:** Okay, I will move it that way then. Thank you, Mr. Chair.

I'll continue for a minute. As we know, the issue of dental care was contained in the mandate letter from the Prime Minister to the current health minister. Specifically, on December 13, 2019, he directed the health minister to “Work with Parliament to study and analyze the possibility of national dental care.” That's lifted right from the mandate letter to the current health minister. It also appears in the Speech from the Throne, delivered on December 5, 2019, which stated that “ideas like universal dental care are worth exploring, and I encourage Parliament to look into this.”

Of course, we know that oral health is one of the most unequal aspects of health care in Canada. At present, about 32% of Canadians have no dental insurance at all. Those with the highest levels of oral health problems are also those with the greatest difficulty accessing oral health care costs. We know that income-related inequalities in oral health are greater in women than in men and that the most common, non-communicable diseases are oral diseases. Finally, studies have linked poor oral health to serious health conditions, including cardiovascular disease, dementia, respiratory infections, diabetic complications, renal disease complications, premature birth and low birth weight.

I plan on moving motions after this on treatment for substance use disorder, a national school nutrition program, vaping products, indigenous health, palliative care and access to cannabis for medical purposes, but I will start by moving a motion on universal dental care, as I have read it.

Thank you, Mr. Chair and colleagues.

**The Chair:** Thank you.

Is there any discussion?

**A voice:** Mr. Kitchen.

**The Chair:** Oh, sorry. Do you wish to respond to this motion?

**Mr. Robert Kitchen (Souris—Moose Mountain, CPC):** Yes.

**The Chair:** Okay.

**Mr. Robert Kitchen:** Thank you, Mr. Chair.

Thank you, Mr. Davies, for your talk.

We are very well aware of the importance of dental care and how it impacts many aspects of health care. I recognize that you amended your motion by taking out the Canada Health Act. I appreciate that.

The concern I would have is that it could take too long. Therefore, I would ask whether you would accept an amendment to it that would basically say that the committee allocate no more than six meetings to undertake the study. Then we would have a time frame for this and could control it so that we can have that avenue and it doesn't take up a lot of time, especially when you have so many other motions—and I know there'll be others out here. Then we can have time to debate a lot of the issues.

**The Chair:** Are you moving that amendment?

**Mr. Robert Kitchen:** Yes, please.

**The Chair:** The debate is now on the amendment, which is to limit the study to no more than six meetings.

Does that include meetings for the report as well?

**Mr. Robert Kitchen:** No.

**The Chair:** That's just for witnesses?

**Mr. Robert Kitchen:** Yes.

**The Chair:** The amendment, then, is to limit the meetings to no more than six meetings with witnesses.

**Mr. Robert Kitchen:** Correct.

**The Chair:** Mr. Fisher.

**Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.):** Thanks, Mr. Chair.

I guess this question is for the clerk.

If we choose six meetings, what does that look like for a report layout as far as the time frame goes?

**The Chair:** I think that's probably a question for the analyst.

● (1550)

**Ms. Karin Phillips (Committee Researcher):** It depends on when you would like to table a report. Six meetings, starting now, would give us enough time to table a report before June. It depends on how long you want the report to be. Concluding a six meeting study now and tabling a report by June gives a sufficient amount of time for drafting.

**The Chair:** Mr. Davies.

**Mr. Don Davies:** Thank you to my colleague for that.

I appreciate that we want to put some sort of parameter on this. Typically, the way the committee has worked is that we pass the motion, we decide on a study, and it's open to the committee at any time to determine when we've heard enough evidence.

I'm unable to agree to six meetings at this early stage for two reasons. One is that an enormous number of stakeholders would be interested in this: physicians, dentists, dental hygienists, dental assistants, patient groups, special-needs communities that have unique needs when it comes to dental care, indigenous groups, hospitals, and health economists, so we can hear what other countries do. Six meetings would, without question in my mind, be far too few.

I think it's really hard to estimate at this point, so I would rather just keep it open, and then it's always open to the committee to get it started. Once we hear from enough witnesses, we can revisit this at any time and determine that we don't want to hear any more witnesses. I think the goal of the committee should be to make sure we have a good look at this and that we've heard from everybody we think we need to hear from, as opposed to picking an arbitrary number.

I do think this committee would be a substantial one. I can see that. We took two years to study pharmacare. I can't remember, and I don't know if the clerk or analysts can tell us how many meetings we had on that. Also, we may even want to travel. Who knows? We may want to visit a jurisdiction that has dental care.

I wouldn't want to hamstring the committee, but I want to make it clear that I also don't want this to go on forever. I understand we have lots of other issues, so it's not my intention to drag this out, but I think this would be one of the issues. This would be a study where we could do some really good work like we did on pharmacare.

I will end by repeating two things. It's rare that we have an indication from the government in a throne speech and a mandate letter of what is essentially direction for us. Although we're masters of our own agenda, of course, we've been given direction by the government that it wants us to look into this. Therefore, to put such a small number of meetings to this.... I mean, we had three meetings on the coronavirus, and we've seen how you just scratch the surface of an issue, and in that case it is temporal, discrete, unique issue that's pretty tight. I think something like dental care would take significantly more meetings than that.

I would rather vote against this motion, keep it open, and as we schedule meetings, just keep very alive to how the witnesses and evidence are coming, and when we feel that we've had enough, we can pause and proceed to write a report at that point.

Thank you.

[*Translation*]

**The Chair:** Mr. Thériault, you have the floor.

**Mr. Luc Thériault (Montcalm, BQ):** Thank you, Mr. Chair.

At this point, I'm wondering more about the procedure.

Mr. Davies took the floor and talked about his motions. Am I to understand that we're going to take turns explaining all of the motions we want to present to you today, and then we'll prioritize them in our study?

If not, will they be prioritized according to the votes and the order in which we vote on all these motions? If that's the case, I wish we could have had an opening presentation first rather than proceeding on a first come, first served basis. I just want an explanation of procedure. There are still five different motions here. I have tabled three, and I am sure there will be more to come.

How will we operate, and when will we set priorities? Will we have time to do all of this in one meeting?

● (1555)

[*English*]

**The Chair:** There are a number of ways we can proceed as a committee.

Certainly, Mr. Davies has moved his motion, so that is the business before the committee at this moment.

I think it's important that we at least choose a starting study right now so we can get the witnesses and our work plan organized and can start doing something.

As for putting forward our ideas of what studies we should conduct, I think that's great. I would really like to see us adopt at least one study to start with now, but certainly look at all of them. We could adopt more than one motion now, but we then have to prioritize which ones we go forward with now.

Does that answer your question?

[*Translation*]

**Mr. Luc Thériault:** It answers it in part.

I understand that, procedurally, we could have a vote on the first motion.

Are we then going to move on to another party, which is going to move its motion as well, or do we feel that Mr. Davies' five motions need to be dealt with before we can move on?

My question also relates to that; it's not clear.

[*English*]

**The Chair:** It's really up to whoever gets the floor at the time as to whether they want to carry on with new motions or discussion. I would suggest to Mr. Davies that it would be helpful if we go from the NDP to another party, you know, and do them one at a time, but that's really up to who gets the floor at the end of the vote.

Next on the list, we have—

**Mr. Robert Kitchen:** On a point of order, is it not the subcommittee's role to review and determine which priority we would have? Not today, but the subcommittee would meet afterwards to determine what motion they want to follow or what study we go to. Then they come back to us and present it to us. The subcommittee, which is made up of the Liberals, Conservatives, the Bloc and...that is where to have that discussion.

**The Chair:** That's certainly an option that is available to us, and it's up to the committee to decide if that's how we want to proceed.

**Mr. Robert Kitchen:** I'd assume that this is the way the procedure is. Is that not policy? I would assume that this is exactly the way it was done for—

**The Chair:** It's up to the committee to decide that.

**Mr. Robert Kitchen:** I would think that we would present the motions and then the subcommittee would sit down where they can debate and determine which one would be the best. That's the way that I think it should be put forward.

**The Chair:** Well, that would be something you could propose as a motion at the appropriate time.

Ms. Jansen.

**Mrs. Tamara Jansen (Cloverdale—Langley City, CPC):** I was just wondering about this. There are so many good motions that Mr. Davies has set out. I'm just concerned that if we leave it open-ended it will be very easy to lose track of time, and then we won't be able to talk about vaping, for instance, which is obviously very critical.

Also, when you look at palliative care, I noticed in the report by the Library of Parliament that it hasn't been studied for a long time, not in the 41st or the 42nd Parliament, and the federal government is supposed to be taking a leadership role in this. I think Patty Hajdu even mentioned that people are suffering, so in thinking about it, let's find some kind of limitation so that we can ensure we get to these other issues as well.

**The Chair:** Is that a point on the amendment?

**Mrs. Tamara Jansen:** On his amendment of saying let's keep it... Yes. That's right.

**The Chair:** Okay.

Are there other comments on the amendment?

We have Mr. Fisher.

**Mr. Darren Fisher:** I'm not going to support the amendment based on the facts you spoke about. I don't think we want to handcuff ourselves on this.

I think it's important that we sit down and flesh this out to see where that leads us, so I won't be supporting the amendment on this particular one, but I would say that if we can at least get to the end of this meeting today knowing full well what our first study is agreed to be, then we can set the wheels in motion and figure out who we will bring in for witnesses.

● (1600)

**The Chair:** Mr. Kitchen.

**Mr. Robert Kitchen:** Thank you.

In response to the comments, the idea here, the concern we have, is that we have a study that.... I agree that it could be very expanding and have a lot of information, and that there are a lot of people we could have witness-wise, not only for testimonials from patients, but also from those who are involved, which is the main thing. The problem we have is that if it's left open, that allows for it to take up a significant amount of time. Taking up that significant amount of time then results in the fact that we don't get a report out, that we don't get a response and that we end up looking at this....

Let's take, for example, what happened in the last government on pharmacare. They took two years to study pharmacare. They came up with a report after two years. By the time it came out, we had an election call, so nothing actually came out of that. The damage we have here is that if we do that here, without putting a time frame on it.... Maybe we can tighten the scope of what we're going to look at in that area and then bring back another issue later, but if we leave it wide open and there's suddenly an election, we run the risk of (a), not getting the report done or (b), getting it done but it never gets tabled.

**The Chair:** Mr. Davies.

**Mr. Don Davies:** I have a few things.

To Mr. Thériault's point, I'm totally comfortable with dealing with each party at a time with the motion. I gave notice in advance as a courtesy to my colleagues. I didn't have to; I could have just moved them here, but I sent my motions in advance so we'd have a broad selection of some of the issues. I don't expect to deal with each one of mine. I moved the first one on dental care. I've just read into the record the other issues that are of interest, but I think after we're done with the vote on dental care, I'm happy to take turns with parties putting forth the motion they want.

As you pointed out, Mr. Chair, I also think that we can do both things. By the end of this meeting we can choose one study, but I think the purpose of this meeting is for the committee to consider a number of issues, pass motions on them as they feel necessary, and then refer them to the subcommittee, which can then determine what order to do them in. Of course, my suggestion of proper procedure is that the subcommittee would report back to the main committee, which would listen to the recommendation and vote on them.

I think we can also accede, Mr. Chair, to your request. We can choose one of the issues that we may decide on, because we may pass three, four, five studies here, and then we can decide how we're going to schedule those.

With respect to the last comment about the timing, we completed the pharmacare report within two years, and we had a further two years of government. These are big, meaty issues. We're talking about the comprehensiveness of our Canada health care system. These things should not be proceeded with lightly or quickly. I would point out that dental care was mentioned in the 1960s after the Hall report. It was intended to be part of Canada's health care system along with pharmacare. There's a lot to look at with this.

With my final point, I'm going to reassure everybody again. There's nothing to stop any member of this committee at any time from moving a motion when we're in the dental care study, and saying, “I think we've heard enough and I'd like to move towards consideration of the report.” That can happen after six meetings, eight meetings, 10 meetings or 20 meetings. I just don't think we know enough about the issue to put a number on it now, so I agree with Mr. Fisher about that.

**The Chair:** Mr. Van Bynen.

**Mr. Tony Van Bynen (Newmarket—Aurora, Lib.):** Thank you.

Mr. Chair, I'm more interested in getting the report done well than getting it done quickly, so I think the quality of the report needs to be our primary focus. I think I just heard from Mr. Davies that we do have the option of determining what the next steps would be after each meeting, so there is some degree of control.

The other question I have is with respect to the other items. Do we have a process for prioritization? I don't think we can do them all. How are we going to land on which ones we will proceed with, and what order will we pursue those?

**The Chair:** Again, that's up to the committee to decide. Do we want to defer the bulk of those decisions to the subcommittee? In terms of getting a study done well, I think it's up to us to get the right witnesses and ask the right questions. We have excellent analysts who, in my experience, always do a great report.

Ms. Jansen.

● (1605)

**Mrs. Tamara Jansen:** Coming from the business world, I'm very concerned with doing something with no timeline. Without a timeline it's impossible to ensure that we not only get a report, but a quality report. Once again, I agree with you. We need a quality report. There's no doubt about that, so a good focus would be excellent. With a broad motion like this, with no focus and no timeline, I can imagine it would difficult.

**The Chair:** Mr. McCauley.

**Mr. Kelly McCauley (Edmonton West, CPC):** Thanks for allowing me to speak. I'm filling in for Matt today.

I would think, with all respect, Mr. Davies, this should be referred to the subcommittee so that it and other priorities of the committee can be hashed out properly there, rather than our committing to it right now, because there are still the supplementary estimates to be looked after, and the main estimates. With all of the breaks, that's almost going to take us to the end of June.

Really, if you want to lay out priorities, and if this is the priority, I think maybe it needs to be discussed at the subcommittee as it traditionally is, and not through a motion on the very first day the committee has formed. If it's a fulsome study that everybody agrees needs to be done, generally it would be discussed by the chair, the vice-chairs or whoever represents the four parties at the subcommittee, not in a process like this.

Once the schedule is laid out in the subcommittee, that gets presented back and then everyone can hash out from there that priority, or others.

Wrapping up, just refer it to the subcommittee and lay out the business that way rather than pushing it through by a motion.

**The Chair:** We have 18 meetings before we rise in June, including this one today.

Mr. Fisher.

**Mr. Darren Fisher:** Thank you, Mr. Chair.

It's important for us to at least decide on the first study today. We could move forward with the dental care study. We could get the analysts to flesh out what that might look like, and maybe give us a one pager on that. This is Wednesday. We don't meet again until next week. It would be nice if we were able to start the process, and see if we can get rolling on Monday on our first study to take advantage of all of those meetings, rather than sending it to a subcommittee, having it come back to us at our next regular meeting and then discussing it.

For the next several possible studies, we could work while we are working on the dental study. We could have those sent to the subcommittee and work on fleshing out priorities for number two, three, four, five and six. That's my opinion. I would like to see us at least decide today that we are moving forward on one particular study.

**The Chair:** Let's try to do that. A reminder that we're—

**Mr. Darren Fisher:** We're still on the amendment. I still don't support the amendment.

**The Chair:** —on the amendment.

Mrs. Jansen.

**Mrs. Tamara Jansen:** Are we going from an amendment that suggests that we have a bit of a timeline to a "let's do this one first" and let's keep it open-ended? Is that correct?

**The Chair:** If the amendment is adopted, we are limited to six meetings, unless we change our minds later on. If the amendment does not succeed, then it's open-ended and we can bring it to an end based on the study itself.

I had a conversation with the analyst before the meeting. If we decide on a study today, we would encourage people to have witness lists submitted by Friday, so that the analyst can prepare a work plan that we could possibly consider on Monday. The first meeting on this study would probably not happen until March 9. In the interim, we do have some opportunities. The supplementary estimates are being released, so we could invite the minister and officials to attend, so that they can give us an update on what's going on.

**Mrs. Tamara Jansen:** What I find a bit challenging is the idea that this be open-ended and starts right away. I don't understand how that works when we have so many other great ideas that need to be looked at. I would suggest that we consider giving a time commitment.

**The Chair:** The amendment is whether or not there's to be a time limit. The motion is whether or not we do this study. There's no part of this yet that decides when we begin this study. Whether we proceed from that point to pick a single motion to go forward with now, or whether we refer it to a subcommittee to do that, is really up to the committee to decide, but what we're after right now is a decision on the amendment.

[*Translation*]

Mr. Thériault, you have the floor.

● (1610)

**Mr. Luc Thériault:** Mr. Chair, I usually understand quickly. Do you want us to have a vote on the amendment and the motion before we move another motion? Is that the way you'd like to operate this afternoon?

If not, I will put forward one of my motions and I'll explain why I think it's important and why I think it should be a priority. If the subcommittee has to decide, I will explain why it should consider the arguments I'm making today. I would just like someone to tell me exactly how we want to proceed, because it isn't clear.

You told me that anyone could speak and put forward motions. I'm willing to have a vote on Mr. Davies' motion, but I'm not in a position right now to presume that this is the study the committee should be doing. We need to bring forward more, if the committee is to decide today which study should be undertaken.

Can I make my motion at this time or not?

[*English*]

**The Chair:** [*Inaudible—Editor*]

[*Translation*]

**Mr. Luc Thériault:** Am I clear?

[*English*]

**The Chair:** We have a point of order from Mr. Kitchen.

**Mr. Robert Kitchen:** Mr. Chair, we're going all over the place, as opposed to where we should be, which is the amendment to the motion.

Let's have a vote on that. Get that off the table. Then have the vote on the motion. Then we can discuss the other aspects of other motions we've put on the table. As opposed to saying this is going to be our first motion, let's get back to where we should be in order.

**The Chair:** That's an answer to Mr. Thèriault.

[*Translation*]

**Mr. Luc Thériault:** That's fine with me, but there has to be a procedure.

[*English*]

**The Chair:** We have a motion on the floor and an amendment. We can't have any other motions on the floor until we've disposed of them. The amendment is to limit the length of the study. Is there any more discussion?

Mr. Kelloway.

**Mr. Mike Kelloway (Cape Breton—Canso, Lib.):** Mr. Kitchen took much of what I was going to say and put it into a good statement. However, as a point of clarification for Mr. Davies with regard to the timelines of the motion, I think he mentioned that he would be open to motions in the future to perhaps accelerate or conclude the study. I just want to make sure I have that correct.

**Mr. Don Davies:** Yes.

**The Chair:** I should point out that it's not at Mr. Davies's discretion. It's up to the committee whether or not we entertain those kinds of motions on an ongoing basis.

**Mr. Mike Kelloway:** That's understood.

**The Chair:** Is there any other discussion on the amendment?

(Amendment negatived)

Now we're back on the main motion, which is that the committee should proceed with a dental care study. Is there any discussion on the study itself? We've had a fair bit of discussion on that already. Is there any discussion on the motion?

Mrs. Jansen.

**Mrs. Tamara Jansen:** The way the motion is written is extremely broad, meaning that we could be at this for 10 years. It's very difficult to understand. He mentioned travelling, and I don't know what all. Is there not a way of encapsulating what this is going to be about?

**The Chair:** Mr. Davies.

**Mr. Don Davies:** To speak to the last point to reassure my colleague, this is exactly the way the motion was written to start the pharmacare study. You want to write the subject of study broadly enough so that the committee can study the subject without undue limitations. I think it's fairly clear. It says the committee should "undertake a study on the development of a national dental care program as an insured service for Canadians".

With great respect, there's nothing in there that suggests that it would take 10 years to look at this. It's a fairly targeted subject. We know what we're talking about: how we deliver universal dental care to Canadians, recognizing there are a variety of possibilities. Maybe it's a private-public patchwork. Maybe it's augmented employer coverage. Maybe it's through the Canada Health Act. That's why I took the words from the Canada Health Act. It is prescriptive and that's my preference, but it may not be the committee's preference.

It's been my experience over the last 12 years that when we write proposals for studies, we keep them broad enough so that we can go where we need to go, but centred enough that we know what we're studying. I think it's quite clear from this what we're studying.

I want to emphasize this point. The way we view this process is that we should kick four, five, six, seven issues onto the field here, past five, six, seven possible different subjects. We then refer those to the subcommittee for it to meet to determine in what order it wants to go, then come back and recommend that.

I like what the chair said about the work plan. We all know the reality is that we're not undertaking a study on Monday. I like what Mr. Fisher said about leaving today with the idea of having one study that we're going to start with. I suggest it be on dental care, but it doesn't have to be. Whatever study we choose to get started with today, the other issues we agree to look at should go to the subcommittee for it to talk about what order these might come in.

My final point is that when we bite into a study, we should keep it going because it's nice to concentrate on it, but that if something does come up that's more of an emergency, we can always stand down that study and delve into something else. I've been on committee where we've had two things going. Ms. Sidhu would remember that too. We didn't do the pharmacare study at every meeting for over two years; we stood it down and studied other things and took a break from it.

● (1615)

**The Chair:** Ms. Jansen.

**Mrs. Tamara Jansen:** I just have a few final comments. I will just say that as a mother of five kids, I know that dental care was about braces, caps, implants, and cleaning. It's an endless subject. Again, I'm just concerned about the length that this could go on for.

**The Chair:** Is there any other discussion on the motion?

(Motion agreed to [*See Minutes of Proceedings*])

**The Chair:** I thought to myself, "What are we going to do with all of our time today?" I thought it was going to be a really short meeting.

Ms. Jansen.

**Mrs. Tamara Jansen:** Am I'm allowed to put a motion forward now?

**The Chair:** Yes.

**Mrs. Tamara Jansen:** Okay. My motion is, with regard to palliative care—and I think Mr. Davies has put it very nicely here, "That...the Committee undertake a study on palliative care"—but it should be limited to, possibly, two meetings.

Again, as I saw on the website, when the survey was done Ms. Hajdu was talking about the incredible crisis we're facing with access to palliative care. People are suffering—those were her words. As you can see from the report by the parliamentary library, it hasn't actually been looked at, so I'm just really concerned that we will ensure that we look at that.

**The Chair:** You're making a motion. I don't think we have copies of this motion. We'd need unanimous consent to—

**Mrs. Tamara Jansen:** No, I'm just reading from—

**Mr. Robert Kitchen:** She's just reading from Mr. Davies' motion. He hasn't moved it, but—

**The Chair:** So you can move it the way you want it.

**Mrs. Tamara Jansen:** Right.

● (1620)

**Mr. Robert Kitchen:** It's Mr. Davies' motion, as amended by Mrs. Jansen. It would read, "That, pursuant to Standing Order 108(2), the Committee allocate no more than two meetings to undertake a study on palliative care in Canada; that the Committee report its findings and recommendations to the House; and that, pursuant to Standing Order 109, the Committee request that the Government table a comprehensive response to the report."

**The Chair:** All right.

Is there any discussion on this motion?

**Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.):** Where is this? I'm not sure. Do we have a copy of this?

**Mr. Robert Kitchen:** You would have received from Mr. Davies motions for study. It would be number six under his, but with changes to allocate no more than two meetings to it.

**Mr. Marcus Powlowski:** Okay. It's an amended version of his motion.

**Mr. Robert Kitchen:** Well, because it has to be done, and he hasn't presented it yet, we're presenting it as that motion, with that amendment included.

**The Chair:** Mr. Powlowski—sorry, Dr. Powlowski.

**Mr. Marcus Powlowski:** "Mr. Powlowski" is fine with me.

If I could speak to the motion, I would say I don't think we could do it in two sessions. This is a big subject. If we're going to take it on, I think we have to do justice to this topic, which would require a lot more than two sessions. That would be my big comment.

**The Chair:** Mr. Davies.

**Mr. Don Davies:** I couldn't agree more with Dr. Powlowski. He's absolutely right.

Studies generally begin with a briefing by the minister. That's the first meeting. You haven't even heard from any witnesses before that happens. You get that briefing, and then that leaves a second meeting at which you have two witnesses in the first hour and two in the second. Is that seriously what the Conservatives are suggesting should be allocated for witness meetings on a topic as important as palliative care?

Nobody in this room is talking about wanting to take inordinate amounts of time, wasting our time with witnesses or on hearing repetitive or redundant evidence. Nobody wants that. What we want is, as was said, to do justice to the issue.

I'm trying to think. I'm not sure I remember this correctly, but out of maybe 50 studies I've been involved in, I don't recall a limit ever being put on the meetings for the study itself. There might have been a couple where there was something discrete. I think we should decide what we want to study. I think everybody is interested in studying palliative care: my friend from the Bloc has a motion on it, and the Conservatives have moved my motion. I think it's really important, because of the physician-assisted dying issue that's going to be coming before us, that all of us agree that we want to improve palliative care, but we'll want to hear from patients. We'll want to hear from palliative care providers. We'll want to hear from the public. I can see this easily taking four to six meetings with witnesses.

Again, I want to reassure everybody that if it gets to the point where we're hearing repetitive testimony or it's redundant or we feel we have a good handle on it, we're open at any time to say, "We've had the evidence we need. Let's proceed to write the report."

I think that's the spirit in which we should be approaching this.

**The Chair:** Mr. Davies, are you proposing an amendment to this motion?

**Mr. Don Davies:** Well, if....

**The Chair:** The motion currently calls for two meetings.

**Mr. Don Davies:** I would vote for this motion without the two days. That's a friendly amendment, but if the conservatives want to move this with a two-day limit on the study of palliative care, I will vote against the motion, and then we'll move it again without one.

I'm happy to have moved an amendment to say, go with the palliative care motion as I've drafted it, and don't put any two-day limit on it.

**The Chair:** Monsieur Thériault, you're next.

[*Translation*]

**Mr. Luc Thériault:** Mr. Chair, I would like to draw my colleagues' attention to the third notice of motion I tabled, which concerns palliative care. The palliative care issue has been around for at least 50 years. I am thinking about how I could insert this in a subamendment. By the way, I'm not doing indirectly what I cannot do directly; I'm still talking about the amendment and the subamendment.

It has always been said that palliative care is the answer to dying with dignity. For a long time we said that, until the day when palliative care and what was then called euthanasia, or medical assistance in dying, were no longer considered to be mutually exclusive. From the moment Quebec, in terms of legislation, considered that palliative care and its legislation on end-of-life care could eventually include the emergence of a request for medical assistance in dying in palliative care, there was no longer any need to change the Criminal Code.

The current problem is related to Justice Beaudoin's decision. We are going to have to go beyond the end-of-life issue. Quebec had to remove the notion of end of life as a necessary condition for access to the medical assistance service for dying. When I hear the arguments of the proponents of palliative care, their main concern is the accessibility and availability of palliative care units. The system being what it is, they fear that it will eventually push people to seek medical help to die because we are unable, as a society, to provide palliative care. That is what I am hearing.

However, if we want to raise the issue of the accessibility and availability of palliative care, which seems to me to be the lowest common denominator when we claim, as a society, to want everyone to be able to die with dignity, we must first take into account the prerogatives of each of the territories, each of the provinces and Quebec, for that matter. However, we will also have to compare ourselves to other countries. That is why I find the idea of a comparative study between Canada and all the countries that offer palliative care and physician-assisted dying services in terms of accessibility and availability of such care interesting. It seems to me that by putting together this information and listening to experts, we would have a more comprehensive study.

So, only two meetings to deal strictly with this doesn't seem like very much to me. However, and I am not doing indirectly what I cannot do directly, the reason I have separated my three motions is that I wanted us to be able to focus our work and avoid having studies that go beyond the committee's mandate and the number of meetings it is able to hold.

In addition, there is a committee that will eventually have to deal with this issue. On March 12, we had to comply with Justice Beaudoin's decision. We are going to do so in June, but in the meantime, as part of our studies, can we help the committee that will be responsible for amending the act and that will have to navigate through the challenges it will encounter, given the deadline?

● (1625)

I saw the Standing Committee on Health as a complementary committee to this committee that has not yet been formed. The Standing Committee on Health could work on aspects of the prescription given to us by Justice Beaudouin's decision, particularly with regard to assisted suicide for physiologically degenerative diseases. We're not talking about mental illness or cognitive degenerative diseases here at all.

What is the situation in countries where both types of care are offered? What about access to a dignified death? That is the challenge facing our western societies and those that offer both types of services. Do we provide real access? Is there real availability? Dying with dignity means having access to this service.

I have pleaded my case. I thought my notice of motion was supplemental. I would be open to it being related to what is already being proposed and that we would take the time to word something together. That would save time, rather than proceeding by way of subamendments, amendments and motions.

● (1630)

[*English*]

**The Chair:** Were you asking to suspend the meeting to discuss this?

[*Translation*]

**Mr. Luc Thériault:** It would be good to find wording that takes all of our concerns into account. It would be worthwhile to take five minutes to hear from each other and put forward a single amendment, with the help of the clerk.

[*English*]

**The Chair:** If you would like to suspend the meeting, it's not debatable. You just have to clarify that you want to do that.

I have in my hand some text that the analysts have suggested to bring your motion into this motion, which could be moved as an amendment at the appropriate time.

Mr. Kitchen is next on the list, and then Ms. Jansen and Mr. Davies.

Mr. Davies did not move an amendment about removing the time limitation, as far as I'm concerned. That's where we stand right now. We're still talking about the original motion, which was moved by Ms. Jansen.

I have four people on my list here. Let's see where we're going.

Did you want to suspend?

[*Translation*]

**Mr. Luc Thériault:** Yes.

[*English*]

**The Chair:** Is the committee in agreement with suspending for five minutes?

**Mr. Don Davies:** What do you want to accomplish in your five minutes?

**The Chair:** The suspension would give us time to talk amongst ourselves and come up with different wording and so forth.

Who's in favour of a short suspension?

**Some hon. members:** Agreed.

**The Chair:** We'll suspend for five minutes.

● (1630)

_____(Pause)_____

● (1640)

**The Chair:** I'm calling the meeting back to order.

I understand that we've had some productive discussions on the sidelines.

Next on the speaking list is Mr. Kitchen.

**Mr. Robert Kitchen:** Mr. Chair, I ask for unanimous consent to withdraw my motion.

I'm sorry, Ms. Jansen will do that, and then I'll respond.

**Mrs. Tamara Jansen:** Yes.

**The Chair:** Do we have unanimous consent to withdraw the motion?

(Motion withdrawn)

**Mr. Robert Kitchen:** I would like to put forward another motion:

> That, pursuant to Standing Order 108(2), the Committee undertake a study on palliative care in Canada; that the Committee report its findings and recommendations to the House; and that, pursuant to Standing Order 109, the Committee request that the Government table a comprehensive response to the report.

● (1645)

**The Chair:** That is essentially motion number six that Mr. Davies originally proposed.

**Mr. Robert Kitchen:** Correct.

**The Chair:** The discussion is now on the new motion, which is as Mr. Davies originally proposed it.

Monsieur Thériault.

[*Translation*]

**Mr. Luc Thériault:** I'm not sure I understood correctly.

Could you repeat? I don't know if the interpretation was correct. I heard the word “gouvernement”.

[*English*]

**The Chair:** That's motion number six that Mr. Davies originally tabled, and you should have it in both French and English.

[*Translation*]

**Mr. Luc Thériault:** Are we talking about Mr. Davies' motion, motion 6?

[*English*]

**The Chair:** That's what was just moved by Mr. Kitchen: Mr. Davies' motion number six. The previous motion, which was a modified version of that, has been withdrawn.

Now it is Mr. Davies' motion, without a time limit, just as it was when he sent it to all of us.

[*Translation*]

**Mr. Luc Thériault:** I see.

[*English*]

**The Chair:** Did you have anything further to add?

[*Translation*]

**Mr. Luc Thériault:** So I could move an amendment? Is that right?

[*English*]

**The Chair:** Please, go ahead.

[*Translation*]

**Mr. Luc Thériault:** I think people have the text of the amendment. Is that the case?

[*English*]

**The Chair:** We couldn't distribute the document because it was in English only. If we have the unanimous consent of the committee, we can distribute it in that form.

Do we have unanimous consent to distribute it in English only?

**Mr. Don Davies:** No.

**The Chair:** We do not.

Monsieur Thériault, you could read it into the record.

[*Translation*]

**Mr. Luc Thériault:** The point is to link both notices of motion. The amendment reads as follows:

That, pursuant to Standing Order 108(2), the committee undertake a comparative study of Canada and countries where palliative care and assisted dying are offered, with a particular focus on availability and accessibility.

[*English*]

**The Chair:** An amendment needs to say where its proposed text would go in the existing motion, or that we're removing certain words and replacing them with other words, or to that effect.

[*Translation*]

**Mr. Luc Thériault:** Very good. So we need to replace “on palliative care in Canada” with “undertake a comparative study of Canada and countries where palliative care and assisted dying are offered, with a particular focus on availability and accessibility.”

The words “that the Committee report its findings and recommendations to the House” remain unchanged. We simply need to add the part I just read.

[*English*]

**The Chair:** The discussion now is on Mr. Thériault's amendment.

Is there any discussion on the amendment?

Mr. Van Bynen.

**Mr. Tony Van Bynen:** For clarification, my understanding is that the assisted dying legislation is up for review imminently, as a result of a five-year review, and that it will undertaken either by this committee and/or the justice committee.

Is that correct, that it might come on our agenda in future without the need for this?

**The Chair:** Well, this is a related topic, I think, but not the same topic.

**Mr. Tony Van Bynen:** Okay.

**The Chair:** One of us, either the justice or our committee, will likely get that study to do. Whether or not it encompasses palliative care is a moot point, at this point.

In any event, we have this amendment before us.

Is there any discussion on Mr. Thériault's amendment?

Seeing none, we'll vote.

(Amendment agreed to [*See Minutes of Proceedings*])

● (1650)

**The Chair:** Is there any discussion on the motion as amended?

Ms. Jansen.

**Mrs. Tamara Jansen:** [*Technical difficulty—Editor*] that would carry, because if you look at a lot of our current legislation, we actually already say.... For instance, the 2018 framework for palliative care lays out that palliative care neither hastens nor postpones death. Palliative care doesn't include MAID. I don't know how we can study this together, as if it's the same thing.

**The Chair:** It's not. That's not what the motion—

**Mrs. Tamara Jansen:** The motion is saying that we're going to study them at the same time, whereas palliative care doesn't actually include MAID. It's “neither to hasten or postpone death”. It also says in the final report that a request for physician-assisted death can't be truly voluntary if the option of proper palliative care is not available to alleviate the person’s suffering.

So I'm confused as to how that passed.

**The Chair:** Monsieur Thériault.

[*Translation*]

**Mr. Luc Thériault:** Even if a study is conducted, I suggest that we try, now and during the work to amend the act, to get a clearer picture. The current problem is that palliative care and physician assisted dying are being pitted against each other. There are some people who believe that assisted dying is the only way to die with dignity. Others say that it cannot solve all the end-of-life problems and that sometimes we may have to offer medical help to die.

We need to know how countries that manage both options provide accessibility and availability. How does it work in those countries? That will be our reality, and that has been the case since Bill C-14, by the way, and it has been the case in Quebec since 2016. How is it in all countries that offer both services? How is palliative care accessible and available? We must invite witnesses and not pit the two realities against each other. We have to make sure that we can compare ourselves to others after a few years of implementation, because Bill C-14 has already been passed. This led to the decision of Justice Beaudoin, who told us that we had not done our job properly because people had to go to court to get access to this service. For my part, I do not want us to just talk about medically assisted dying, we need to talk about palliative care and how a country that provides both services deals with the issues of accessibility and availability.

If we keep to ourselves, we won't have any clues. I think our thinking needs to be informed. The committee is going to be very busy given the deadlines that the court has given. We have asked for a four-month extension, and by June we will have to have drafted legislation that will deal with assisted suicide for people with physiologically degenerative diseases. There is another factor to consider: some people will want to file advance directives, others will want to do the same in the Alzheimer's cases. In short, we too must have the opportunity to conduct studies that can provide food for thought and enlighten legislators.

The Standing Committee on Justice and Human Rights will not have time to do everything. Our committee could do complementary work. That is what I am aiming for first with this notice of motion. I hope I've made myself clear.

We are aware that the work of the Standing Committee on Justice and Human Rights will include a study of the act. However, before we arrive at an amended version of the act in June, can we ensure that we can pass the best legislation by further informing the debate through our complementary work? If we, as legislators, do not do our work well, it is possible that we may subsequently miss situations, as happened in the case of Bill C-14. Then there will be people who will have to go to court to assert their rights.

Finally, do not forget that in Justice Beaudoin's decision, she said that Bill C-14 infringed on the right to life of Ms. Gladu and Mr. Truchon. Why did she say that? Because they were being forced to seek medical aid in dying before they crossed the threshold of intolerability. People want to live as long as possible and, to be absolutely certain that they will have access to it, they shorten their lives. That is what the Beaudoin judgment said. The government did not challenge it, nor did the Government of Quebec—no one challenged it. These are not small issues, and we have very little time to do the work. It is up to the Standing Committee on Health to look at these issues, and we have very little time to do this work that will complement the work of the legislators, who, may I reiterate, will have to introduce a bill in June.

● (1655)

[*English*]

**The Chair:** Ms. Jansen.

**Mrs. Tamara Jansen:** If you look at the documents, you'll see the things that have been suggested that need to be done: training programs for health care professionals regarding palliative care, public awareness programs, volunteer community stakeholder support programs, research funding programs.... All of these things need to be looked at.

I don't know how we're going to manage now to add this other thing in there. I'll just leave it at that.

**The Chair:** Is there any more discussion on the motion as amended?

Mr. Davies.

**Mr. Don Davies:** I, like Ms. Jansen, am a little surprised. It appears that there were some changed positions at the last moment.

I want to be very clear about what it is we're studying. First of all, I want to make sure I understand this. Is the motion that Mr. Thériault moved the same...? Is it the third paragraph of his motion?

Could you read it out?

**Mrs. Tamara Jansen:** What exactly is the motion now?

**Mr. Don Davies:** I'm asking what the motion is, and then I still have some comments.

**The Chair:** I don't have the French version. I have the English version as I received it from the analysts.

Basically, we're taking your motion and inserting, I believe, just after it says “care in Canada”— Monsieur Thériault can correct me if I'm mistaken—“and other countries where palliative care and assisted dying are offered, with a particular focus on availability and accessibility”.

**Mrs. Tamara Jansen:** Accessibility to what?

**The Chair:** Of—

**Mr. Don Davies:** Sorry, I have the floor.

Can you just read the motion so that we all know what we...?

**The Chair:** As I understand it, motion as amended is that:

> The committee undertake a comparative study on palliative care in Canada and other countries where palliative care and assisted dying are offered, with a particular focus on availability and accessibility, and that, pursuant to Standing Order 109, the committee request that the government table a comprehensive response to the report.

**Mr. Don Davies:** Maybe everybody understands the scope of this; we've just massively blown up this study.

By combining the two, we're going to undertake a study of palliative care in Canada, the state of palliative care in Canada, and then a comparative study of Canada and countries where palliative care and assisted dying are offered.

Mr. Chair is shaking his head, but that's what was just read.

We're not studying other countries' palliative care systems now; we're studying only other countries where palliative care and assisted dying are offered together. Then with the "particular focus on availability and accessibility", it's not specified whether you are referring to palliative care or assisted dying, so I presume it's the availability and accessibility of both palliative care and assisted dying. Now we've brought assisted dying into the issue of palliative care.

We're not going to be able to study other countries that just have palliative care. That strikes me as being not wise. We will study other countries that have palliative care and assisted dying, where those are offered, and then we're going to be looking into availability and accessibility of both assisted dying and palliative care.

This is such a broad salad of a motion.

I'll say this as well. As we said in our break period, assisted dying is a different issue. First of all, as we all know, it was required because the Supreme Court of Canada struck down a Criminal Code provision, so as a matter of a charter right, they gave the government a certain amount of time to respond from a justice point of view to providing assisted dying. We have a mandatory review in the legislation, and that review, even with the extension.... I expect that legislation will be tabled in the House of Commons by June. It was supposed to be done by mid-March; now I think it's been extended three or four months. I highly doubt that this study will be done.

We haven't even discussed how you're going to study comparatively countries that have palliative care and assisted dying. Are we going to call witnesses from those countries? By definition, it's going to be hard to get witnesses in Canada who really understand how systems work in other countries that have palliative care and assisted dying. We're going to be doing a lot of video conference calling with time zones, or we're going to have to go to these countries. It's not an easy study to do.

I just would caution my colleagues. We appear to have mashed together two different things without adequate examination of what precisely that's going to mean to the practical implementation of the study.

● (1700)

[*Translation*]

**The Chair:** Mr. Thériault, you have the floor.

**Mr. Luc Thériault:** Excuse me, Mr. Chairman, but we're not talking about two studies. I did say earlier "that the committee undertake a comparative study". I added the word "comparative" at the outset.

Why conduct a comparative study with countries facing these two challenges? Because there is no point in comparing ourselves to countries that are not required to review their criminal codes and extend medical aid for dying to include other realities.

What needs to be relevant and enlightening for us is to determine what the expansion of the act will mean for palliative care. That's, in a sense, our challenge, and that's what the court is asking us to do. We need to answer these questions as we move to expand medical aid for dying—as Bill C-14 did in a way.

How are things going in countries where both services have been offered for years? For us, this is a slightly more recent reality. Is accessibility better or worse? Is the slippery slope argument, which some people use to argue that medical help to die is terrible, true in the countries where these two realities are applied?

I apologize to my colleague, but since we too will have to deal with these two realities, it is all the more relevant to conduct a comparative study. That is the challenge we will have to face as legislators. I hope I am being clear on this.

Conducting a study in which we would compare ourselves to countries that only offer palliative care would be of no use, as it does not correspond to our reality. That's why I think it's important to do it that way. There is already documentation on this. We would have to determine whether we are up to date, whether people who have experienced this situation consider that there have been more or fewer requests, in what areas, and so on. I don't want us to deal indirectly with medical dying. The challenge is to deal with both realities. It seems to me that looking at what is being done elsewhere is relevant, and it does not take a century to do it. I'll stop here.

● (1705)

[*English*]

**The Chair:** Dr. Powlowski.

**Mr. Marcus Powlowski:** I don't think our party is tied to one specific question. I think we want some consensus as to an issue that we can all support. I'd like to think there is a real opportunity with a minority government to do things co-operatively. It seems that if we're not going to act co-operatively at the committee level, we're not going to get much done, but there's certainly an opportunity for both sides to co-operate on issues we have in common. We're just looking to find some common ground.

With that in mind, I agree with Mr. Davies on the fact that, yes, adding in MAID is going to make this a much more complicated, lengthier study. I get the feeling that the Conservatives don't want to go to MAID, and I can appreciate that, so I see that as being a bit of an issue.

I do agree with Mr. Thériault that the two are very connected, MAID and palliative care, almost inevitably. I'm not sure whether we really have to put in a reference to assisted dying, because I think, when you start talking about palliative care, this issue is going to come up naturally one way or the other. I certainly agree with Mr. Thériault that looking at what other countries have done is a good idea if we're to look at best practices and make recommendations.

I don't think we're tied to any one thing, but I'd like to get some consensus. I think we have some flexibility. Although I may agree with Mr. Thériault's premise of putting it in, maybe for the sake of time he would agree to consider making it just about palliative care, and it will inevitably come up. Certainly, in examining palliative care, we should look at other countries.

**The Chair:** Are you proposing an amendment?

**Mr. Marcus Powlowski:** No, I'm just in a point of debate at this stage in discussing a way forward that we can all agree on. Hopefully, we can arrive at some kind of consensus in the debate without going repeatedly over the motions.

The proposal was that maybe we could take "assisted dying" out of Mr. Thériault's amendment. Would that be acceptable, with the idea that MAID is inevitably going to be part of the discussions?

**The Chair:** We're running out of time here, and I know that Mr. Thériault has his original motion to make. I believe Mr. Fisher does as well. I'm hoping we can wrap this up.

**Mr. Tony Van Bynen:** [*Technical difficulty—Editor*]

**The Chair:** Are you making an amendment?

**Mr. Marcus Powlowski:** I guess, yes, we could make an amendment, which would be just to take the words "and assisted dying" out of Mr. Thériault's amendment.

**The Chair:** I personally think that kind of defeats the whole change—

**Mr. Marcus Powlowski:** Well, I'm hoping, just as part of the debate, maybe to reach some consensus as to where we're going without repeated motions and amendments.

**The Chair:** The motion is not to study assisted dying. This motion is to study palliative care and to compare it with countries where palliative care is offered and assisted dying is offered. The motion is not to study assisted dying, so in that respect, I don't see any overlap.

Mr. Van Bynen, you had a comment.

**Mr. Tony Van Bynen:** It's just a procedure question. This is new to me. When I was in the municipality, we could separate the question into two. Do our procedures allow for that so that we could deal with item number one, which is the original draft, and then item number two, which is the amendment? I guess because we have already approved the amendment, it becomes part of the original motion and therefore cannot be separated. Is that correct?

**The Chair:** Well, we've been asked to do a specific study. It's a study of palliative care, but it's also to see what's going on in other countries where assisted dying exists.

● (1710)

**Mr. Tony Van Bynen:** Okay.

**The Chair:** What you're suggesting is to go back to the original study, which I think we'd need unanimous consent to do, and have a second study that studies the comparatives.

**Mr. Tony Van Bynen:** I thank you for your advice. I just needed clarification.

**The Chair:** Thank you.

Dr. Kitchen.

**Mr. Robert Kitchen:** Thank you, Mr. Chair.

I agree with Mr. Davies and his comments on the subject. I'm not going to put words in someone else's mouth about who does or does not support or care about MAID. This discussion is about palliative care. I don't appreciate someone's saying that I don't want to discuss the issue of MAID.

The point here is to deal with this motion. By the amendment sort of suggesting that we take MAID out of this motion, it basically goes back to the original motion that we voted in support of putting it in. Either you defeat this motion and the new one gets put forward, because procedurally that's how things have to be done.... We can't just keep talking about it. We need to follow procedures the way it should have been done. That's my comment.

**The Chair:** Mr. Davies.

**Mr. Don Davies:** Your clarification, Mr. Chair, helped a bit.

**Mr. Don Davies:** If that's what the motion means, which is that we're just studying palliative care but we can do a comparative study of other countries that have palliative care and assisted dying offered together—

**Mr. Darren Fisher:** It helped me too.

**Mr. Darren Fisher:** Exactly.

**Mr. Don Davies:** —that makes me feel better, except for this.... I disagree with my friend Mr. Thériault when he said that it's—I can't remember what he suggested—ludicrous or whatever to study other countries. You could find other countries that have superb palliative care systems and that don't have MAID. As a matter of fact, we just did some quick research. Now, I may be wrong, because it was just quick—

**Mr. Darren Fisher:** That's an excellent point.

**Mr. Don Davies:** There are only three countries in the world that have both MAID and palliative care. Those are the Netherlands, Belgium and Luxembourg. Apparently there's the Australian state of Victoria, and there are nine U.S. states and D.C. itself. We just did a quick survey, and those are the only places in the world that have both palliative care and MAID.

Is it really our intention to restrict our study of palliative care just to those jurisdictions? If we find out that Finland has a superb palliative care system but no MAID, are we not going to pay attention and look at that?

This is an attempt to blur together two issues that are different and discrete.

If you put MAID aside for a moment, I think Canada and Canadians want a superb palliative care system. End-of-life care and making sure that every Canadian can get access to quality, gold standard palliative care exists whether you have MAID or not. MAID is the process of choosing to end one's life and includes all of the considerations that go into that process once you decide to do it. It involves all sorts of other considerations, as we know—mature minors, mental health, advance directives.

I'm going to emphasize again that this issue was very well canvassed and well debated in the last Parliament, because our Parliament had to debate it after the Supreme Court struck down and gave Parliament a certain amount of time to enact legislation, which we did.

With great respect to Mr. Thériault, I don't think we have to restrict ourselves only to those countries that have palliative care and MAID in order to understand best practices of palliative care. I think we would be unduly restricting ourselves.

Now, particularly since I now know we're not studying MAID but simply studying palliative care, why would we want to restrict ourselves just to countries that have MAID? By the way, even their MAID systems are not necessarily the same as ours; there are quite significant differences in the way they do it, in the consent processes. I'm not even sure how helpful a comparison.... The mere fact that a country such as Luxembourg has MAID and has palliative care doesn't automatically make it an excellent comparator for Canada.

If it's the will of the committee and of Mr. Thériault to restrict us just to those jurisdictions, so be it. I just don't think that's wise.

**The Chair:** The clerk has informed me that what I read wasn't exactly what Mr. Thériault had said in French. I would ask Mr. Thériault once again to read the full text of the motion as amended so that we can listen to the....

● (1715)

[*Translation*]

**Mr. Luc Thériault:** Mr. Chairman, I can accede to Mr. Powlowski's request, but I can also withdraw my motion, if you like.

I put this motion forward because there will be a committee to look at the physician-assisted dying act and expand it. I thought we were not going to deal with that. What that committee will not have time to do is to deal with palliative care.

If you follow me, Mr. Chairman, that's why I did it that way. I wanted our work to be complementary. I have two other motions that touch on other areas, such as the expansion of medical aid for dying, which I think this committee will have difficulty dealing with.

You want a consensus and it looks like it's going to be too complicated. I withdraw my motion, that's okay. Draft the wording you want and we'll ask the questions in due course. I'm capable of being a team player. I have no objection to us moving on. I will speak at the Standing Committee on Justice and Human Rights in due course.

**The Chair:** Thank you, Mr. Thériault.

[*English*]

We can't just withdraw the motion because it has already been accepted by the committee. What we'll have to do is ask for the unanimous consent of the committee to go back to the original motion.

Correct me if I'm wrong, but what I think you're suggesting is that we go back to the original motion as proposed by Mr. Davies and Dr. Kitchen.

[*Translation*]

**Mr. Luc Thériault:** Would you like me to read it again?

[*English*]

**The Chair:** The amendment that was passed—

[*Translation*]

**Mr. Luc Thériault:** I moved an amendment. I can withdraw it and we can deal with Mr. Kitchen's motion. I'll put my questions to the committee that's going to be formed.

[*English*]

**The Chair:** The amendment was passed, so we have to have unanimous consent to withdraw it.

Do we have unanimous consent to withdraw the amendment and go back to the original motion?

**Mr. Don Davies:** Yes.

[*Translation*]

**Mr. Luc Thériault:** We could also have defeated the motion and continued the discussion, but I prefer to be a team player. I see it will be defeated anyway. We are not going to waste any time. I withdraw it, and let us move on.

[*English*]

**The Chair:** Mr. Van Bynen.

**Mr. Tony Van Bynen:** Is it possible that we deal with the other portion that's being proposed as a separate item, along with all the other items that we'll give some consideration to in the future?

If this amendment is withdrawn, I'm suggesting in the interest of compromise that the amendment be considered separately amongst all the other items that we will be prioritizing as a committee.

**The Chair:** That would be an option for the committee to pursue.

The question before the committee at this moment is whether we have unanimous consent to withdraw the amendment of Mr. Thériault and go back to the original motion as proposed by Dr. Kitchen.

**Mr. Don Davies:** Yes.

**The Chair:** It's unanimous.

(Amendment withdrawn)

**The Chair:** Then we're back to the motion as proposed by Dr. Kitchen.

The motion as I understand it at this point, for which we're looking for unanimous consent so that all our problems will vanish, is:

> That, pursuant to Standing Order 108(2), the committee undertake a study on palliative care in Canada; that the committee report its findings and recommendations to the House; and that, pursuant to Standing Order 109, the committee request that the government table a comprehensive response to the report.

Do we have unanimous consent to adopt this motion?

● (1720)

**Mr. Don Davies:** Yes.

[*Translation*]

**Mr. Luc Thériault:** No.

[*English*]

**The Chair:** Okay, so where are we now?

Mr. Davies.

**Mr. Don Davies:** Then I will move the motion as follows:

> That, pursuant to Standing Order 108(2), the committee undertake a study on palliative care in Canada, including an examination of comparator countries; that the committee report its findings and recommendations to the House; and that, pursuant to Standing Order 109, the committee request that the government table a comprehensive response to the report.

It's the same motion, but I've just added, in deference to Mr. Thériault, the ability for us to look at comparator countries. It's different from the other motion, so I think we should be able to have consensus on it.

**The Chair:** It looks as though this motion is in order.

Dr. Kitchen.

**Mr. Robert Kitchen:** I would agree with that 100%. It's the same thing, and it adds the comparative part. I'm in favour of it.

**The Chair:** Are we ready to vote on this motion?

(Motion agreed to)

**The Chair:** We're quickly running out of time. I would like to give Mr. Thériault and Mr. Fisher a chance to move their motions.

Mr. Davies, can we deal with your point later?

**Mr. Don Davies:** Yes.

[*Translation*]

**The Chair:** Mr. Thériault, you have the floor.

**Mr. Luc Thériault:** Mr. Chair, I'd like to move the following notice of motion:

> That, pursuant to Standing Order 108(2), the committee undertake a study on why or why not assisted dying should be extended to patients suffering from mental illness; and that the committee hear all relevant experts and stakeholders in order to do an in-depth study on the subject and submit its conclusions and recommendations to the House.

I am tabling this notice of motion because not long ago, the Quebec Minister of Health gave an interpretation of Justice Baudouin's decision. According to her, this decision would mean that, by removing the concept of end of life, necessarily, people suffering from mental illness could have access to medical assistance in dying. The minister suspended this expansion and said that she would wait for the results of the work of a committee in Quebec that will also look at this.

As a legislator, I could use some clarity on this. Depending on the interpretation of Justice Baudouin's decision, there could be such accessibility. As a legislator, I'm not ready to move forward. I would like to be enlightened further, and we have very little time. I don't know if you're aware of this, but it took two or three years to reach a consensus in Quebec on these issues.

At the federal level, it is the judges and the courts who are saying that we need to amend the Criminal Code and the laws to expand access to medical aid for dying. We only have four months to fix all these problems.

We deserve to hear from all stakeholders and experts on this so that we can carry out our work. In this way, if the act is revised, the process of reflection will already have begun.

Today, as a legislator, I couldn't make such a decision. This does not mean that we should not hear everyone's arguments. That is why I have split my motions. The cases to which medical assistance in dying could be extended are very broad, but we can do a study to see whether it should be extended to cases of mental illness. That's the one I'm advocating.

We could conduct work that would be complementary to the work of the committee that will have to study and amend a bill. That is why I have tabled this motion. It deserves some thought, and it would be appropriate for people working in the psychiatric field to come and testify, for example. Mental illness is often the poor relation of the health care system. People with mental illness suffer a great deal. They are suicidal and their illness goes through complex phases. Are they able to make a decision or not? Personally, I need to be enlightened about this.

I've been thinking about all these issues for 30 years and I'm having a hard time figuring them out. I imagine that some of my parliamentary colleagues will have the same difficulty as I have.

● (1725)

Let me repeat that the next bill should not give rise to another problem, that of imposing on vulnerable people who are suffering intolerably the burden of challenging the new law in the courts. We should not be singled out again—we legislators—because instead of taking on our responsibilities and drafting adequate laws, we are taking social problems to court.

That's why I need guidance. Our committee's work could be complementary to the work that will be undertaken to amend the act. This could be done in a short period of time.

[*English*]

**The Chair:** Dr. Kitchen.

**Mr. Robert Kitchen:** Thank you, Mr. Chair.

I thank my colleague for his efforts and the work he's done to separate these motions into separate things, because I agree with him. There are different aspects that impact different groups.

With that said, recognizing how long it took us to get through the last motion, and in respect of the time and other commitments that we have today, I'm wondering if my colleague would mind suspending this discussion until the next meeting such that we could possibly address, in particular, a motion that deals with inviting the Minister of Health to make certain that we have her come to deal with the issues of the estimates and budget.

I'm just wondering if he would mind suspending so that we could make sure that we have that discussed and on the paper, because it will take time to make certain that we get the minister. The minister's time is all over the place these days, and we need to make certain we can get her here at a time that fits in with our committee meetings.

**The Chair:** The motion is before the floor. It's up to Monsieur Thériault, I believe, to table that, and not proceed with it today, before we can deal with another motion.

● (1730)

**Mr. Robert Kitchen:** I would like to...but I don't want to offend my colleague because I think this conversation is something that we need to do. But, again, I don't want him to take that as an insult. I think we need to make certain we have that done before the end of today.

**The Chair:** Mr. Thériault, would you be in agreement with putting this first on the list for the next meeting, and deferring it?

[*Translation*]

**Mr. Luc Thériault:** Yes, absolutely.

[*English*]

**The Chair:** Is everybody in agreement with that?

**Mr. Darren Fisher:** No. This is an important issue. Are we going to continue, or are we finished? It's 5:30 now.

**Mr. Kelly McCauley:** It's 5:30. It's over. He filibustered his time. He's going to have to resubmit a motion.

**Mr. Darren Fisher:** So, we'll agree to start the next meeting and continue from where Mr. Thériault was and talk about this then.

**The Chair:** That's what we just proposed.

**Mr. Darren Fisher:** Okay. So, will we adjourn?

**The Chair:** We have to decide what we're going to do for the next meeting, which is Monday.

**Mr. Darren Fisher:** On his motion and continue....

**The Chair:** This may or may not take up two hours of the next meeting, and there are other things to deal with it, but it has also been suggested that we might want to invite the minister to speak to the estimates for some portion of that meeting.

How about we do this? We continue committee business on Monday to finish with Monsieur Thériault's motion and any other motions that we need to come forward with, and possibly consider inviting the minister for Wednesday for a briefing on the estimates.

I would also point out that Mr. Davies has put forward a number of motions regarding the resubmission of reports from the previous Parliament, and it has been suggested to me that some people would like to read those reports before they vote on them. It would be nice to be able to deal with those motions next week in our committee business, so I would ask everyone who has not read these wonderful reports to do so, so they can vote on whether or not to resubmit them.

These are reports that the government did not give its response to because of timing and so forth, so it would basically ask the government to renew that commitment.

**Mr. Len Webber (Calgary Confederation, CPC):** Mr. Chair, it's not only the reports that we have not received any government response on, but we did a number of studies in the last parliamentary session. You were there along with Ms. Sidhu and Don Davies regarding, for example, a study on Lyme disease, where we did get a response from the government. Now, I would like to see, first of all, all of you read the study on Lyme and what was discussed here, but also I'd like to get an update from the government on Lyme disease and to see where we are with the recommendations that were in that report. There are a number of reports that we come up with, and that we will be doing in this term as well, that basically are sent to the government and we don't hear anything—nothing, no response or any action on the recommendations that we put forward.

I would like to see an update in particular on the Lyme disease report. I encourage my colleagues here to read that report as well and to read what the government has responded on that, but let's get an update with where they are with respect to the recommendations on that report, and all reports that we put forward.

**The Chair:** Let me suggest that we bring that up as an item of business at the next meeting.

**Mr. Len Webber:** I was just encouraging my colleagues to read that report, because I will bring it up.

Thank you.

**The Chair:** Is there anything else?

**Some hon. members:** No.

**The Chair:** In that case we are adjourned.