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Tuesday, February 13, 2024

Speaker: The Honourable Greg Fergus



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HOUSE OF COMMONS

Tuesday, February 13, 2024

The House met at 10 a.m.

Prayer

ROUTINE PROCEEDINGS

• (1000)

[*English*]

PETITIONS

TAXATION

Mr. Mike Morrice (Kitchener Centre, GP): Mr. Speaker, it is an honour to rise to present a petition that notes we are in the middle of both a climate crisis and a cost-of-living crisis. Petitioners note that folks across the country are struggling to afford housing and food, while also dealing with unprecedented climate disasters that will only continue to worsen if urgent action is not taken.

They note that while this is happening, fossil fuel companies made record profits last year, with the five largest fossil fuel companies operating in Canada alone making annual profits of over \$38 billion. They note that a significant portion of these profits were made as a result of price gouging at the pump, in 2022, costing Canadians an additional 18¢ per litre, more than their previous profit margins on fuel and far more than the 2¢ per litre that carbon pricing went up in the same period last year. They also note the similar taxes on excess profiteering on those oil and gas companies has been instituted in Canada in other sectors already, as well as on oil and gas companies in the U.K. and Europe.

They then call on the Government of Canada to immediately apply a 15% windfall profit tax on the excess profits of oil and gas companies operating over the past three years and to reallocate the revenues that would be generated from that to proven climate solutions as well as to efforts to make life more affordable for Canadians, including investments in public transit, in retrofitting buildings and in greening the grid.

FIREARMS

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Mr. Speaker, I rise to table a few petitions today.

The first one is in regard to the Liberal government's firearms buyback program. The Liberal government's plan to confiscate legally acquired firearms from law-abiding firearm owners and from retailers will do nothing to reduce the crime in Canada.

These petitioners are calling on the Liberal government to cancel its plan to enforce a costly and ineffective firearms buyback program, and instead, to set its sights on common-sense policies that will keep guns out of the hands of dangerous criminals.

• (1005)

MILITARY CHAPLAINCY

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Mr. Speaker, the next petition I am presenting is on public prayer in the Canadian Armed Forces. The recent directive issued to military chaplains banning religious symbols and public prayer at ceremonies like Remembrance Day actually undermines our religious freedoms, and one of the very values, ironically, that our men and women in uniform have fought to defend.

The petitioners are calling on the House of Commons to affirm the right of public prayer in our Canadian Armed Forces.

CHILDREN AND FAMILIES

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Mr. Speaker, I rise to table my last petition regarding Bill C-318. We know that adoptive and intended parents in our country are at a disadvantage under the current EI system, and all parents deserve equal access to parental leave benefits. Bill C-318 delivers equitable access to parental leave for adoptive and intended parents.

The undersigned of this petition, the residents of Canada, call upon the Government of Canada to support adoptive and intended parents by providing a royal recommendation for Bill C-318.

THE ENVIRONMENT

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, it is an honour to rise and present a petition from constituents in Saanich—Gulf Islands who are concerned about the nexus between the climate crisis and the health of humanity. The petitioners note that the World Health Organization has determined that, "Climate change is the greatest threat to global health in the 21st century."

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The health impacts from climate change include lung disease; heat-related illness and death; the spread of infectious diseases, and we note, in Canada, the spread of Lyme disease related to climate change; displacement; famine; droughts; and mental health impacts, which are already being felt in Canada and abroad, and they are expected to accelerate.

Petitioners are, and I want to underline this, a particular class of knowledgeable individuals. The petitioners are described as physician mothers of Canada. They are people who are mothers and also speak with concern for our children, as many of us do, but with the added lens of the knowledge that they bring as physicians.

They call on the government and the House of Commons to act on the Canadian Association of Physicians for the Environment's calls to action on climate change and health, prioritize the reduction of emissions as quickly as possible, implement a national carbon pricing strategy and commit to the rapid elimination of fossil fuels from our economy.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I would ask that all questions be allowed to stand at this time.

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[*Translation*]

GOVERNMENT BUSINESS NO. 34—PROCEEDINGS ON BILL C-62

MOTION THAT DEBATE BE NOT FURTHER ADJOURNED

Hon. Steven MacKinnon (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, in relation to the consideration of Government Business No. 34, I move:

That debate be not further adjourned.

[*English*]

The Deputy Speaker: Pursuant to Standing Order 67(1), there will now be a 30-minute question period. I invite hon. members who wish to ask questions to rise or to use the “raise hand” function so the Chair can have some idea of the number of members who wish to participate in this question period.

The hon. member for Battlefords—Lloydminster.

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Mr. Speaker, here we are once again, seeing the Liberals enforce time allocation. I wonder, through you, why it is that the Liberals are so terrible at managing legislation to put forward the House calendar. At the end of the day, they are the ones deciding what the calendar is and what their priorities are, and it seems like it is at the eleventh hour, every single time. Here we are, once again, with them trying to invoke closure.

• (1010)

Hon. Arif Virani (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I thank the member for her contributions, but reject the characterization.

We indicated quite openly and publicly that we would not proceed with medical assistance in dying where mental illness is the sole underlying condition until after we had received the study from the joint committee that is made up of members of Parliament and of senators.

That joint committee study was tabled in this chamber on January 29. Shortly thereafter, we reviewed that document, prepared legislation and tabled that legislation expeditiously. That legislation is now before this chamber, and we have a statutory deadline to meet prior to March 17 that relates to the sunset clause, thus necessitating the need to move it expeditiously through both this chamber and the upper chamber.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Mr. Speaker, we do have a date that has been fixed, which is March 17. We have, at this point, only 14 sitting days to get this bill not only through the House of Commons but also through the Senate, as the Minister of Justice said.

My concern is the confusion. If this bill has not gone through both Houses, what we would end up with is a situation of utter confusion for something as fundamental as medical assistance in dying. To have that confusion is something that I do not think is acceptable to any Canadian.

It is important that we get this right. It is important that we meet the deadline. What I am surprised about is that we do not have a consensus. This is the kind of situation where all parties should get together and facilitate getting this through the House because of the importance of not adding or installing the confusion that would surely result in us not meeting the deadline.

My question for my colleague is very simple. Why is there not a consensus around this so that we can move it through the House this week without the use of time allocation?

Hon. Arif Virani: Mr. Speaker, I would say, quite candidly, that I agree with the member's supposition. When we are dealing with a matter of such compelling interest and such consequential interests that are at stake, with respect to a life-and-death situation involving medical assistance in dying, it is important that parliamentarians work in unison. There have been divisions on this issue in the past, and there remain divisions in this chamber with respect to this issue.

What we are saying is that we are dealing distinctly with the issue of mental illness as a sole underlying condition. On that piece, we believe the prudent course is to have an extension of time for a following three years. We hope that all parliamentarians would support that and the pressing need to get this piece of legislation through both Houses to royal assent prior to March 17 to avoid the very confusion the member identified.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, when I reflect on this, the whole discussion and debate that has taken place over the last number of years has been fairly extensive.

Going back to the Supreme Court of Canada's Carter decision of 2015 and to the amount of committee and House of Commons' time, there has been a great deal of discussion, justifiably so. It is important to recognize that medical assistance in dying is not necessarily a new issue. It has been well discussed in many different forms, even the issue of mental health well-being.

I wonder if the minister could provide his thoughts on the journey taken to bring us to this point today and on why it is so critically important that it pass by the end of this week.

Hon. Arif Virani: Mr. Speaker, I thank the hon. member for his contributions today and every day in this Chamber.

The journey has been a detailed one, a responsible one and a prudent one. What we understand, as a government and as parliamentarians, is that mental illness causes suffering, and that suffering is equivalent to physical suffering. We also understand people have decision-making capacity, including those who are mentally ill.

We also understand that, as a federal government in a federation where the health care system and the delivery of health care is primarily the jurisdiction of provinces, proceeding in a situation where the provinces have spoken with one voice, saying that provinces and territories are not ready to deliver medical assistance in dying for people who have mental illness as their sole underlying condition, in that context, we have to listen to those provinces and work with those provinces to help them with their readiness.

The provinces have spoken uniformly to the Minister of Health and to myself about their lack of readiness and about the fact that more time would be beneficial to ensure that there is better take-up of the curriculum and that supports are in place for those who would assess and provide MAID, and that there is more understanding of how those safeguards would be implemented in the context of an individual who has mental illness as their sole underlying condition. Based on that, we are seeking, through this chamber and through the upper chamber, an extension of three years. That would be a prudent course when the situation is very significant, when the interests are significant and when then consequences are very permanent.

• (1015)

Mr. Peter Julian: Mr. Speaker, on a point of order, I apologize. I misspoke. I said 14, but there are actually only nine sitting days, including today, before the deadline.

The Deputy Speaker: I thank the hon. member for the clarification.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I thank hon. Minister of Justice for sharing these comments with other members of the cabinet, particularly the Minister of Health.

This is perhaps the most difficult issue any of us will ever deal with as members of Parliament. Strangely enough, I will just add that, had she been alive when I was a member of Parliament, Sue

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Rodriguez, who went all the way to the Supreme Court of Canada for the right to die with dignity, would have been my constituent. She lived in North Saanich.

There is tremendous public support in my area for medical assistance in dying being available to Canadians. However, I have to say, when it came to Bill C-14 and extending it to where mental illness was the only underlying cause, I voted for that bill only because there was a time delay, and we should be ready before it comes into effect.

I support what the Minister of Justice just said. We know the provinces have spoken with one voice. I am very concerned that access to treatments for mental health are still not available and might push people toward seeking MAID because they cannot get access to something like psilocybin that could deal with their underlying causes.

I very much object to using time allocation. I do not think I have ever voted for time allocation in this place, but now I must because the court deadline is approaching; March 17 is soon. We need to make sure that we do not leave Canadians in this awful gap where we do not have anything in place, as a Parliament, to deal with the current crisis.

I offer those comments just to say that I will be voting differently from the way I typically have, but I still vigorously object to time allocation being used routinely.

Hon. Arif Virani: Mr. Speaker, I thank the hon. member for Saanich—Gulf Islands for her contributions today and every day in the chamber.

She outlines exactly the balance that we are trying to craft, and have tried to craft since 2016, in response to the Carter decision. Those are basically two different ideas: promoting the dignity and the autonomy of an individual in this country, and ensuring that we are protecting vulnerable people with adequate safeguards so they are not victimized. In this context, the safeguards and the protection are critical in the context of those who are mentally ill. That has been guiding them here.

In addition to the provinces and territories that have spoken up about the lack of system readiness, we have also heard from the Canadian Mental Health Association and from the Centre for Addiction and Mental Health that they are also not ready and concur with the provinces' and territories' assessments.

With respect to the last point raised by the member for Saanich—Gulf Islands, she talked about mental health supports. This is critical now more than ever, particularly coming out of the COVID pandemic. What I would say to her is that when we reached a deal about one year ago to provide a record number of dollars in support of the Canadian health care system, we outlined certain parameters for that support. One of the pillars of that support was to support mental health and the mental health needs of Canadians. That is a fundamental priority for us and will remain so.

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[*Translation*]

Mr. Rhéal Éloi Fortin (Rivière-du-Nord, BQ): Mr. Speaker, I think that the issue before us is an important one, and I recognize the work that my colleague, the Minister of Justice, has done on this file.

That being said, with all due respect, I have to say that we already deliberated on this issue several years ago and that we determined that March 17 would be the date on which this would come into force. Quebec has worked on this and it is prepared to administer the medical assistance in dying that we are talking about. It would be easy for the government to simply adopt the amendment proposed by my colleague from Montcalm, which, we are going to vote on later today, I believe. This amendment would enable the provinces that are ready to administer the treatment to do so.

Take section 720 of the Criminal Code, for example. It provides a similar process for drug treatment. It stipulates that provinces are allowed to administer a provincially approved treatment even if it is not otherwise authorized by the Criminal Code. A similar system could be set up for MAID. It is true that some provinces are not ready yet. That will likely always be the case. I am fairly certain that in three years, five years or ten years, some provinces will still not be ready. However, we cannot allow that to paralyze Parliament. Some provinces are ready, and we can set up a process that will allow those provinces to administer MAID.

I invite my colleague and his entire government to support the amendment proposed by my colleague from Montcalm to allow provinces that are ready, like Quebec, to proceed with the administration of MAID.

• (1020)

Hon. Arif Virani: Mr. Speaker, I would like to give a two-part answer to that question.

First, the Province of Quebec itself has said that it is not prepared to provide medical assistance in dying to people whose only medical condition is a mental disorder.

Second, my colleague mentioned advance requests. That is another issue. I have tremendous respect for the crucial work that has already been done in Quebec on advance requests. However, Canada has only one Criminal Code, and there is a very good reason for that. Canadians deserve to have consistent standards and clarity about what is criminal and what is not criminal across the country. There is no quick way to safely allow an exception for Quebec on this issue at this time.

The conversation does not end here, though. We are committed to working with Quebec to determine the next step. We have taken a cautious approach to medical assistance in dying from day one back in 2016. We will continue to proceed with caution on this issue for the whole country.

[*English*]

Mr. Glen Motz (Medicine Hat—Cardston—Warner, CPC): Mr. Speaker, I too am very concerned about closure on such an important matter. My opinion is that by allowing assisted death on the basis of mental illness alone, we might inadvertently close the door

on potential recoveries and the possibility of life returning with dignity and purpose.

Furthermore, enabling medical assistance in dying for mental health conditions could imply that some lives are less worth living and that some forms of suffering are less deserving of the full measure of our medical and social resources. This could lead to a slippery slope where the right to die may, under subtle social pressures, become a duty to die, particularly among the marginalized or the less privileged members of our society. For those reasons and many others, we need to be very, very careful.

Having closure on such a critically important issue, to me, says to those who might be considering this that they are less worthy. That is the farthest thing from the truth. We should be able to debate this. I do not know what took the government so long to bring the debate, given that, as my friend from the NDP said, there are nine days left. What took the government so long to bring it forward in the first place for proper debate?

Hon. Arif Virani: Mr. Speaker, I respect the member opposite, but I am going to take issue with some of the submissions he just made. It is precisely because of the contentious nature of what is at issue that we are ensuring, using every tool that we have, that the bill becomes law prior to March 17 and the expiration. If the bill does not become law by March 17, we would have the confusion that was mentioned by the member for New Westminster—Burnaby, a situation where people may be able to avail themselves of MAID where the context is mental illness as the sole underlying condition.

We do not believe the system is ready, because we have heard that, to a person, from every health minister in every province and territory. We have heard it from the health care practitioners, the nurses, the MAID assessors and the MAID providers. A curriculum has been designed, but take-up of the curriculum is not where it needs to be. The safeguards are not in place. The oversight mechanisms are not in place.

It is precisely because of the unpredictable nature of some people's mental illnesses that we need to ensure that we are working prudently and safely before we propose an expansion of the regime to persons for whom mental illness is the sole underlying condition.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, the minister's answer to the question posed by my colleague from Rivière-du-Nord is inadequate. Yes, in 2021, Quebec ruled on the issue before the report of the expert panel on mental illness was published.

However, the minister had a year to implement the most widely held recommendation of the special joint committee on medical assistance in dying concerning advance requests. Even a Conservative member from Quebec voted for it.

Why did he not introduce a bill aimed at enacting this provision, knowing full well, unless he is unaware, that Quebec was going to legislate accordingly? As for the report, we are talking about a year and he wants three years, but that is another story. He cannot possibly tell us that he did not have the time to implement the special joint committee's main recommendation.

Now it is a double standard. He accepted the special joint committee's recommendation about mental illness and made it into a bill, yet he is doing nothing about advance requests, which Canadians from coast to coast agree on.

Will the minister commit, if he does not support my amendment, to tabling a bill on advance requests as soon as possible?

● (1025)

Hon. Arif Virani: Mr. Speaker, I appreciate my colleague's remarks and his hard work on the special joint committee.

I have several points to raise. The first one is that the bill addresses mental illness as the sole condition. The act requires that we deal with the issue before March 17, 2024.

I have a lot of respect for my colleague across the aisle. He mentioned that Canadians from coast to coast agree on the issue of advance requests. Although Quebec has expressed its willingness, I do not believe that all Canadians agree; that is the second point.

Obviously, if we want to extend medical assistance in dying to advance requests, we need to do so responsibly and with caution, as we did with all of the other issues, in other words, with all of the health experts, namely health ministers, psychiatrists, doctors and nurses. We need to proceed with caution, making sure to respect individual rights. We also need to strike a balance between individual rights and the protection of vulnerable persons. That is how we have been doing things since 2016, and that is how we will continue in the future.

Once again, it is important to note that the Criminal Code applies to the entire country. It is important to have clear information for all Canadians, so that everyone understands their rights and the criminal rules that apply across Canada. Criminal law must be consistent from one province to another.

That said, political discussions with Quebec are ongoing because this conversation needs to be had. However, we need to proceed carefully, cautiously and prudently.

[*English*]

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Mr. Speaker, in the previous Parliament, I was the NDP's representative on the medical assistance in dying committee. I do support medical assistance in dying, but it was the most difficult issue I have ever dealt with, and I agree with my colleague from Saanich—Gulf Islands that it was probably the most difficult issue most of us have ever dealt with in the House. For that reason, I agree with the minister that we have to proceed very cautiously and very deliberately in any expansion to medical assistance in dying.

Today I would rather be talking about removing mental illness as the sole underlying condition, but Parliament dealt with that question with the private member's bill from the member for Abbots-

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ford, Bill C-314, so we cannot do that today. We are placed in the awkward position where the Senate added the provision to the original medical assistance in dying legislation, which I think was very ill-advised.

However, we have no choice at this point, I believe, but to support the closure motion to try to get this done so we can prevent the provision from coming into force, when we know clearly we are not ready and when we know some of us have very clear moral reservations about the expansion.

● (1030)

Hon. Arif Virani: Mr. Speaker, I want to thank the member for Esquimalt—Saanich—Sooke for his contributions today and every day, particularly on the justice committee and on the joint mixed committee. I agree with him that this is probably the most challenging and personal issue that any of us has touched, particularly for those who were elected in the class of 2015, who have been dealing with this for the last eight years. Because what is at issue is so significant, because the consequences are so permanent by definition, it is critical to get it right and to proceed in a prudent manner.

Some of those things are outlined in the charter statement we have tabled in the House. It talks about the screening for decision-making capacity being particularly difficult in the context because of the symptoms of the person's condition or because their life experiences can impact their ability to understand and appreciate the decision they are about to make. Further, feelings of hopelessness and wishing to die are common symptoms of some mental illnesses, which can make it difficult for even an experienced practitioner to distinguish between a wish to die that is fully autonomous and considered, and something that is a symptom of one's personal illness.

Also, the course of a mental illness over time is very much less predictable than that of a physical illness. Last, and importantly, we do not have a record of evidence that has been built up in this country with respect to how the practice would unfold. Ensuring that we build up that record of evidence and that we build up the important curriculum and the uptake of that curriculum for the assessors and providers is critical.

For these and many other reasons, we are adopting a position that we would proceed responsibly, cautiously and prudently in three years' time with the initiative, but also reconvene the joint committee on which the member has sat so it can assess system readiness about two years from now, prior to the three-year deadline's coming to the fore.

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Mr. Richard Bragdon (Tobique—Mactaquac, CPC): Mr. Speaker, it has been said that the character of a nation is revealed in how it treats its most vulnerable. I cannot think of a higher obligation for the House that houses the representatives of the people to take up than this very discussion. It is a matter of debate that should not be rushed. It should not be shut down and should not be in any way pushed through in expeditious fashion. We should take all of the time required to make sure we get it right, because we are literally dealing with matters of life and death. The sensitivity surrounding the issue cannot be overstated. The impact on families that are going to be and are being affected by the issue cannot be overstated.

I would ask the minister to reconsider the direction he has taken with this and allow Canadians to have their voices expressed, for their concerns and desires for proper safeguards to be fully expressed in the House during the debate for as long as it takes to get it right. Would the minister care to comment on that?

Hon. Arif Virani: Mr. Speaker, I thank the member opposite, but I think his comments reflect something that was raised also by the member for Medicine Hat—Cardston—Warner.

Just to be clear for Canadians, if we do not proceed expeditiously in this chamber and in the Senate, the law will change on March 17 so as to allow medical assistance in dying for people who have mental illness as the sole underlying condition.

If the member for Tobique—Mactaquac is concerned about supports for those who are mentally ill, and I believe he has that concern, then what he should be doing is working with us collaboratively to ensure passage of the bill to prevent that situation from arising. The logical premise of his question is false.

What we are doing is proceeding expeditiously as a responsible government after hearing from the joint mixed committee of MPs and senators about the need to put a pause on this. We would be putting a pause on it. We presented the legislation expeditiously and are seeking passage of the legislation expeditiously.

As we have heard from the member for Saanich—Gulf Islands, in this context even she is making an exception to her principled approach towards closure in order to invoke closure so we can get the bill done and protect Canadians. Fundamentally, my job as Minister of Justice is to do just that, and I will not be deterred in that task.

• (1035)

[*Translation*]

Mr. Luc Thériault: Mr. Speaker, the minister did not answer one aspect of my question.

Why the double standard?

The minister had a full year to implement the recommendation of the Special Joint Committee on Medical Assistance in Dying concerning advance requests. An Ipsos poll of 3,500 people showed 85% support across Canada. If the minister does not know that, he is not staying on top of his file.

As far as postponement is concerned, the minister has implemented the recommendation to the letter. Three years is too long. He knows that. However, he could have added another dimension

to Bill C-62. He had a year to do it. Will he introduce legislation on advance requests, yes or no?

Bill C-14 is bad legislation.

The minister says that he worked carefully. People have been forced to go on hunger strikes to meet the reasonably foreseeable natural death criterion. Is that what he means by protecting vulnerable people?

Hon. Arif Virani: Mr. Speaker, what I can add to the conversation I just had with my colleague across the way is that we created expert panels to study several aspects of expanding medical assistance in dying. Experts conducted a study on advance requests. They found that it is extremely complex when we talk in the present about articulating a desire to seek medical assistance in dying, added to the fact that a person might submit a request 30 or 40 years ahead of time. Given the context, their situation, condition and wishes could change.

This said, Quebec has already addressed the issue, and a bill has been introduced in the province. We are well aware of this, and we are starting a discussion with Quebec. Discussions will be held.

We have a Criminal Code that applies across the country. Consequently, the question has to be approached the same way we dealt with the other aspects, meaning nationally. This is what we did when we prudently undertook consultations while taking the necessary precautions.

[*English*]

Mr. Peter Julian: Mr. Speaker, I am very concerned about the comments that I have just heard from the Conservatives saying that the debate should just go on for as long as Conservatives would like. That could take months. Our deadline is March 17. We have nine sitting days, including today, before the deadline.

I wanted to make sure, because some of my Conservative colleagues were saying that they are concerned about having, as a condition, the sole underlying medical condition being a mental disorder. They did not want to see that. The provinces and territories certainly agree. Ten of the provinces and territories have written to say that their health care system is simply not ready to put that into place. What would happen, would the minister say, if we end up missing that deadline, going on for months afterward? What type of confusion? What situation would we find ourselves in, in Canada, if we follow the desire of the Conservatives to simply talk this out for months?

Hon. Arif Virani: Mr. Speaker, I thank the member opposite for his second contribution this morning, because it is very salient and very pointed. I would urge my Conservative colleagues to actually reconsider their presumed position with respect to this legislation and the need for passing it efficaciously, as soon as possible.

As a candid response to his question, so that we are crystal clear, if we do not pass this legislation by March 17, it would be possible in this country for someone whose sole underlying condition is mental illness to avail themselves of MAID. That would occur in the riding of Medicine Hat—Cardston—Warner, in the province of Alberta, as well as in the province of New Brunswick, which the member for Tobique—Mactaquac represents. The ministers of health for New Brunswick and Alberta have both said to us unequivocally that their health care systems, their MAID assessors and providers, are not ready.

I do not want a situation where we have that kind of lay of the land in terms of the criminal law in Canada. We have the power to prevent that from happening by voting in favour of this bill.

● (1040)

[*Translation*]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, first, I would like to thank the minister and congratulate him on the quality of his French. I knew him when he arrived in 2015, and I have seen his progress, step by step. I would like to sincerely congratulate him on his French.

That is where my congratulations end. It is never a victory when a time allocation motion is introduced in a debate on an issue as sensitive as medical assistance in dying. This topic should be free from partisanship, because there is no right or wrong position. There are only the positions with which we are at ease as legislators. Opposing opinions should always be respected. Some of our friends, family members and loved ones may take the exact opposite view, and they are right. That is what a non-partisan debate is. That is what a debate about personal quality of life is.

As my colleague from Montcalm illustrated so well, the minister had a year to take action, but he did nothing. We realize that the Prime Minister decided to change justice ministers, as is his right and privilege, and we also realize that the predecessor to this Minister of Justice had a different approach.

However, in the face of such a delicate issue, why act so quickly when we need to make room for every possible opinion? This is not a partisan issue, let us not make it one.

Hon. Arif Virani: Mr. Speaker, I appreciate the comments of the member for Louis-Saint-Laurent.

I want to note two things.

First, my colleague is absolutely right when he says that we must avoid partisanship when we are dealing with such a sensitive subject and where the consequences are so serious for Canadians.

I might add that he and his colleagues sat on the special joint committee both the first and second time. So we have already had the opportunity to hear the Conservatives' views on the matter. We have reflected on those comments and indeed we introduced a bill that reflects the will of their caucus.

I believe that we need to move forward with that expressed will and promote the adoption of this bill today in the House.

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[*English*]

The Deputy Speaker: It is my duty to interrupt the proceedings at this time and put forthwith the question on the motion now before the House.

[*Translation*]

The question is on the motion.

[*English*]

If a member participating in person wishes that the motion be carried or carried on division, or if a member of a recognized party participating in person wishes to request a recorded division, I would invite them to rise and indicate it to the Chair.

Mr. Kevin Lamoureux: Mr. Speaker, I request a recorded vote.

The Deputy Speaker: Call in the members.

● (1125)

(The House divided on the motion, which was agreed to on the following division:)

(*Division No. 637*)

YEAS

Members

Aldag	Ali
Anand	Anandasangaree
Angus	Arseneault
Arya	Ashton
Atwin	Bachrach
Badawey	Bains
Baker	Barron
Beech	Bibeau
Bittle	Blaikie
Blaney	Blois
Boissonnault	Boulerice
Bradford	Brière
Cannings	Carr
Casey	Chagger
Chahal	Champagne
Chatel	Chen
Chiang	Collins (Victoria)
Cormier	Coteau
Dabrusin	Damoff
Davies	Desjarlais
Dhaliwal	Dhillon
Diab	Drouin
Dubourg	Duclos
Duguid	Dzerowicz
Ehsassi	El-Khoury
Erskine-Smith	Fillmore
Fisher	Fonseca
Fortier	Fragiskatos
Fraser	Freeland
Fry	Gaheer
Gainey	Garrison
Gazan	Gerretsen
Gould	Green
Guilbeault	Hajdu
Hanley	Hardie
Hepfner	Holland
Housefather	Hughes
Hussen	Hutchings
Iacono	Idlout
Ien	Jaczek
Johns	Jowhari
Julian	Kayabaga
Kelloway	Khalid

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Khera	Koutrakis	Goodridge	Gourde
Kusmierczyk	Kwan	Gray	Hallan
Lalonde	Lambropoulos	Hoback	Jeneroux
Lamoureux	Lapointe	Kelly	Khanna
Lattanzio	Lauzon	Kitchen	Kmiec
LeBlanc	Lebouthillier	Kram	Kramp-Neuman
Long	Longfield	Kurek	Kusie
Louis (Kitchener—Conestoga)	MacAulay (Cardigan)	Lantsman	Larouche
MacDonald (Malpeque)	MacGregor	Lawrence	Lehoux
MacKinnon (Gatineau)	Maloney	Lemire	Leslie
Martinez Ferrada	Masse	Lewis (Essex)	Lewis (Haldimand—Norfolk)
Mathysen	May (Cambridge)	Lloyd	Lobb
May (Saanich—Gulf Islands)	McDonald (Avalon)	Maguire	Majumdar
McGuinty	McKay	Martel	Mazier
McKinnon (Coquitlam—Port Coquitlam)	McPherson	McCauley (Edmonton West)	McLean
Mendès	Miao	Melillo	Michaud
Miller	Morrice	Moore	Morantz
Morrissey	Murray	Morrison	Motz
Naqvi	Ng	Muys	Nater
Noormohamed	O'Connell	Normandin	Patzer
Oliphant	O'Regan	Paul-Hus	Pauzé
Petitpas Taylor	Powlowski	Perkins	Perron
Qualtrough	Robillard	Plamondon	Poilievre
Rodriguez	Rogers	Rayes	Redekopp
Romanado	Rota	Reid	Rempel Garner
Sahota	Sajjan	Richards	Roberts
Saks	Samson	Rood	Ruff
Sarai	Scarpaleggia	Savard-Tremblay	Scheer
Schiefke	Serré	Schmale	Seeback
Sgro	Shanahan	Shields	Shiple
Sheehan	Sidhu (Brampton East)	Simard	Sinclair-Desgagné
Sidhu (Brampton South)	Singh	Small	Soroka
Sorbara	Sousa	Steinley	Ste-Marie
St-Onge	Sudds	Stewart	Strahl
Tassi	Taylor Roy	Stubbs	Thériault
Thompson	Trudeau	Therrien	Thomas
Turnbull	Valdez	Tochor	Tolmie
Van Bynen	van Koeverden	Trudel	Uppal
Vandal	Vandenbeld	Van Popta	Vecchio
Virani	Weiler	Vidal	Vien
Yip	Zahid	Viersen	Vignola
Zarrillo	Zuberi— 170	Villemure	Vis
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NAYS

Members

Aboultaif	Aitchison
Albas	Allison
Arnold	Baldinelli
Barlow	Barrett
Barsalou-Duval	Beaulieu
Bergeron	Berthold
Bérubé	Bezan
Blanchette-Joncas	Block
Bragdon	Brassard
Brock	Brunelle-Duceppe
Calkins	Caputo
Carrie	Chabot
Chambers	Champoux
Chong	Cooper
Dalton	Dancho
Davidson	DeBellefeuille
Deltell	Desbiens
Desilets	Doherty
Dowdall	Dreeshen
Duncan (Stormont—Dundas—South Glengarry)	Ellis
Epp	Falk (Battlefords—Lloydminster)
Falk (Provencher)	Fast
Ferreri	Findlay
Fortin	Gallant
Garon	Gaudreau
Généreux	Genuis
Gill	Gladu

Nil

The Deputy Speaker: I declare the motion carried.

* * *

GOVERNMENT BUSINESS NO. 34—PROCEEDINGS ON BILL C-62

The House resumed from February 12 consideration of the motion, and of the amendment.

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, it is an honour to rise today on the unceded lands of Tseshah and Hupacasath on Vancouver Island in Nuu-chah-nulth territory to speak to Bill C-62, which is calling for the extension of the temporary exclusion of eligibility for medical assistance in dying for persons suffering solely from a mental illness by three years, until March 17, 2027.

Clearly, without an intervention by Parliament, this expansion would come into effect on March 17, 2024, in just one month. New Democrats agree with the majority decision made by the Special Joint Committee on Medical Assistance in Dying, also known as the AMAD committee, which I will refer to it as in my speech. It reported that Canada is not adequately prepared to deliver medical assistance in dying to individuals whose sole underlying medical condition is a mental disorder.

The bill would allow more time to implement the necessary safeguards and address the capacity concerns that are expected to be the result of the expansion of medical assistance in dying for those with the sole underlying medical condition of a mental disorder. It would give medical practitioners more time to become familiar with available training and supports, while providing time for the public to become more aware of the robust safeguards and processes in place. I know this is a very sensitive and very personal matter to so many people around this country. Especially in my riding of Courtenay—Alberni, I have heard from many people about this.

We also need to ensure that we have the understanding and compassion to respect the right of an individual's choice of dignity when they have deep, prolonged and ongoing suffering. I will speak to that. Suffering from mental illness is extremely serious, and it is just as real as suffering from a physical illness. In our health care system, we clearly do not have parity when it comes to mental and physical health, and I will speak to that as well.

We must also affirm and protect the most vulnerable when we do any sort of decision-making on such a serious piece of legislation as expanding medical assistance in dying. This additional delay is necessary and needed right now to ensure that we have a health care system in place that can safely provide medical assistance in dying for those whose sole underlying medical condition is a mental disorder.

We know how we got here. The Liberal government made an ill-advised decision and did a complete 180° by accepting the Senate's amendment to Bill C-7 in the 43rd Parliament. That is what got us here. The government changed the law before any kind of comprehensive review had been conducted, and we have been trying to play catch-up ever since. I am going to speak about the important work that needs to be done, and I want us to be thoughtful in our approach to expanding medical assistance in dying.

As New Democrats, we take people's concerns and feedback very seriously. We are committed to helping find the best possible solution for Canadians in the policy of medical assistance in dying to ensure that it does what it was always intended to do. One of the biggest concerns New Democrats have with the expansion of medical assistance in dying is with the barriers that many Canadians face when they reach out for mental health treatment. Because of the Liberals, and the Conservatives before them, the chronic underfunding of our health care system has become even more apparent. It is now more than ever, as we see the disparity between mental and physical health and how people are taken care of.

We heard the Prime Minister promise to implement a new mental health transfer of \$4.5 billion over five years, but he has still not done that. Even with the bilateral agreements, the Liberals are falling far short, and that would not even be enough. Everyone

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should be able to access mental health supports when they need it, but under the Liberal government, and that of the Conservatives before it, this has not been the reality. It is the same with all provinces and territories.

● (1130)

New Democrats wholeheartedly support the delay in expanding medical assistance in dying for those who have a mental disorder as the sole underlying condition, but the Liberal government needs to ensure that proper consultation happens between now and the expansion date, or it would need to be extended again. It needs to ensure that people will be protected while respecting their individual choice.

The Liberals cannot just delay the expansion either. They need to fund adequate supports and treatment options for people dealing with mental illness. Members have heard me say this repeatedly, but we need a pathway, a road map, to how we are going to achieve parity for mental and physical health and ensure people get the timely help they need when they need it.

Seven of the provinces and all three territories have said that they are not ready and have signed a joint letter to that effect, including my home province of British Columbia. That was signed by the ministers of health in those provinces and territories. They are calling for an indefinite pause on the expansion for individuals whose sole underlying medical condition is a mental disorder. That is what those ministers identified.

As New Democrats, we want to see a MAID regime where guardrails are in place to protect vulnerable populations while still allowing for personal bodily autonomy and end-of-life choices. We must make sure that people do not request medical assistance in dying because they do not have access to treatments, supports and services. This has to be absolute. The Liberals need to make sure everybody can access mental health supports. However, after nine years of carrying forward with the Conservative cuts to health care, this is where we are at right now right across the country. Help is out of reach for many people. This needs to change before medical assistance in dying can be expanded.

We know that the housing, toxic drug and mental health crises that are happening are not being addressed. I see that I do not have a lot of time left, but I want to ensure I outline that the AMAD committee heard from plenty of witnesses who cautioned the committee on expanding MAID in cases of persons suffering solely from a mental illness. I want to share what a couple of those experts had to say.

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Professor Brian Mishara, who is with the Centre for Research and Intervention on Suicide, Ethical Issues and End-of-Life Practices at Université du Québec à Montréal, said, “The expert panel report on MAID and mental illness states that there are no specific criteria for knowing that a mental illness is irremediable”, and that there is absolutely no “evidence that anyone can reliably determine if an individual suffering from a mental illness will not improve.” He warned us that “any attempt at identifying who should have access to MAID will make large numbers of mistakes, and people who would have experienced improvements in their symptoms and no longer wish to die will die by [medical assistance in dying].”

We heard from many experts. The CAMH raised similar concerns.

Because I see that I only have a couple of minutes left here, I want to talk a bit about the system and the lack of access. We are talking about a crisis going on from coast to coast to coast, according to a poll done just a year ago. The Mental Health Commission of Canada and the Canadian Centre on Substance Use and Addiction released a report talking about postpandemic findings. It cited that 35% of respondents reported moderate to severe mental health concerns.

This is alarming. It should also be alarming to all parliamentarians that it found that fewer than one in three people with current mental health concerns accessed services. The report identified key barriers to accessing services as financial constraints and help not being readily available. We know that right now we are in a financial crisis, and I am sure those numbers have only gone up. It identified that one of the top stressors was between income and unemployment with mental health concerns.

We need to create a system of parity with mental and physical health. The government has not delivered when it comes to a plan, a road map, on how we achieve parity with physical and mental health. I hope in this budget, it is going to release funding on top of the bilateral agreements directly to community-based organizations as a COVID emergency recovery response because, post-COVID, we know some people are struggling financially, but the biggest concern right now and the biggest epidemic post-COVID is in mental health. I hope the government is hearing that.

I see that I have run out of time. I have a lot to say on this matter. I look forward to taking questions from my colleagues.

● (1135)

Mr. Ken Hardie (Fleetwood—Port Kells, Lib.): Mr. Speaker, in the process of debating this, I would draw attention to the case back in 2016 of E.F., a woman in Alberta. There is media coverage on it and it is worth a good read. The reason I bring it up is because E.F. did get access to medical assistance in dying. She had nothing but a mental condition but it was horrific.

If this next step in medical assistance in dying is put on hold, would the member want to consider some mechanism by which a person like E.F. could get the relief from a life that simply was agonizing and not worth living?

Mr. Gord Johns: Mr. Speaker, first and foremost, we want to ensure that we have a system of care in place to ensure that E.F. can actually get access to supports if she is suffering. However, that is

not in place anywhere in the country, not in all 10 provinces and three territories. We know that. We are falling far below our OECD partners. Provinces and territories spend between 5% and 7% of their health care budgets on mental health compared to France and Britain that are at 12% and 14% respectively.

As New Democrats, we want to see a medical assistance in dying response where guardrails are in place to protect the most vulnerable. We want to ensure that safe and adequate delivery of medical assistance in dying is in place, but that there still is bodily autonomy and end-of-life choice. We need to have a system in place that the experts support, one that actually responds to medical assistance in dying, that ensures we have the training and that we have addressed all the recommendations of AMAD committee. We have not done that. I know the government is working toward that, but we are very far away from it.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, the position of the government when it comes to euthanasia is so disconnected from the reality and the concerns many Canadians have. The Liberals constantly want to have a conversation about further expansion. However, I hear concerns from constituents and from people across the country about the abuses under the existing system; about how people with disabilities have been pressured and told that they are selfish for not wanting to go down this road; about how, in the absence of proper support, life and dignity affirming support, we have individuals who are at risk of giving up. Instead of being affirmed in their pursuit of meaning and purpose, they are being told “Sure, go ahead and give up.” This is the reality in Canada.

When I talk to legislators in other parts of the world, including legislators from the so-called progressive left, they are horrified by what is happening in Canada. Canada is presented as a counter-example of what can go wrong when we go down this road.

Why are we not having more conversations about addressing the existing abuses in the system instead of this fanatical push by the government to always look for the next expansion. Why not stop and look at how we got here and how we can address these significant problems that have emerged in the current system?

● (1140)

Mr. Gord Johns: Mr. Speaker, a lot of discussions needs to take place at the AMAD committee, to look at the existing legislation.

However, right now, we are dealing with a timely situation, and I am going to speak to that. This is around the Liberal government's ill-advised decision to accept the Senate amendment to Bill C-7 in the 43rd Parliament. That is what has gotten us here today. This is why we are having to rush legislation, because there is not adequate support for people with the sole underlying medical condition of a mental disorder.

The Liberals changed the law before any kind of comprehensive review had been conducted, and we have been trying to play catch-up ever since. The Liberals decided to support an amendment from the Senate, the unelected Senate, that was brought back to the House. We voted against it because of that. We did not believe that the supports were in place for people to make those decisions.

We are working toward ensuring that we have parity between our mental and physical health care system, that we listen to the experts and that we do a full evaluation. This needs to take place. However, I appreciate the comments from my colleague in that there needs to be broader conversations about the existing legislation.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, I would like to know whether my colleague thinks that, one day, it will be possible to alleviate the suffering of people struggling with an irremediable mental disorder.

I would also like to know whether he agrees that it would have been wiser for the government to implement the joint committee's leading recommendation regarding advance requests and to take advantage of the introduction of this bill to add that component.

[*English*]

Mr. Gord Johns: Mr. Speaker, my colleague has done incredible work at the health committee and the AMAD committee. I really appreciate him for that.

I hope that some day we will have an opportunity so that those with the sole underlying medical condition of mental disorder will have the ability to make that decision. However, we are so far away from parity, given that consecutive Liberal and Conservative federal governments have not prioritized mental health. We are also far behind other countries, including U.K. and France, when it comes to delivering parity with our mental and physical health care systems, and that needs to be addressed.

With respect to the member's other question, absolutely I support that. The AMAD committee needs to put its next focus and amount of work around advance directives.

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Mr. Speaker, I joined the latest edition of the Special Joint Committee on Medical Assistance in Dying, which was mandated to deal specifically with the question of the health system's readiness for an extension of MAID to cases of severe mental illness, out of a sense of duty as this is a deeply serious matter for Canadian society, one on which I received correspondence from a great many concerned constituents.

At first, I humbly questioned my qualifications to sit on the committee. I am not a psychiatrist. I am not a medical doctor. I do not have expertise or experience in this area. However, in a democracy, not all is left to the experts. The people, through their elected representatives, set legal parameters in areas of public interest by way of legislation and regulations. In fact, that is what has been happening since 2016 on the issue of MAID.

That said, it is important to carefully listen to and consult the experts out of respect for the authority of knowledge and experience. This is the opposite, I might add, of the new populism.

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I agree with the committee's recommendation that we should indefinitely postpone MAID where the sole underlying condition is mental illness, also known as MD-SUMC. The central issue in MD-SUMC is irremediability; that is the question of whether there is the possibility that a person with severe mental illness can be cured of their terrible suffering, a suffering not different from physical suffering.

Under the law, for a person to be deemed eligible for MAID, the illness must be irremediable; grievous and irremediable. The problem when we move from somatic, that is physical, illness to psychiatric illness is that irremediability becomes more difficult to establish. In the case of psychiatric illness, an accurate prognosis is infinitely more difficult to produce.

Because of the difficulty, in cases of mental illness, of offering a reasonably certain prognosis, the determination of irremediability will necessarily have to be based on a retrospective view; that is on an assessment of the extent of a patient's past treatments and whether the patient exhausted all treatment possibilities in a quest to be relieved of their suffering. The problem is that the MAID assessors will most likely not have been involved in past treatments, which makes it difficult to ascertain the quality of those treatments. When it comes to establishing irremediability in cases of mental illness, evidence has shown accuracy is poor. It is less than 50%, a coin toss.

To quote Dr. Sonu Gaiind, one of the experts who appeared before the committee, "Worldwide evidence shows we cannot predict irremediability in cases of mental illness, meaning that the primary safeguard underpinning MAID is already being bypassed, with evidence showing such predictions are wrong over half the time."

It should be pointed out that under our MAID law, clinical certainty about irremediability is not actually required. Here it is important to highlight the distinction between legal irremediability and irremediability in clinical medicine.

In the MAID law, "grievous and irremediable" has a different meaning than in medicine. It is defined as incurability, "be in an advanced state of irreversible decline" and "enduring...physical or psychological suffering" that is intolerable to the person and cannot be relieved "under conditions the person considers acceptable."

In law, therefore, it is not necessary to establish irremediability with a degree of clinical certainty. Rather, both patient and assessor must come to the shared understanding based, among other things, on the assessor's analysis of the history of past treatments. There is an element of subjectivity on the part of both patient and assessor. Naturally, the assessor will bring their own philosophical biases, values and ethics to this subjective equation.

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As Dr. Gaind suggested to committee members, “Try those mental gymnastics on your constituents. Convince them it was okay that their loved ones with mental illness got MAID, not because of a clinical assessment based in medicine or science, but because of the ethics of the particular assessor.”

An important issue in determining eligibility for MD-SUMC is being able to separate suicidal ideation from a considered request for MAID. It bears keeping in mind that suicide attempts are not always rash and impulsive, the product of a panicked state. This, in some ways, is a stereotype. Psychiatrists will say that some suicides are not frenetic but carefully planned in advance.

Dr. Tarek Rajji, chair of the medical advisory committee at the Centre for Addiction and Mental Health, told the committee, “There is no clear way to separate suicidal ideation or a suicide plan from requests for MAID.”

• (1145)

To again quote, Dr. Gaind:

We cannot distinguish suicidality caused by mental illness from motivations leading to psychiatric MAID requests, with overlapping characteristics suggesting there may be no distinction to make.

In the Netherlands, an assessment by an independent physician is required for MAID, and in the case of psychiatric suffering, a third assessment by an independent psychiatrist, preferably one with specific expertise regarding the patient's disorder.

The problem with Canada's law, as it stands, is that there is no requirement for one of the assessors of MAID eligibility to be a psychiatrist, yet psychiatric issues are exceedingly complex. Often a patient has more than one illness. It is said that 71% to 79% of psychiatric patients who died through MAID in the Netherlands had more than one psychiatric disorder.

We humans are not self-directed, rational atoms exercising unencumbered clear-eyed autonomy. We are not as free as we think. We are born into families and communities, and influenced by the opportunities they offer, and alternatively, by the constraints they impose on us.

I sometimes wonder if we are not in the process of turning personal autonomy into ideology. I say “wonder” because as a liberal, I have not been bestowed the gift of absolutism that has blessed ideologues.

Requests for MAID can be influenced by, even driven by, extraneous factors like poverty and isolation, that is by psychosocial factors. According to Dr. Gaind, “those with mental illness...have higher rates of psychosocial suffering.”

This all means that MAID assessors will be wrong over half the time when predicting irremediability, will wrongly believe they are filtering out suicidality and still, instead, provide death to marginalized suicidal Canadians who could have improved.

Archibald Kaiser, Professor at the Schulich School of Law and Department of Psychiatry, Faculty of Medicine at Dalhousie University added that “The Supreme Court concluded in 1991 that people with mental illness have historically been the subjects of abuse, neglect and discrimination.”

Dr. Gaind further underscored that “Suffering is cumulative, and life suffering unfortunately fuels much of the suffering of those with mental illness, even more so for marginalized populations.”

There is, in fact, the possibility that gender-based marginalization can influence requests for MD-SUMC. We know that in countries that allow MAID for severe mental illness, the ratio of women to men who seek MD-SUMC is two to one.

For their part, indigenous representatives have expressed serious reservations about expanding MAID to include mental illness. According to Professor Kaiser:

In February 2021...many distinguished indigenous signatories wrote to Parliament that the consultation ... has not been adequate and “has not taken into account the existing health disparities...we face compared to non-Indigenous people.” They said, “our population is vulnerable to discrimination and coercion...and should be protected against unsolicited counsel.”

We know there is systemic racism in the health care system. Ask the family of Joyce Echaquan. How would systemic racism influence the rate of acceptance of MAID requests of indigenous and other racialized peoples? That is a pertinent question.

As Dr. Lisa Richardson, Strategic Lead, Centre for Wise Practices in Indigenous Health, Women's College Hospital, told a Senate committee on February 3, 2021:

In an environment where both systemic and interpersonal racism exists, I don't trust that Indigenous people will be safe. I don't trust that anti-Indigenous prejudice and bias will not affect the decision making and counselling about MAID for Indigenous people, no matter how much education is given.

Indigenous communities, many of which have felt the scourge of high suicide rates, especially among youth, may have concerns about possible contagion effects of MD-SUMC on suicidality.

Then, there is the basic question of the ability of the health care system in Canada, already stretched to the limit, to handle an expansion of MAID.

According to Dr. Eleanor Gittens of the Canadian Psychological Association, as a country we have not yet established parity between available physical and mental care. To quote her, “Care and treatment of mental illness are not covered by medicare, nor is it readily accessible.”

We do not really know how many people would request MD-SUMC, and thus whether we have enough qualified assessors. By some estimates, we would have well over 2,000 patients a year getting MD-SUMC with countless more requesting eligibility assessments. I know there is dispute around that number.

• (1150)

Just because there is a published Health Canada standard for MD-SUMC and a training module does not mean the system is ready. A building built on a soft foundation is not ready for occupancy, no matter the level of completion of its structure. There are today no safeguards preventing poverty, housing insecurity, loneliness, etc., that is psychosocial factors, from significantly fuelling MAID requests of those suffering from mental illness.

I will quote Dr. Rajji: “The standards document itself, the one developed by the expert panel, states that these are not clinical guidelines, and this is what is missing to ensure quality.” According, again, to Dr. Gaiind, “it is a legal fiction that determinations of the eligibility of MAID are based on objective clinical judgment. In fact, I regularly witness practitioners' values influencing the interpretation of the current MAID eligibility criteria and safeguards.”

As per an article in the review *Impact Ethics*, “The few jurisdictions allowing MAiD for [sole] mental illness have safeguards Canada lacks, notably (unlike Canada) requirement of due care and no reasonable alternative, or treatment futility, prior to MAiD eligibility.”

In Canada, a patient would be able to qualify for MD-SUMC even if they refuse treatment. Often a psychiatric patient will refuse additional treatment owing to treatment fatigue. While treatment fatigue has been studied in the context of HIV and type 1 diabetes, with the goal of developing strategies to help overcome it, treatment fatigue has not yet received attention in psychiatry. A better understanding of treatment fatigue could lead to alternatives to MAID, such as palliative or recovery-oriented treatments.

I respect the Senate. I value the Senate. Senators bring more than just sober second thought; they bring expertise in fields crucial to good public policy making, but senators are not elected. They are not the voice of the people. It was never the government's intention to extend MAID to those suffering from mental illness.

The government was running out of runway to meet the court-imposed deadline in the Truchon decision for amending the law to remove the requirement that death be foreseeable to qualify for MAID. It could not afford a back-and-forth game of procedural ping-pong with the Senate over its last-minute amendment to remove the mental illness exclusion from Bill C-7. It had to accept the Senate's amendment to get the bill across the finish line.

In my view, we are not ready for MD-SUMC. We cannot ascertain irremediability with any acceptable degree of certainty and objectivity. We cannot sufficiently distinguish an unfettered request for MAID on the grounds of mental illness from suicidal ideation. We are not able to separate out psychosocial factors that might drive MD-SUMC. We have not properly consulted racialized communities to take account of their views, concerns and fears, notably those of indigenous communities, and we have not built proper safeguards into the law.

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We do not require the involvement of a psychiatrist in assessment nor require that a person have reasonably exhausted available treatments before making a request for MD-SUMC. The few other jurisdictions that allow MD-SUMC have this requirement.

We have not studied and understood treatment fatigue such that we can develop strategies that can possibly lead a patient to other non-lethal treatment options, and finally, we have allowed an unelected body, the Senate, to drive this agenda.

• (1155)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I listened with interest to my colleague's speech, but there is this framing of not being ready. We support further delay so that a Conservative government can forever protect Canadians by ensuring this expansion never happens, but it does not make sense to me that the member would identify obvious problems with this, and not just present problems or short-term problems, but structural problems, with allowing the medically facilitated killing of those with mental health challenges, and say that just means we are not ready.

I think it is quite obvious that, after years of the government trying to fit a square peg into a round hole and trying to say that somehow we can have medically facilitated killing for those with mental health challenges while at the same time not increasing other kinds of risks and problems, the government has tried to figure out how to do this for years and has clearly concluded that it is not something that is desirable.

Why not just admit that this was a terrible idea from the beginning rather than couch it in this framing of not being ready, but that maybe we will be soon?

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Mr. Francis Scarpaleggia: Mr. Speaker, I do not have a crystal ball. I do not have a monopoly on the truth. As I said in my speech, I am not blessed by absolutism. I am torn by this issue as much as I think anyone in this House is. Even if we hide behind the certainties we put up as political parties, we still question ourselves and we are still torn by this issue.

I do not know if we will ever be ready. What I was trying to do in my speech was to point out some of the things we have not done to be ready. Maybe we will never be ready. I am not a psychiatrist. I do understand psychiatric suffering can be as severe as physical suffering, and I do feel for the people, especially John Scully, who I have heard from in testimony in a small working group. I feel for him and what he is living through. To be honest, I do not have the answer.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, my colleague participated in all three sessions on the issue. When Quebec tabled its report and when we voted on Bill C-7 in 2021, I was very reluctant to consider opening up MAID to mental disorders. However, I worked my way through the experts' report and I invite my colleague to read it again.

My colleague says there is nothing in the legislation. However, it does not have to be in the legislation. The regulations can set out the “how to”. Recommendations 10 and 16 are important safeguards.

Let us assume I am not questioning anything in my colleague's speech; the fact remains that, today, as I speak, there are people who are suffering irreversibly and intolerably.

What solution does my colleague have for those people?

• (1200)

Mr. Francis Scarpaleggia: Mr. Speaker, first, I want to congratulate my colleague on the thoughtfulness of his remarks. His speeches, his interventions, offer fresh perspectives. I learned a lot just from listening to him at meetings of the Special Joint Committee on Medical Assistance in Dying or even in the House.

It is complex. As I was saying earlier, I am torn. The problem is that this becomes very subjective at some point. We are giving a lot of power to a doctor or a nurse practitioner who may not have the necessary background in psychiatric illnesses.

As I said in my speech, a person might present with one psychiatric illness, but roughly 80% have more than one. It is complicated enough to deal with psychiatric illness; when we add two or three more, it becomes even more complicated.

I very much appreciate the interventions of my colleague. Like everyone else, we are doing everything we can on this file.

[*English*]

Ms. Lisa Marie Barron (Nanaimo—Ladysmith, NDP): Madam Speaker, it sounds like we are in agreement around the importance of us not moving forward MAID legislation that includes those living with mental illnesses as the sole underlying condition.

I worked in mental health and addictions prior to becoming a member of Parliament. As somebody who is in the governing party,

what can the member share with those living day to day who are not getting access to the mental health supports they need when there was a promise of \$4.5 billion in the last election to be transferred to those who need it most, those who do not have access to the housing they need and those who are not getting the money from a disability benefit actually in their bank accounts at a time when they need it most?

I am wondering if the member can share what he would say to those who need the supports today around mental illness.

Mr. Francis Scarpaleggia: Madam Speaker, I would tell them I would always vote for those kinds of supports, and I am very pleased we have passed Bill C-22 on creating a framework for an eventual disability benefit. It is excellent public policy and I am, quite frankly, hoping the next budget includes something more concrete on that around a figure of the kind of financial support people with disabilities can expect.

Yes, there are many social problems, and this is one of the reasons I do not think we are really ready. We do not know how to extract those influences such as the inability to find housing, loneliness, drug addictions, etc. We do not have the ability to extract those motivators from what we could call, I suppose, for lack of better words, a more considered request for MAID. It is a big problem. As a society, we have many problems to deal with, and that is why I am here. I am trying to do my best, as the member is, to solve those problems.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, this has become an issue, because it was inserted in the legislation at Bill C-14 by the Senate. Does the hon. member have any knowledge of what attitude the Senate is going to take?

We are operating under the gun here. We have to do something before March 17. Do we have any indication of whether the Senate will, once the House dispatches this matter, take it up quickly?

Mr. Francis Scarpaleggia: Madam Speaker, I do not, because I am not in the Senate. Now that the Senate is on the other side of the street, it is a little harder to confer with the senators.

I understand their position. They are generally for this extension. I would like to believe that they are also responsible, and they would not want to see a void open up after March 2024. Therefore, I expect and hope that they will do the responsible thing.

• (1205)

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Madam Speaker, I would like to thank the member for his excellent speech and hard work on the MAID committee. He talked about the problem of irremediability. I think it would be an absolute tragedy if legislation we pass led to a situation where a MAID practitioner took the life of someone who would have actually gotten better had we given them some more time. How are we going to know? The person will be dead.

I was troubled to hear the testimony of some people on the committee, some psychiatrists, who did not seem very worried about the problem of determining irremediability. They would still be willing to allow MAID even though they were not totally sure if the situation was irremediable.

Could the member comment on the issue of what he heard at the committee and what he thought about it?

Mr. Francis Scarpaleggia: Madam Speaker, in fact, I do not know how to answer that question. We have seen that there is a subjective element. There are some who believe they would make the right call. I guess that confidence is at the root of the perspective they bring to the issue.

I am not a medical doctor, much less a psychiatrist, so again, I do not have a definitive answer for the member.

[Translation]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Madam Speaker, I will be sharing my time with my colleague from Kelowna—Lake Country.

Once again, I rise in the House to speak about a sensitive topic, one that is fundamental in our lives, and that is medical assistance in dying. Personally, I am in favour of medical assistance in dying. I am not here to defend my personal opinions. I am here as a legislator who has to consider all the data that support giving the green light, under certain conditions, to medical assistance in dying or, conversely, the red light urging us to not go forward.

I believe this is in no way a partisan issue. People can be on the left, they can be on the right, they can be sovereignists, or they can be federalists; that is not the point. It is a matter of how we, as human beings, feel about this issue. Regardless of where we come from or where we are on the political spectrum, we are first and foremost human beings. On that basis, we must make a choice for people who need medical assistance in dying, and we must make sure this is done right, within the proper rules.

We are dealing with this situation because the debate began here, at the federal level, in 2015. However, in Quebec, the debate began long before that. It just so happens that I have participated, both at the provincial and federal levels, in the early stages of this legislation that we are discussing today.

I would remind hon. members that the first province to have legislated on this issue did not do so overnight, quite the opposite. Only after six years of serious, thorough, scientific and medical debates and hearings did the Quebec government and the National Assembly vote for a law that would be the first step in medically assisted dying. I would like to emphasize the importance of that process. It was done over six years, under three different governments, under three different premiers. That proves this is not a partisan issue. As much as possible, we should always take this approach.

I will always remember, during the final debate on the adoption of the first steps toward medical assistance in dying in Quebec, how one of the members was very much against the bill. I can see him now, rising in the National Assembly and telling members not to vote for it. He felt so strongly on the issue and was so against the

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bill that he was red in the face. Once he sat down and the speech was over, I applauded him. I did not applaud him because I agreed with him. I applauded him because we live in a democracy that allows him to express an opinion that differs from my own. That is the beauty of democracy. Despite the fact that the majority of his party and his government were about to vote in favour of the bill, he was against it, and he had the opportunity to say so with all of the passion that drove him. That is how we should debate medical assistance in dying.

Let us not forget that this debate started at the federal level because of the Carter decision. Without going into detail, I will remind members that happened in 2015, which was an election year. Using his good judgment, the head of the Canadian government at the time did not move forward immediately because we were on the verge of an election campaign. At the risk of repeating myself for the umpteenth time today, this is not a partisan issue, while an election campaign by definition is the epitome of political partisanship. That is fine, that is what an election campaign is. That is why the prime minister and head of the Government of Canada at the time, the Right Hon. Stephen Harper, showed good judgment and decided to hold the debate after the election campaign.

Canadians made their voice heard. They elected a new government. There was then a debate on the subject. That is when the first steps toward this bill on medical assistance in dying were taken. Some may have noticed that the bill, like all other bills, was not perfect. Nevertheless, it did lead to certain specific situations.

Personally, I was for medical assistance in dying, but I did not vote in favour of the bill because I found it was poorly drafted. I remember the Hon. David Lametti who, at the time, was not the minister of justice. As we know, he became minister of justice later on. The Prime Minister removed him from that office, and he decided to serve elsewhere. I remember that Mr. Lametti said that he would vote against the bill because he found that it did not go far enough. The bill was passed, but other things happened, and today we find ourselves having a debate on mental health.

● (1210)

I would remind members that I am in favour of medical assistance in dying as long as the rules are well defined. I will give the example of Quebec. Actually, I am going to talk about Quebec's experience, because an example is something that should be followed. Instead, let us take inspiration from the experience of Quebec, which held a political debate on the issue of medical assistance in dying for six years before passing its first bill on the subject.

With regard to MAID for people with mental illness, after holding hearings and consultations and thoroughly analyzing the issue, the Quebec National Assembly and the Government of Quebec decided not to move forward with MAID for people whose only underlying medical condition is a mental disorder. They felt that there was no consensus on this issue and that there was no scientific consensus. Some people were in favour of it, while others were against it.

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That is where we are at right now. That is why I think that we need to be careful as long as there is no strong scientific consensus. Personally, I am in favour of medical assistance in dying, but I think that it must be administered to those who want it within a very clear legal framework. In this case, the framework does not go far enough.

I have a colleague from Nova Scotia, the member for Cumberland—Colchester, who is a physician. I listened carefully to what he had to say yesterday because he knows what he is talking about when it comes to his profession. He practised medicine for over a quarter of a century and continues to practise to this day. He cared for thousands of people in his community.

He talked about the hardest parts of his practice. One example he shared involved a person showing up in the middle of a suicide crisis on a Saturday night and needing treatment. That is not a broken arm, it is not a growing cancer, it is not trying to get a pebble out of someone's eye. It is much more complicated than that, and it cannot be resolved immediately.

That is why his perspective was so valuable.

• (1215)

[*English*]

He said he is ready to challenge anybody who is not in that kind of a situation and whether they would be comfortable with that.

[*Translation*]

He said that, in his practice, he had always found these situations very difficult, and that he needed time to recover from that kind of meeting. Anyone who has spoken to doctors dealing with patients who have suicidal feelings will confirm it. Mental health problems are difficult to identify and to treat. I would again remind members of Quebec's experience. After thoroughly examining this issue, Quebec decided not to go forward with medical assistance in dying for people struggling with psychiatric illnesses.

The issue of medical assistance in dying can never be separated from the issue of palliative care. Palliative care is an essential part of our health care system; we should always be thinking of doing more, because, unfortunately, we will never do enough in that area.

Without going into my life story, I can say that, two years ago, I had a particularly challenging year, given that both my parents died. I remember May 2022, when my mother spent the last days of her life in the hospital. She was in a wing where people were receiving palliative care, one after another. Then there were rooms with people who had requested medical assistance in dying. For the last 15 days of my mother's rich life, I was with her in the hospital and met people who had requested MAID. They all did so in full knowledge of the facts and with the support, assistance, guidance, and, above all, the presence of their families, in the same way that we were with my mother in the last days of her life.

That is how we must look at the issue. Respecting the choices of individuals, insofar as the guidelines have been well established. That is true both for people who wish to receive medical assistance in dying and for those who wish to receive palliative care.

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I appreciate many of the member's comments. One thing that stuck in my mind was when he made reference to the fact that the Province of Quebec took a number of years to design its legislation.

It is important to demonstrate the contrast with the federal government back in 2015; the member made reference to the Supreme Court decision. We had a very short window to get the legislation passed. I personally do not believe, and I suspect that no one really believed, that the legislation at the time was absolute, in terms of being perfect. However, we needed to get it through.

Could he reflect on the many discussions and debates inside and outside the chamber with Canadians as a whole, with respect to how important it was that, at least, we bring forward and get the legislation in, in order to meet court requirements?

Mr. Gérard Deltell: Madam Speaker, that is an interesting question. I was there in 2015, when I got elected for the first time. As I said earlier, the prime minister at that time made the right decision not to put the bill on the table just before the election because this is everything but a political issue; it is a personal issue. An election campaign is anything but straight.

[*Translation*]

An election campaign is the epitome of political partisanship.

[*English*]

It was good that we did not have the debate during the campaign; after that, yes, for sure. We had a time frame established by the Supreme Court and we had to act as fast as possible, and that was not exactly the picture-perfect time to do it.

Based on the Quebec experience, we have to take our time to study an issue. The bill that has been adopted was not perfect. I voted against it because I saw many loopholes in the bill. I remember David Lametti; we voted against because it had not, in his mind, gone far enough to support. This is part of the debate, and there is no political-partisan agenda behind the debate. It is only a human agenda that we shall have.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, my colleague gave us a history lesson.

He said that his party was not able to move forward because there was an election. I would point out to him that Quebec has had two elections in those six years. That did indeed delay the work, as he will agree. However, I do agree with him that Quebec's approach crosses party lines and is far more thorough.

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Some people complain about the delay associated with the Carter decision, but that is because this Parliament never took the opportunity to try to change the Criminal Code before there was a court order. It never had the courage to do that, and so we were then stuck with a court order. Mr. Lametti did not stand up solely because the bill did not go far enough. He stood up because it violated patients' constitutional rights. Bill C-7 corrected that.

I would like my colleague to explain what he is advocating when it comes to advance requests for MAID. Does he think that the government, which had a year to introduce legislation, could have included that component in this bill?

• (1220)

Mr. Gérard Deltell: Madam Speaker, for starters, yes, the work took place over a period of six years under three different governments. There were two elections during that time. That is exactly what I said earlier. This is not meant to be a partisan issue.

It took years for the debate to come before the House. We know that, but we also know that it would not have been a good idea to start a debate on this issue, which is supposed to be non-partisan, on the eve of an election campaign. I think my colleague would agree, especially since, as we know, there was a lot of opposition on all sides regarding many issues at the time, and the people spoke.

On the issue of prior consent, personally, I agree, as my colleague said.

Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP): Madam Speaker, in terms of accessing MAID, we know that many people have shared their thoughts publicly, particularly through the media, about how desperate they feel and how they are not getting help from the social safety net. They need help with health care, housing and mental health therapies. Everyone knows we need to acknowledge that reality.

Does my colleague think our country is making progress if it recognizes the need to shore up our social safety net and provide the right supports to people who need them? That way, they will not ask for MAID if they do not really need it.

Mr. Gérard Deltell: Madam Speaker, I thank my colleague for her question and the quality of her French.

That is similar to what I was saying at the end of my answer. Palliative care must go hand in hand with the issue of MAID. They are not mutually exclusive. We must think about palliative care before we think about medical assistance in dying.

[English]

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Madam Speaker, it is always a privilege to rise on behalf of the residents of Kelowna—Lake Country.

We are confronted with a decision of profound significance: the proposed delayed expansion of medical assistance in dying to include individuals suffering solely from mental illness. The delay should be supported, and I will note at the same time that as the shadow minister for employment, future workforce development and disability inclusion, I am compelled to express my opposition to the expansion altogether.

I want to draw attention to the recent findings of the report of the committee on MAID presented on January 30, 2024. The committee's report aligns with the long-standing concerns Conservatives have been voicing. It advocates pausing the expansion of assisted suicide to include those afflicted with mental illness. MAID is an irreversible outcome. The expansion, if unchecked, could tragically lead to the loss of lives that might have been saved through treatment and support. This is why we should not even be debating a delay but looking to abandon this piece of legislation.

The Liberals continue to ignore mental health experts, advocates and opposition parties, and have not completely abandoned the concept of MAID for those with the sole underlying condition of mental illness. In 2023, the government introduced eleventh-hour legislation to put a temporary pause on expanding assisted suicide to those suffering with mental illness. This came only after significant backlash from experts across Canada who called on the government to delay the expansion of MAID. The government is not listening to people speaking out and saying they want it abandoned altogether.

If the Liberal government moves ahead with the radical expansion of MAID to include those whose sole underlying condition is mental illness, it could lead to irreversible results. In 2023, the heads of psychiatry at all of Canada's 17 medical schools called for a delay to the federal government's MAID legislation that would have expanded eligibility to persons suffering solely from a mental illness. Many stated that it is impossible to determine that an individual's mental illness will never respond to treatment.

As the shadow minister responsible for persons with disabilities, I have also found widespread opposition to the expansion of MAID to persons with mental illness among advocates for persons with disabilities. More than 50 disability and human rights organizations, including several from my home province of British Columbia, wrote a joint letter to then minister of justice and to federal party leaders in December 2022, to express their total opposition to the MAID expansion. They cited discrimination, lack of supports and concerns for protecting vulnerable people.

Many people have come out again, still opposing the Liberal government's legislation and lack of empathy, adding weight to the argument against the expansion and making it permanent for anyone suffering from mental illness. Disability and human rights organizations are clear that delaying the legislation is simply not good enough; we must completely halt the expansion of MAID for mental illness.

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My argument against expansion for MAID for those whose sole underlying condition is mental illness is rooted not only in expert opinion, as I have outlined. As I address the chamber today, I carry with me the voices of residents from Kelowna—Lake Country living with disabilities and mental illness who have reached out to me, having serious concerns about this. A striking example is a letter I received from a young woman in my community who fears the human impacts of this type of legislation. Her journey through the darkness of suicidal thoughts and battle with mental illness is an important reminder of what is at stake. She fears that availability of MAID might have led her down an irreversible path. This is a sobering testament to the potential dangers of this type of law. Her personal story is not just one of struggle but is also a clarion call for our society to be a source of support and hope.

Just recently, a resident of Kelowna shared a distressing experience that deeply resonates with the gravity of our current dilemma. He told me that he sat with a friend who opted for MAID recently. He expressed that if we allow the expansion to persons with the sole underlying condition of mental illness, those people might not always be capable of making such grave decisions, and we risk opening a door to irreversible consequences. This story is a stark reminder of the weighty responsibility we bear. This is a call to action, urging us to rethink and reassess, and to prioritize the well-being and dignity of Canadians in our health care and mental health policies.

• (1225)

When battling mental health issues for years, many people often feel on the brink of giving up. The cost of living is so bad that people cannot even afford to live, but what they need is support and understanding, not an easy exit offered by the government. A policy to expand MAID to those whose sole underlying condition is mental illness is a betrayal.

The commitment to help people was evident in Conservative private member's bill, Bill C-314, which sought to amend the Criminal Code to provide that a mental illness is not a grievous and irremediable medical condition for which a person could receive medical assistance in dying. The bill was voted down, unfortunately, in October 2023, with 150 MPs voting in favour and 167 against. This shows that the Liberal government just wants to delay the issue until after the next election.

After eight years of the Liberal government, many people are increasingly struggling with a rapidly deteriorating quality of life. Many local residents in Kelowna—Lake Country and Canadians across the country have to deal with the immense stress of not knowing how they will pay to house themselves or put food on the table every month. This is heightened by economic stresses and escalating mental health challenges. At such a time, expanding MAID to include mental illness as the sole condition is not only ill-advised but also literally life-ending.

We have already seen concerning examples of not helping people with mental anguish who reach out, such as Veterans Affairs Canada's confirming that unprompted suggestions of MAID were offered by a Veterans Affairs caseworker to several veterans as a resolution for concerns such as PTSD. In addition, there has been testimony at the human resources committee by disabled persons

considering MAID due to lack of living affordability, and reports of food banks being asked by clients for details on applying for MAID. These examples highlight the risk of MAID becoming a misguided solution for individuals in desperate need of compassion and support.

With such a climate of anxiety, mental health challenges and increasing rates of addiction across the country, expanding MAID to include mental illness as the sole underlying condition could be a tragic course. I believe we should be focusing our efforts on improving affordability and quality of life, and on compassionately helping people. It should not be easier to get MAID than to access mental health and addiction supports.

I, alongside my Conservative colleagues, will continue to stand with the many experts, doctors and persons with disabilities who oppose MAID expansion where mental illness is the sole underlying condition. They are expressing inherent risks and concerns related to protecting those who may be struggling and to protecting the most vulnerable. The proposed policy expansion of MAID for those with mental illness as the sole condition sends a troubling message that the government is willing to give up on some of the most vulnerable citizens. It is an admission of defeat, suggesting that we as a society are retreating from our moral obligation to provide comprehensive and compassionate care to those battling mental health challenges.

Instead of passing legislation like my common-sense private member's bill, Bill C-283, the end the revolving door act, which aims to provide mental health assessments and addiction treatment and recovery in federal penitentiaries, policies like the expansion of MAID to those with mental illness are really an irreversible path. We need to ensure that we support mental health systems and long-term solutions.

As members of Parliament, we should not choose the easy path over the right one. This is not the Canada we aspire to be: a nation that prides itself on compassion and support. Our duty is not just to legislate but also to protect, support and give hope to Canadians, particularly the most vulnerable among us. It is a duty we must uphold with the utmost seriousness and commitment.

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• (1230)

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Madam Speaker, the member mentioned people in the disabilities community. I too have heard from the disabilities community about its opposition to MAID within that community. I wonder whether she could comment on what she has heard from people with disabilities regarding MAID and whether she thinks perhaps we need to have more safeguards for MAID for people with other forms of physical disabilities.

Mrs. Tracy Gray: Madam Speaker, persons with disabilities have been very vocal about the part of the legislation that we are talking about here today, specifically the expansion for persons with the sole underlying condition of mental illness. They also have concerns in general about other safeguards in order to protect the most vulnerable, people who cannot necessarily speak for themselves. It is a general concern that I hear from persons with disabilities.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, while the member and I do not agree on a lot of things, this is a case in which we do stand together in our concerns about proceeding with allowing those with mental disorders as a sole underlying condition access to medical assistance in dying.

My question is this. Given that this is true for, I think, most of the Conservative members, why are the Conservatives not helping to advance this bill as quickly as possible? We are facing this deadline, and this will come into force if we do not take action. Why are Conservatives holding up this bill today?

Mrs. Tracy Gray: Madam Speaker, it is the government that sets the agenda and what is on the docket for the day. It is actually the government that decides what we are discussing every day. It is an honour for me to be here to speak on behalf of my community on a very important piece of legislation.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, my friend, the member for Kelowna—Lake Country, and I share many of the concerns expressed today. This is one of those issues on which I would beg everyone in this place not to seek partisan advantage.

The divide we have here is really the most non-partisan thing of all: the structure of our Parliament, the Westminster system, whereby we still have the equivalent of the House of Lords; that is, the Senate. The Senate put in Bill C-14 that medical assistance in dying be available to those whose underlying medical condition is a mental health condition only. Everyone here, regardless of partisanship, is struggling to make sure Canadians do not seek access to medical assistance in dying if there is another option that allows them to continue to live. It is not partisan.

I would like comments from my hon. friend.

• (1235)

Mrs. Tracy Gray: Madam Speaker, for those who might be following this, when legislation comes back from the Senate to the House, if there are amendments, the government of the day can choose what it agrees with and wants to bring forward. The government chose to allow this, and that has created further deadlines.

The government could have taken a stand against this at many stages along the way, but here we are, discussing simply a delay. The government has delayed it once already and is now looking at delaying it again, until after the next election. The government could have decided to not support this early on.

Mr. Ted Falk (Provencher, CPC): Madam Speaker, I wonder about something that the member articulated a little in her previous answer. What would be the solution to this, moving forward? I think Parliament has heard the concerns of many Canadians. We have heard it at committee. It has been verbalized here.

In her opinion, how could we solve this?

Mrs. Tracy Gray: Madam Speaker, we should not be talking about a delay. We should be talking about not expanding MAID at all to those suffering from mental illness as the sole underlying condition.

Mr. James Maloney (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I will be sharing my time with the member for Saanich—Gulf Islands.

It is a pleasure to speak today to Bill C-62. The bill proposes to extend the temporary mental illness exclusion, so that the provision of medical assistance in dying, or MAID—

The Assistant Deputy Speaker (Mrs. Carol Hughes): There seems to be a telephone ringing. I am not sure if it is the member's telephone that may be ringing, but I would ask members, when they are taking the opportunity to speak, to ensure their telephones and earpieces are not on their desks, as they can cause problems for the interpreters.

The hon. parliamentary secretary.

Mr. James Maloney: Madam Speaker, I think it is my assistant calling me, telling me it is time to speak. She is very efficient.

As I was saying, the bill proposes to extend the temporary mental illness exclusion, so that the provision of medical assistance in dying, or MAID, on the basis of mental illness alone would remain prohibited until March 17, 2027. In my remarks today, I will be addressing some of the concerns that have been expressed about allowing MAID for mental illness and the importance of ensuring that our health care system is ready before legalizing this practice.

As members know, Bill C-7 temporarily excluded MAID for mental illness until March 2023. Parliament extended the exclusion for an additional year after organizations such as the Association of Chairs of Psychiatry in Canada and the Centre for Addiction and Mental Health expressed a need for additional time. The Special Joint Committee on Medical Assistance in Dying, or AMAD, also supported the extension.

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At the outset of my remarks, I want to emphasize that the government recognizes that mental suffering may be as severe as physical suffering. We know that not all individuals with a mental illness lack decision-making capacity. The extension of the temporary exclusion of eligibility for MAID is not based on these stigmatizing stereotypes.

I also want to announce my profound sympathy for anyone in Canada who is intolerably suffering because of a health disorder. My thoughts are with them.

While the federal government believes that MAID eligibility should be expanded to those whose sole condition is a mental illness, this process cannot be rushed. Over the past year, important progress has been made to prepare for the expansion, but provinces and territories are at varying stages of readiness. The federal government has listened to its partners and introduced this bill as a direct response to their concerns.

A cautious, deliberate and rigorous framework is essential to ensure the safe provision of MAID where a mental illness grounds a request for MAID. Debate about the parameters of the MAID regime has been taking place since before the Supreme Court of Canada's 2015 decision in *Carter*, in which it held that the absolute prohibition on physician-assisted dying was unconstitutional. This is a sign of a healthy democracy.

Most recently, the Special Joint Committee on MAID witnessed the diversity of views and expertise first-hand. Some witnesses who testified, such as Dr. Trudo Lemmens, chair in health law and policy at the University of Toronto, expressed concerns about permitting MAID where the sole underlying condition is a mental illness. Others, including the members of the Canadian Association of MAID Assessors and Providers, thought the country was ready for the current March 17, 2024 deadline.

Still others supported expanding MAID for mental illness, or accepted that it would become legal but recommended a delay. This recommendation came from Dr. Jitender Sareen of the University of Manitoba on behalf of eight chairs of psychiatry departments in Canada. The chairs of psychiatry outlined several reasons, including concerns about a need for further safeguards and accepted definitions of irremediability in mental disorders, before moving forward.

I would like to acknowledge the important contributions that have been made on this topic. While not everyone agrees, it is clear that we all care deeply about the well-being of those seeking MAID and the protection of the vulnerable.

Let me now get into some of the specific concerns that have been raised. Members will recall that certain eligibility criteria need to be met to qualify for MAID. This includes having a grievous and irremediable medical condition, which requires that a person be in an advanced state of irreversible decline.

Some doctors, such as Dr. Sonu Gaiind, chief of psychiatry at Sunnybrook Health Sciences Centre, have said it is impossible to predict which patients with a mental illness will get better; in other words, we cannot determine whether their illness is irremediable. However, other experts, including members of the expert panel on MAID and mental illness, suggest that the evolution of the illness

and the response to past interventions can be used to assess irremediability, as is done with some physical conditions such as chronic pain.

Concerns have also been raised, by Dr. Sareen and others, that it is too difficult to distinguish between suicidality and a rational request for MAID when the request is based on a mental illness alone, because suicidality may be a symptom of the mental illness itself. Dr. Stefanie Green acknowledged that this can be complicated, but testified before the MAID committee that clinicians have a duty to assess every patient for suicidality. It is something that doctors do regularly in clinical practice. In addition, MAID assessments may involve suicide prevention efforts where warranted.

• (1240)

Another concern expressed by Dr. Tarek Rajji, the chair of the medical advisory committee at the Centre for Addiction and Mental Health, is that there was no consensus within the medical community about whether MAID should be available for persons whose sole underlying medical condition is a mental illness. However, others, including Dr. Green, note that the lack of consensus in the medical community is not unique to MAID.

A last concern that I want to address is that individuals are requesting MAID due to a structural and systemic vulnerability, such as lack of income and social supports. I want to be clear that the law requires that the suffering be due to illness, disease or disability, not poverty or unmet needs.

Our government is confident that the existing safeguards will ensure that only those who meet the eligibility criteria receive MAID. We are also determined to invest in social programs that can alleviate non-medical suffering and bolster social supports. Our MAID framework contains two sets of safeguards, one for requests where natural death is reasonably foreseeable and the other, more robust set for requests where natural death is not reasonably foreseeable.

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The second set of safeguards would apply to cases where a mental illness is the basis of a MAID request. These include a requirement for a doctor or nurse practitioner with expertise in the condition to be involved in the assessment, a longer assessment period of 90 days, a requirement that the patient has been informed of the means available to relieve their suffering and has been offered consultations with relevant professionals, and a requirement that both assessors and patient agree that the patient has given serious consideration to the reasonable and available means of relieving their suffering.

In addition to these stringent safeguards, there is other guidance for doctors, nurse practitioners and regulators, including a model practice standard. Implementation of robust regulatory guidance and additional resources is ongoing, as is uptake of the nationally accredited bilingual MAID curriculum.

We are confident that, with more time, we can achieve readiness to ensure the safe provision of MAID in circumstances in which a mental illness grounds the request for MAID. We have made important strides, but work remains to be done to prepare health care systems and for more doctors and nurse practitioners to benefit from the available training and supports.

Our government thinks that three years is enough time to complete this work, so that our health care system is prepared when MAID for mental illness is permitted. In addition, we are proposing to add a requirement for a parliamentary review by a joint committee of both Houses of Parliament, to start within two years of this bill's receiving royal assent.

The committee will have six months to submit a report, including a statement of any recommended Criminal Code changes. This review will inform government action and ensure that they move forward only once the Canadian health care systems are ready.

With the March 17, 2024 deadline fast approaching, I urge everyone to work together to see that this bill is adopted before that date.

• (1245)

[Translation]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, that is a rather accurate summary of what happened in committee. The government decided to include in legislation the committee's main recommendation on mental disorders. My colleague sat on the committee that produced the report tabled in February 2023, which recommended allowing advance requests.

Why has his government not introduced a section on advance requests after a year of waiting? I think that would have been good for people who are currently suffering and who cannot make an advance request. Why is this not included in Bill C-62?

[English]

Mr. James Maloney: Madam Speaker, I will start by saying how much I enjoyed working with the hon. member on the special joint committee, not just on this occasion but last year as well. He is well aware of this looming deadline. We need to focus on the issue at hand and get this bill passed. Any additional layers of discussion that we add to that could potentially impact our ability to get this bill through the House and through the Senate. It is important that

we get this done before the March deadline, and I think we agree on that. I think he will agree with me, and in fact I know he agrees with me, that the process at the committee has been very positive and constructive.

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, I wonder if the member could share with us what would happen if we missed the deadline. What kinds of challenges will be experienced by Canadians and the system if we do not get this passed before March 17?

Mr. James Maloney: Madam Speaker, I really appreciate that question because it goes to the core of the reason we are moving this bill forward.

If we do not get this bill through the House and if we do not get this bill through the other place, this law will take effect on March 17. That, then, triggers a situation where we have multiple jurisdictions that have made it very clear that they are not ready to proceed, but it will be the law of the land.

A scenario could be created in which there is, I will not use the word “chaos”, but a situation which would be unsettled and inconsistent across the country. We cannot have that happen. When we are dealing with an issue that is so significant and so serious and that has permanent implications, we have to make sure that we are ready and that we have it right. That is why we have to get this bill passed.

[Translation]

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Madam Speaker, there is wisdom in life, in our decisions, but fear should never dictate our actions. I do not want use the word “chaos”, but I think we need to recognize all the work that has been done on this file.

Today's bill adds a three-year delay to the inevitable question that arises when mental health comes into play. It seems to me that re-establishing the Special Joint Committee on Medical Assistance in Dying and giving it an extra year to do a more in-depth study might have been a better solution.

This is just going to postpone suffering. Psychological suffering exists. Some people who have it talk about cancer of the mind. That is also a reality.

That said, it is 2024. Much progress has been made, such as being able to make an advance request for MAID for certain illnesses.

Why has the progress made at the special joint committee not been moving forward? Can my colleague tell us why—

• (1250)

The Assistant Deputy Speaker (Mrs. Carol Hughes): The hon. parliamentary secretary.

[English]

Mr. James Maloney: Madam Speaker, on the member's first point, she is right. Fear should never dictate and reason should, particularly when we are dealing with issues of such importance.

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This bill is not about delay; it is about getting it right. This issue is so important. If we do not have the system in place and the structural integrity to make sure that it is ready to go, we are not doing our jobs as parliamentarians. It is as simple as that.

I sat on the special committee on both occasions. The work it has done has put us in a position where we can deal with this in a reasonable, rational and timely way. It was the committee that recommended, last year, that the special committee be put together again this year, which is again recommended. We do not want to be put in a position 12 months from now of having the same discussion and again being rushed.

Postponing this for three years is rational and reasonable, but it does not mean the discussion does not continue in the interim.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, I appreciate the opportunity to speak to this. Having been in this place for all the debates we have had, I have been trying to figure out the best way to explain to Canadians, if there is an argument here, why it is not between Liberals and Conservatives, or between Greens and NDP and Conservatives and the Bloc. It has actually been, from the very beginning, a struggle for Parliament to actually deal with an issue we have been kicking down the road for too long.

I mentioned earlier in debate, as the member for Saanich—Gulf Islands, the quiet and extraordinary courage of a single woman, Sue Rodriguez, who took her irremediable medical condition of suffering all the way to the Supreme Court of Canada and was denied the opportunity for what is generally called death with dignity. She had the procedure illegally. Those who were with her at the time would have been subject to criminal penalty as well, including my friend Svend Robinson, who at the time was member of Parliament in a different party from a different place.

It was a very fraught time, and the issue of medical assistance in dying kept coming back to me from constituents who were heartbroken that their parents or loved ones had to go through suffering. Quite often people would say to me they would not let a family pet go through this kind of suffering so why do we allow our moms and our dads to go through this when there is no prospect they are going to recover.

This finally went back to the Supreme Court of Canada for a different decision that came out of the Carter case. The Carter case, back in 2015, said that refusing to allow someone the legal option to seek medical assistance from their doctor in a situation where their illness is terminal is really a violation of section 7 charter rights. I only mention this because that was also with a deadline. We have to take action on this; we cannot just leave the matter. The Supreme Court of Canada has said that this provision of the Criminal Code is actually a charter violation. That means one cannot let it just sit there anymore.

It would take too much time, and my colleagues will be relieved to know I will not go through this chapter and verse, but it is a tough, tough issue for parliamentarians. At the time, as we started debating the first iteration of allowing for death with dignity, in Bill C-14, our first Minister of Justice to deal with this was the very honourable Jody Wilson-Raybould. She had to struggle with this.

Our Minister of Health at the time, also very honourable, Jane Philpott, was struggling with this.

It occurred to me as the debate went on that what we had in Canada on this issue was essentially a professional dispute. The lawyers in Canada wanted to make sure that the charter was respected. The doctors in Canada said they did not want to be asked to figure out what “irremediable” meant and were not exactly ready for that. Therefore, subsequent revisions kept happening because, after all, in our first attempt to get medical assistance in dying right, we did not allow for advance directives. Therefore, we had subsequent court cases where people who had terminal cancer could not access MAID because they decided they better ask for it now, which was maybe months before death would occur naturally and months before a doctor could say, “Okay, you're ready now. Nod.” One had to be able to physically sign; the day of, one had to confirm one's procedure.

Again, I better not go back through all of this, but essentially the professional views of doctors pleading with parliamentarians outweighed the lawyers dealing with parliamentarians to say that we were probably still going to have charter violations, but it is better that we listen to the doctors and that they are ready. All of this ended up taking us back to fixing medical assistance in dying again to try to make it more humane, to try to respond to the concerns of Canadians from coast to coast that they wanted to be able to access an advance directive in a situation that fit the MAID template. This brought us to Bill C-7.

To some of the comments that were made in this place earlier today, the government and Parliament were under a deadline that was court imposed, not politically imposed, to oblige ourselves, as parliamentarians, to meet what the Supreme Court of Canada said the charter required us to do. We had a very tight timeline, and then the Senate did something I do not think anyone in the House expected.

● (1255)

Again, we had a professional dispute going on here. Doctors were saying they were not ready to extend this to people whose sole irremediable condition is mental illness. Public health professionals in addiction and mental health were saying they were not ready. However, with strong pressure and strong professional advice from the psychiatric community, the Senate decided we should extend MAID to those with an underlying condition that is only, and I do not say “only” as if it is a marginal or trivial matter, a crushingly painful and life-ending threat from mental illness.

We are walking this fine line. The line is even finer when we start realizing who is more likely to not be able to access mental health supports; they are the marginalized and the poor. Who is more likely to not be able to imagine continuing on in life with a crushing mental illness? It is again the marginalized communities. The disability community spoke with a loud voice saying not to extend MAID as they were worried enough that it was a slippery slope when Bill C-14 first came in, and now Bill C-7.

Here we are again with a court-imposed deadline. Let us be clear to Canadians watching today. Certainly, the provinces and many doctors and mental health professionals have spoken with one voice. If we do not act quickly to pass this legislation and if the Senate does not act quickly to get it to royal assent come March 17, then as a matter of reality, we are up against March 17, and medical assistance in dying would become available to people where mental illness is the sole underlying condition.

Is it irremediable? We are told by the experts that no one really knows how to answer that question. Yes, some of the psychiatric community says the safeguards are there and if three psychiatrists say that it is irremediable, then that is enough. However, we are all asking where the mental health supports are, particularly for those who are marginalized. Where is the access?

This is one that particularly perturbs me. I have had many people come to me from a community that has experience with using psilocybin, conventionally known as magic mushrooms, as a way to alleviate a mental health condition, which might otherwise be irremediable, with remarkable results. We know that Health Canada is currently accelerating trials on psilocybin. It strikes me as beyond a catch-22 that the authorities would say to those people and to their doctors, who think psilocybin could help them, when the alternative is that they are more likely to commit suicide, or if we do not act by March 17, they will have access to legal medical assistance in dying, and it would be too dangerous to let them try psilocybin, but the alternative is death. It seems to me that any medical risks from psilocybin pale in comparison to the irreversible reality of death. How can we let this happen? We cannot.

I think we need to discuss another thing in this place, which is societal assistance in living. We know what medical assistance in dying looks like, but what does societal assistance in living look like? It means ending poverty and bringing in a guaranteed livable income for all. It means access to mental health services in this country. It means a compassionate and caring approach that says to every Canadian, whether in the disability community, the indigenous communities or the youth who are struggling with addictions, that we hear them and will not fail them. That means, no matter how members feel about it, we have to pass this legislation expeditiously.

• (1300)

[*Translation*]

Hon. Pierre Poilievre: Madam Speaker, as we are debating this measure today, a huge scandal is unfolding.

We learned from the Auditor General yesterday that there is evidence of corruption and wasteful spending. That is why we are announcing that we want the RCMP to expand its investigation in or-

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der to find the truth and shed light on the possibility of criminal activity in the arrive scam scandal. I have letters to that effect.

[*English*]

I am asking the RCMP to expand its investigation into the arrive scam affair, and I am tabling this letter—

The Assistant Deputy Speaker (Mrs. Carol Hughes): I thought the hon. member was rising on questions and comments, but his intervention does not relate to the debate.

Hon. Pierre Poilievre: Madam Speaker, I am rising on a point of order.

The arrive scam scandal has exploded into public consciousness after the Auditor General revealed evidence that senior government officials got gifts, such as fancy whiskies, in order to give out contracts. I would like to table in the House of Commons a letter to the RCMP commissioner asking for the investigation into arrive scam to be expanded.

The Assistant Deputy Speaker (Mrs. Carol Hughes): Is there consent?

Some hon. members: Nay.

The Assistant Deputy Speaker (Mrs. Carol Hughes): Questions and comments, the hon. member for Châteauguay—Lacolle.

[*Translation*]

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Madam Speaker, I have a question for the hon. member for Saanich—Gulf Islands—

[*English*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): Order. I cannot hear what the hon. member is saying. If members want to have conversations, I would ask them to please take them out into the lobby or outside the chamber.

The hon. member for Châteauguay—Lacolle.

Mrs. Brenda Shanahan: Madam Speaker, I greatly appreciated the comments, just as I have all the discussions in this debate today.

Going back to 2015, I too sat on the first joint committee to study medical assistance in dying. It was a difficult time for me as a new member. As a practising Catholic, I was profoundly touched by the issue, but I was able to understand, through expert testimony, that it is important for people to have choices.

I would ask my hon. colleague, since I know she is also a person of faith, to talk about that. Even though we may personally have very strong values, is this not something on which Canadians deserve to have a choice?

Ms. Elizabeth May: Madam Speaker, I must say, I was very disappointed that the hon. leader of the official opposition was not rising to ask me a question. It would have been a first, and I was so looking forward to my response to him.

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The hon. member for Châteauguay—Lacolle has asked me a very important question. I am a person of faith. I struggled with this. My constituents convinced me. I spent a lot of time talking to people in Saanich—Gulf Islands, who begged me to support legalizing, removing criminal sanctions for, medical assistance in dying. My view is very personal and a matter of conscience; I do not expect others to agree with me, when they passionately and firmly believe otherwise. I believe all life is sacred, of course. I believe that taking a life, including one's own life, is also a profound matter of deep moral conflict. However, I have no doubt at all that the Christian impulse to compassion is not to allow people to suffer needlessly.

Medical science is now allowing us to extend our lives beyond what my grandparents and their peer groups would have experienced. As we extend our—

• (1305)

The Assistant Deputy Speaker (Mrs. Carol Hughes): I have to allow for other questions and comments; I am sure the hon. member can continue to elaborate.

The hon. member for Montcalm.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I am sure my colleague's intention is not to exploit the pain of people who have been enduring irremediable suffering for decades. However, she is repeating an argument that we have heard often in this debate and that I feel is something completely separate.

The issue of access to primary mental health care has nothing to do with the decision we must make on whether to expand medical assistance in dying since, with regard to access to care, these people would not qualify under the criteria and guidelines of the expert report.

I do want us to advocate for better care. I wholeheartedly agree with that, but that is another debate. However, there are people who have been receiving care for decades and who are suffering, and the government wants to tell them to keep suffering for three years.

Ms. Elizabeth May: Madam Speaker, I believe access to care really is a key issue. I agree that having a continuum of suffering is unacceptable.

I am not against MAID eligibility for people who are suffering due to a disease and who have shown that their suffering is real. We must act. However, we do not have to act immediately, on March 17.

[*English*]

Ms. Lisa Marie Barron (Nanaimo—Ladysmith, NDP): Madam Speaker, can the member share a bit more around the decision to use time allocation? Why is it important that we get this legislation put through? What are the impacts on people in our communities if we do not?

Ms. Elizabeth May: Madam Speaker, it is not an easy choice. I was in this place in the Harper years, when time allocation started to be used on every single bill. In those days, the Liberals were against it, as I was. Things change. Whoever is in power thinks that the tools that were used by the last government, which they used to

decry, are okay if they are efficient for getting things done, because might makes right. However, it is and always will be wrong, whether the Conservatives or the Liberals use it.

This time, we are up against it. We have no choice. We are responsible grown-ups. We have to get this bill through so that we do not have a default reality that none of us would vote for.

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Madam Speaker, the decisions made in this place have a direct impact on the lives of Canadians. That impact can be no greater than when it is a matter of life or death, and this is exactly the case with this piece of legislation. As members of Parliament, we have a duty to serve in the best interests of Canadians; this duty must extend to the protection of the most vulnerable in society.

I should note that I will be splitting my time with the member for Portage—Lisgar.

The expansion of medically assisted death to those suffering from mental illness is dangerous and, simply, reckless. It is inevitable that the expansion of MAID to those suffering solely from a mental illness would result in the deaths of Canadians who could have gotten better. This is not to say that those with mental illness should be left alone to suffer. Recovery is possible, and we cannot give up on these individuals and their loved ones. Canadians suffering from mental illness need and deserve support and treatment. They may feel that their situation is hopeless, but the antidote is hope, not death. They deserve government policy and a health care system that are compassionate and responsive to their needs. Where there are gaps or shortfalls in our care system, we should prioritize working alongside our provincial partners to address them. That, not expanding MAID, should be the priority.

The Special Joint Committee on Medical Assistance in Dying heard loud and clear from the mental health experts and advocates that the planned expansion of MAID was dangerous. The current Liberal government has already had to introduce eleventh-hour legislation to delay the expansion of MAID by one year from the date that it had arbitrarily set. We find ourselves, ironically, now in the same position as we were in last year. Bill C-62, once again, would only offer a temporary delay in the expansion of MAID to persons suffering from mental illness. The risks and dangers that exist today would continue to exist in three years. However, the Liberal government is intent on its expansion.

It is truly frightening to see that the Liberal government wants to continue to expand the access to MAID, despite clear concerns about safeguards of vulnerable people. The Liberals' careless approach was already evident when the Liberal government decided not to appeal the Truchon ruling and, instead, introduced legislation that went much further than the ruling had required.

What we have seen repeatedly from the current Liberal government is the willingness to offer MAID to more and more Canadians, without prioritizing supports or treatment. This continues to be the case with those in the end stages of life. Through pain management and psychological, emotional and practical supports, palliative and hospice care provides relief from pain, stress and symptoms of serious illness. Palliative care has proven to improve the quality of life not only for the patient but also for their family. However, access to this is not universal here in Canada.

The government's own report on the state of palliative care in Canada, released this past December, confirms that access to palliative care is indeed not universal. We do not have the necessary safeguards in place to protect vulnerable Canadians when access to MAID is more universal than access to palliative care is. When Canadians suffering from serious illness do not have access to appropriate care, they can be left feeling hopeless. Personal autonomy is not increased when a person feels as though they have no other choice.

When the current Liberal government removed the “reasonably foreseeable death” clause from the MAID framework, it opened up to persons with disabilities who are not close to death. Disability advocates raised alarm bells with this decision, and the news stories that have emerged in recent years have underscored the risks and the danger in that decision. Reports showing that poverty, not pain, is driving Canadians with disabilities to consider assisted death are truly heartbreaking.

For persons with disabilities, the pressures of the cost of living crisis are compounded. Their basic living costs are generally much more significant. As the prices go up on everything, their costs are even greater. It is unacceptable that there are persons with disabilities turning to MAID because of their cost of living situation.

● (1310)

This NDP-Liberal government's inflationary spending and taxes are fuelling the affordability crisis in this country, and what is even more shameful is that, despite the pain and suffering it is causing Canadians, there has been no course correction for this costly coalition. It has continued to mismanage tax dollars. It is intent on quadrupling the carbon tax, which is increasing the cost of just about everything.

Let us not forget that not a single disability payment has gone out to those who want it and have been asking for it. Bill C-22 was sped through the parliamentary process, but those who are desperate for financial assistance are still waiting.

The affordability crisis is continuing to surge across the country, and it is further putting persons with disabilities in a vulnerable position. Medically assisted death should not be more readily available to persons with disabilities than the supports and accommodations they need to live a full, healthy and dignified life.

Repeated reports that Canadians are being offered medically assisted death without first requesting it is also very alarming. It suggests that safeguards have not been put in place to ensure that vulnerable people are not being pressured or coerced into seeking medically assisted death. No person should feel that the health care

system, the infrastructure that is meant to provide care and support, sees no value in their lives.

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There are serious concerns with the existing MAID framework and the framework's ability to protect the most vulnerable in our communities. These are concerns that are not being addressed by the Liberal government and that ultimately should be the priority of the government on an issue such as medically assisted death. When the risks and concerns that exist with the current framework are already proven to be warranted, we should certainly heed the clear warnings against its expansion.

Experts have said that it is impossible to predict in any legitimate way that mental illness is irremediable. This means that individuals suffering solely from mental illness can recover and can improve. Their mental health state is not destitute nor without hope. If medical assistance in dying is offered to persons suffering solely from mental illness, it is inevitable that vulnerable Canadians will die who could have gotten better.

Experts have also made it clear that it is difficult for clinicians to distinguish between a rational MAID request and one motivated by suicidal thoughts. Persons with mental illness are already disproportionately affected by suicide and suicidal ideation. To extend access to medically assisted death to this group of individuals contradicts and undermines suicide prevention efforts. Every single person's life has value and purpose. It is not acceptable to have government policies in place that devalue the life of a person, and the Liberal government's intention to expand access to MAID fails individuals suffering from mental illness in this country.

Whether it happens in March of this year or in three years, the expansion of MAID will still be dangerous and reckless. The delayed expansion of MAID will ultimately still fail vulnerable Canadians. Bill C-62 does not go far enough to protect those suffering with mental illness. The Prime Minister must immediately and permanently halt the expansion of medical assistance in dying to persons with mental illness. We cannot give up on an individual who is suffering. They deserve support and treatment, not death.

Common-sense Conservatives know that recovery is possible for persons suffering from mental illness. We do not support policies that abandon people when they are in their most vulnerable state. Death is not a treatment for suffering. We will stand with them and their loved ones. Above all else, when we consider medically assisted death, we must be gripped by a resolve to protect the most vulnerable because, in matters of life and death, there is simply no room for error.

● (1315)

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Madam Speaker, I listened to my colleague's speech, and I realized there was a lot of personal input and a lot of regard for the vulnerable.

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Does she not agree, as I had to come to accept that, regardless of my personal feelings, beliefs, values or the choices I would make for myself, and given the safeguards that were put in place with successive legislation, Canadians are deserving of having that choice for themselves?

Mrs. Rosemarie Falk: Madam Speaker, in my experience with social work, being in a hospital setting and having the opportunity to be with patients in the most difficult times, such as their end of life, or during palliative and hospice care, as difficult and as hard as those situations are, the opportunity for family reconciliation is amazing. The fact that we would just rob Canadians of allowing their families to reconcile is just a shame.

There are accounts of Canadians being coerced and being offered MAID when there are not proper supports, such as psychiatrists or psychologists, there to help them. It is absolutely unacceptable.

• (1320)

[*Translation*]

Mrs. Marilène Gill (Manicouagan, BQ): Madam Speaker, we have been debating this bill for several days, or several years, even. Sometimes, I get the impression that people are not seeking out the most up-to-date information so we can have an enlightened debate.

Earlier, I heard some stereotypes, perceptions and impressions that have no place in this debate. I would like to ask if my hon. colleague is aware that this is not about giving or offering medical assistance in dying to someone who is in a state of distress and contemplating suicide. She talked about this a lot in her speech, but this would not happen.

I wonder if she is aware of this and if she has read the report. Has she really done enough research to debate this issue in an intellectually rigorous and consistent manner?

[*English*]

Mrs. Rosemarie Falk: Madam Speaker, I just want to mention Kathrin Mentler. She is 37 and, as described in an article, she:

lives with chronic depression and suicidality, both of which she says were exacerbated by a traumatic event early this year...

Ms. Mentler says a clinician told her there would be long waits to see a psychiatrist and that the health care system is “broken”. That was followed by a jarring question: “Have you considered MAID?”

I will listen to the Canadians who have been coerced, who have had it suggested to them that their life is devalued and that they are not wanted, and who have been offered MAID. It does happen, and I would suggest all members in the House do their research on all sides of the subject.

Ms. Lisa Marie Barron (Nanaimo—Ladysmith, NDP): Madam Speaker, I did not realize until the member's speech today that she was a social worker prior to becoming a member of Parliament. I worked in mental health and addictions prior to become a member of Parliament as well.

Can the member share her reflections on what is at the root of this discussion, which is the importance of those most vulnerable in our communities accessing the supports they need and deserve? Can she reflect on the importance of us having the mental health transfers that were promised in the last election, as well as housing

and wraparound supports? What are her reflections now that she is in this position as a member of Parliament?

Mrs. Rosemarie Falk: Madam Speaker, I think society is going to a place where we are devaluing people. It is easier for somebody to suggest medical assistance in dying than to actually take the time to help. Sure, we can have a conversation on what the municipal and provincial roles in that are and the wraparound services. However, this comes down to treating humans with dignity and value, and giving them a hand up. It is not suggesting that their life is not really worth it, that everything is broken, and to just book them in at 2:00 p.m. on Friday to end it all. That is disgusting, and society needs to do better.

Mr. Branden Leslie (Portage—Lisgar, CPC): Madam Speaker, before I give my speech on this very important topic, I would like to quickly comment on the horrific incident we faced in southern Manitoba over the weekend with the tragic loss of life of two young women and three children. As a father, it is tough to fathom the loss of a child and the impacts it would have on that family's loved ones and friends. It would impact everyone in their lives and, frankly, the broader community.

My heart goes out to those of Carman and the surrounding area, and to the friends, families and loved ones of the victims of this horrific incident. It is devastating news for a small community like that, where folks know their neighbours and look out for each other, so I pray for strength during a very dark and incredibly difficult time for our community.

To the issue at hand, we are more than a month away from the Liberal government implementing medical assistance in dying for those who suffer from a mental illness. I believe this is heartless, reckless and immoral. Every Canadian has worth, and I, for one, will never give up on those who need help.

Never have I seen a government mismanage an issue as critical as this, and while it may be unpleasant for my Liberal colleagues to hear, I believe they must be held to account. Due to the incredibly serious nature of this issue, there is a lot to be answered for. How could the Prime Minister let this happen and let it get to this point? How could the government be so irresponsible and negligent?

From day one, our Conservative team in Parliament has been sounding the alarm bell, but we were ignored, and we now find ourselves in an emergency. I believe it is ludicrous that it took the outcry of countless medical professionals to get the Liberals to reverse course on this matter. Witness after witness testified to the Special Joint Committee on Medical Assistance in Dying about the dangers of pressing ahead with this plan.

Why did the Prime Minister accept the last-minute amendments put forward by the Senate that dramatically changed the legislative framework for MAID? There was no parliamentary study. There was no consultation with experts or affected groups and no evidence that MAID for mental illness could be implemented safely and appropriately. When the Liberals' original bill, Bill C-7, was put before MPs, at no time did it contain any language about creating a pathway for MAID for those with mental illnesses. In fact, it explicitly ruled that out in its entirety.

The original proposed amendment to the Criminal Code specified that “persons whose sole underlying medical condition is a mental illness are not eligible for medical assistance in dying”. The then Minister of Justice said, “there is no consensus among experts on whether and how to proceed with MAID on the basis of mental illness alone.” The minister then did a 180° and became a proponent of this disastrous course. Due to his actions, and the Prime Minister's rubber-stamping of the those Senate amendments, we are where we are today.

This is now the second time the Liberals have had to delay the implementation of their reckless legislation. There will never be a consensus from mental health experts that the government should implement MAID for those who are suffering from a mental illness, and if the Liberals will not listen to me, I implore them to listen to their own expert panel on MAID and mental illness, when it said it is implausible to determine whether a mental disorder is incurable.

The panel's report said, “There is limited knowledge about the long-term prognosis for many conditions, and it is difficult, if not impossible, for clinicians to make accurate predictions about the future for an individual patient.” That was echoed by the heads of psychiatry departments of all 17 medical schools, who called on the Liberals to stop this plan from being implemented on March 17.

I completely agree with these experts, but not only should we pause this law from being implemented, we need to permanently end it once and for all. Let me be perfectly clear. Instead of delaying, the government needs to introduce a bill to ensure that it never happens.

When I ran to become a member of Parliament, this was a key plank of my platform. I pledged to do everything I could to stop the Liberals from ever implementing this dangerous idea, and the sad reality is that the Prime Minister—

• (1325)

The Assistant Deputy Speaker (Mrs. Carol Hughes): May I interrupt the hon. member? There is a lot of noise, and I am not sure if the noise is coming from individuals in the hall outside. I will ask the Sergeant-at-Arms to go check that out.

I know people are probably filing in, but it is getting a little loud, and we want to make sure we hear what the hon. member has to contribute.

The hon. member for Portage—Lisgar.

Mr. Branden Leslie: Madam Speaker, as I said, the sad reality is that the Prime Minister only wants to delay this implementation. Even the Liberal minister in charge of mental health said last week that her government was not debating if but when this law should

proceed. My answer is never. It should under no circumstances proceed.

Instead of being in a position where the Liberals keep introducing legislation to postpone this terrible policy, it will take a new Conservative government to resolve this issue once and for all.

I want to remind all MPs in the House that we could have dealt with this issue not too long ago. My Conservative colleague, the member for Abbotsford, introduced a private member's bill that would have stopped this from ever happening. Almost everything we are discussing today would have been dealt with by that bill. Sure enough, the Prime Minister and almost every Liberal MP voted against it.

As for my colleagues, who seem unconcerned about the expansion of MAID, let me try to persuade them otherwise. There is no reasonable way to establish a legal framework to identify which mental illnesses are incurable. Every person is different and every circumstance is unique. There are variables such as people's economic situation, their support system and where they live that have an impact.

Unfortunately, in rural Canada, access to mental health and addictions services are often abysmal. If people are fortunate enough to live in a community that does have access to mental health services, there is a good chance they will have a lengthy wait time ahead of them. If people make the very difficult decision to seek help and go looking for it, I am embarrassed to say that it can take days, if not weeks, for them to get that help.

It is understandable how people with a mental illness, who have lost all hope, can think this way because they cannot access the treatment and support they need. We all know someone in our lives who has struggled. We also know that this does not define the person. Due to the stigma slowly receding, more and more people are finally seeking the help they need.

The other good news is that mental health research and advances have come a long way in helping treat those with a mental illness. Sometimes it can take years of treatment, even a lifetime's worth, but with the right supports and help, people can regain control of their lives. I am raising this because, in accordance with the law, there is a prerequisite that someone must suffer from a grievous and incurable medical condition to be eligible for MAID.

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On the first part, there is no doubt that people suffering from mental illness are in a grievous condition at times. If they cannot get the help they need, it can quickly get out of control. As to the second part, it is no wonder why people think their mental illness is incurable. If they cannot access mental health supports, services and treatments, it must feel like they will never get better.

The Liberals love to talk about compassion, so as I wrap up my comments, let me tell the House the compassionate thing to do.

First, we need to permanently suspend, not delay, MAID for those whose sole underlying condition is mental illness.

Second, we need to better our services for those who are most vulnerable in our society. Unfortunately, the Liberal government has yet to deliver on its campaign promise of implementing a mental health transfer for the provinces. Instead of improving access to mental health services, all people are hearing is that the government is making it easier for them to choose death.

Finally, we need the Liberals to understand that there is a cost-of-living crisis. Far too often, we have seen them ignore the needs of struggling Canadians. There have even been instances of people coming forward to say that they feel MAID is their only choice because they cannot afford to live any more.

In St. Catharines, a man said that he wanted to start the process of applying for MAID, not because he wants to die but because social supports are failing him and he fears he may have no other choice. The CEO of the Mississauga food bank has said that people are coming into her facility asking not for food but for help to end their lives, not because they are sick but because they cannot afford to eat.

I will proudly continue to fight for the most vulnerable in our society and for common sense. Today, that means we are calling for the suspension of MAID for those suffering with mental illness.

• (1330)

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Madam Speaker, I listened to my colleague's speech, as I did with the previous speaker. I am curious, because there seems to be an introduction of partisan ideology in this discussion, which is not warranted. In fact, it was completely refuted by an earlier Conservative speaker, who I greatly appreciate, the member for Louis-Saint-Laurent.

I will ask my colleague the same question that I have asked others. Regardless of our personal beliefs, values and how much we may not like the idea of medical assistance in dying, can we not accord other Canadians the same rights, the same choices and, indeed, how those choices will help those people have agency in their own lives? Can we not give them that same choice?

Mr. Branden Leslie: Madam Speaker, I believe the stories of folks who are struggling to such a point that they are even considering this. The fact that we are looking at making this an available option instead of treatment, instead of getting them the services they need, is so disappointing.

To the second part of your question, this started as medical assistance in dying. A Supreme Court decision forced Parliament to make a decision to set up a framework. We seem to have evolved to

medical assistance in suicide. From my personal perspective, I want to fight for those who are facing real challenges and give them the hope they need so they can continue to live and improve their quality of life, not end it.

• (1335)

The Assistant Deputy Speaker (Mrs. Carol Hughes): I want to remind the member that he is to address all questions and comments through the Chair, not directly to the members.

[*Translation*]

The hon. member for Lac-Saint-Jean.

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Madam Speaker, I would like to invite my colleagues in the Conservative Party and its Quebec caucus to take inspiration from what happened in Quebec during the debate on medical assistance in dying. We discussed it calmly and in a non-partisan manner. We looked at the data and let the science guide us.

In his speech, my colleague insinuated that Quebecers and Canadians could request medical assistance in dying because they were hungry or because they could not make ends meet. Unfortunately, that is mere demagoguery. My colleagues are using misinformation, in other words, inaccurate information, to mislead Canadians and Quebecers, perhaps at the prompting of the religious right, which I strongly suspect controls the Conservative caucus.

I will simply ask my colleague whether he spoke to his fellow caucus members from Quebec to determine what exactly Quebec thinks about medical assistance in dying.

[*English*]

Mr. Branden Leslie: Madam Speaker, the important part to deal with here is that we are worried, and have been for some time, about the framework and those restrictions and what this slippery slope could lead to. It is about having a robust framework to ensure that those individuals cannot be taken advantage of or use the system in an unfortunate way.

This is the Parliament of Canada. We are dealing with the federal Criminal Code that impacts all provinces. When provinces have come forward and said that they are not ready to implement such a system or when so many stakeholders say that they are opposed to this, I will listen to the people across the country, whatever province they are from.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, once again, while I agree this time with the Conservatives that extending medical assistance in dying to those who have mental disorders as the sole underlying condition is very problematic and should not happen, I cannot understand the Conservatives not supporting moving quickly with the bill we have in front of us, because we face a deadline for when this will come into effect if we do not act.

Mr. Branden Leslie: Madam Speaker, I agree with that. I cannot believe that it has come to this. We have heard testimony for months and years now about how this amendment that the government, for some reason, accepted from the Senate would be problematic. For some reason, the Liberal government has decided to dilly-dally to a point in which we have emergency legislation, days away from this coming into force. I put this squarely at the feet of the Liberal government.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I am not too sure if the member actually understood the question that was just posed to him. It points out a major issue within the Conservative Party. The Conservatives have said that they do not support it, yet they did not vote in favour of the motion that ultimately, by its passage, will guarantee that this motion is able to pass Bill C-62.

What is the essence of Bill C-62? It is to provide a three-year waiting period, so the concern that he has does not take effect come March 17 this year. If this legislation does not pass, what the Conservatives are complaining about will actually turn into a reality. One would think that they would understand that. I can appreciate that a majority, in listening to the discussion, is of the same opinion as the member across the way. If they support what they say, then they should support Bill C-62. If they do not vote for Bill C-62 and the bill does not pass, there will be no three-year extension.

I am very disappointed in the manner in which this issue is being debated. It is a very serious issue. I remind members that the reason we have the debate today is because of a Supreme Court of Canada decision back in 2015, which the then prime minister Stephen Harper did not act upon. That was back in early 2015.

After the 2015 general election, when we assumed office in November 2015, one of the first things we did was look at the legislative agenda. We did some positive things, but one of the things we had to deal with was the Supreme Court of Canada decision, which the Conservatives actually ignored. That meant we had to bring in MAID legislation. It was not an option.

Is there a member of the Conservative Party today who would stand up and say that there was an actual option, that we did not have to respect the Charter of Rights, the rights that are guaranteed to Canadians from coast to coast to coast?

If one reflects on the debates that took place back then, it is quite the opposite with respect to what we are witnessing today. Back then—

• (1340)

Mr. Michael Barrett: Madam Speaker, I rise on a point of order. With closure having been moved on this, the member has spoken for 70 minutes. He is taking up time. He is suppressing other members from having the opportunity and instead playing politics on a matter that is literally life and death. He should be ashamed.

The Assistant Deputy Speaker (Mrs. Carol Hughes): That is not a point of order. I would ask members that when they raise points of order to please ensure it is a point of order.

The hon. member has only been speaking for four minutes at this point. He still has 16 minutes and hon. members will have 10 min-

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utes for questions and comments. I would ask members to please wait to ask questions or to make comments.

The hon. parliamentary secretary to the government House leader.

Mr. Kevin Lamoureux: Madam Speaker, members of the Conservative Party might not like what I have to say, but it is the truth, and sometimes the truth hurts. If we go back to the original debates in May, we would find a great deal more compassion being expressed on the floor of the House of Commons, on all sides. Whether they were Liberals, Conservatives, New Democrats or any others, members demonstrated very clearly the difficulty of what Parliament had to do in bringing in MAID to respect the Supreme Court of Canada decision. Today during the debate, we witnessed the leader of the Conservative Party standing on a point of order on something completely irrelevant to the debate, to attempt to table a document. Why did he? He just could not wait until question period, I guess, which begins after statements by members that start in about 15 or 20 minutes.

We should listen to what some of the Conservative speeches have been about. Some Conservatives, the last couple in particular, have stood in their places and given a false impression that the legislation would be like suicide on demand. The member for Battlefords—Lloydminster said that today someone feeling depressed due to mental health issues could go to a doctor and book an appointment to commit suicide, with the government's support, on Friday. Members of the Conservative Party are spreading misinformation on such a sensitive issue. These are very difficult things that Canadians have to deal with every day.

Yesterday the member for Cumberland—Colchester referred to 12,000 or 13,000 people being killed in a very ad lib fashion, implying that the legislation just allows people to be killed. From my perspective, the decision to access MAID is not easy; it is a very difficult one. Family members and individuals are experiencing some very difficult times in dealing with a real-life situation. Conservatives, yesterday and today, are virtually making a mockery of it and spreading misinformation on such an important issue. What happened to the compassion of 2015-16 and even 2017? At that time, there seemed to be a sense in the chamber that, yes, at times there are going to be disagreements if members feel very passionate about an issue, as they should, but there was also a much higher sense of co-operation as members shared the experiences they were being told about by their constituents.

The member for Portage—Lisgar said that people are going to food banks and are thinking of committing suicide because of the cost of living. There are a number of things that come to my mind that speak to the manner in which individuals across the way make those types of stupid statements. That is, quite frankly, what they are; they are not legitimate contributions, such as discussion about supports and services would be, to the debate on such an important issue that the House is having to address.

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• (1345)

In the debates taking place in 2015-16, we heard a great deal about issues like hospice and palliative care. We wanted to ensure that MAID legislation would not in any way be utilized as a direct result of not having proper services and systems in place to provide assurances to those individuals who were feeling so compelled to actually access MAID. Those are the types of things that I think really contributed a great deal back then.

Today, in contrast, Conservatives will say, “What about the \$4.5 billion that the Liberal Party made a commitment to?” Members are right in that there was a substantial commitment by the government to deal with the issue of mental health, and the commitment was significant: several billions of dollars over five years. It is one of the reasons that the health care agreements we have put into place, which were highlighted last year, of just under \$200 billion over 10 years, are to support health care not only today but also in future generations that will benefit by that sort of investment. Furthermore, the Minister of Health is working with provinces, coming up with agreements that deal with things like mental health and services. We recognize how important it is to ensure that these services are being supported.

Unlike a number of members from the Conservative Party, and I do not want to label them all, at least not at this point, this is a government that has continued to work with, in particular, provincial jurisdictions and other stakeholders in different forums in order to provide assurances that the people who are accessing MAID are, in fact, being informed in a very tangible way of the types of services available. In no way whatsoever is it as simple as their just saying, “I want this and I will get it”, and then two days later receiving it. We can look at the amount of public attention and debate that has taken place on issues such as palliative and hospice care since the MAID introduction, which I believe have been greatly enhanced.

I would like to think that provinces, which are ultimately responsible for the public administration of health care services, have taken note and understand that they too have a responsibility because they are the ones delivering the services that Canadians expect. The federal government has recognized that by supporting things such as the encouragement of long-term care standards and by providing substantial finances to ensure that provinces are better able to meet the demands on health care services. With respect to what I said earlier in regard to mental health, there are serious commitments that we continue to live up to and work on with other jurisdictions.

• (1350)

I have confidence, as I indicated yesterday, in the health care professionals, the social workers and the other individuals who have the expertise and confidence in the individual who feels that MAID might be the avenue for them to pursue. There is a great deal of effort put into every situation, and I have confidence in the system.

Members can correct me if I am wrong, but I cannot recall one province or premier in Canada that has clearly said that MAID is not working. The provinces are asking for the three-year extension in one aspect of MAID: where mental health is the sole reason for the request. The issue of the sole underlying medical condition being a mental illness was added to the original MAID legislation,

then brought in as a form of legislation and allowed a period for provinces and jurisdictions to have time to get what is necessary in place so Canadians could be served.

We then found that the provinces required more time. There were a number of provincial governments not saying to get rid of MAID, but rather saying that they needed more time for the implementation of that aspect of it. That is in essence why we have the legislation that we have before us today.

However, if we listen to members of the Conservative Party, we will find that they give no indication of supporting Bill C-62. It will be interesting to see how they actually vote. Logically, I would think they would vote in favour of the bill. If they do not vote in favour of Bill C-62, and, for whatever reasons, the legislation were not to pass, ultimately the criterion of sole underlying medical condition of mental illness would take effect on March 17 of this year. Therefore, it is important that members, no matter what side of the debate they happen to be on, would be in favour of the legislation because it is a direct response to what is being asked of the Government of Canada by our partners that are ultimately responsible for administering the legislation.

Members opposite will often try to say that it is up to the government. It is important to highlight what I mentioned at the very beginning: The reason we have MAID legislation today is that in 2015, the Carter decision by the Supreme Court in essence said we had to bring it in. There was no choice, if, of course, we respect the Charter of Rights and Freedoms. I will repeat what I said yesterday: There was a great deal of consultation, literally hundreds of hours of different types of meetings, including standing committees, chamber debate, outside meetings in ridings, canvassing and petitions. Even though there were all sorts of mechanisms to provide input, at the end of the day, I believe that the legislation met a threshold to, in good part, deal with the concerns of the Supreme Court of Canada and to respect the Charter of Rights.

• (1355)

That was followed by a decision in appeal court in Quebec giving us another obligation to improve the legislation and that is exactly what we did.

We continue today to look for ways to improve the legislation. I believe it is a reflection of the Canadian Charter of Rights and Freedoms. If members of the Conservative caucus are saying that they do not support the MAID legislation, then I would question whether they actually support the Canadian Charter of Rights and Freedoms.

I would further add that the leader of the Conservative Party's general attitude—

The Speaker: We have time for a 15-second question.

The hon. member for Louis-Saint-Laurent.

*Statements by Members**[Translation]*

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, during the speech, we heard some things that ought to be corrected.

The member alleged that some members on this side of the House were spreading disinformation, which is completely false. I will prove it—

• (1400)

The Speaker: We are out of time.

The member can resume his question after oral question period.

STATEMENTS BY MEMBERS

[English]

HEALTH CARE

Mrs. Jenica Atwin (Fredericton, Lib.): Mr. Speaker, two weeks ago, the only clinic offering surgical abortions in New Brunswick closed its doors. Clinic 554 was the only place to access the procedure in the capital region, as well as the only place offering gender-affirming health care.

Patients seeking abortions are now forced to drive to hospitals in Moncton or Bathurst. Not everyone has the luxury of time or transportation to travel cross-province. This creates disproportionate barriers for the most vulnerable people in our communities to accessing the essential care they need.

The right to reproductive choice is legally protected for all Canadians, but the Government of New Brunswick refuses to cover clinic-based abortions by medicare. Clinic 554 was also one of the few places where trans and gender-diverse New Brunswickers were able to access the information and health care they need. They now have nowhere left to turn.

This is unacceptable, especially since Fredericton is one of the most gender-diverse communities in Canada. Premier Higgs has demonstrated blatant disregard for trans and gender-diverse New Brunswickers, and now he has succeeded in removing their lifeline to gender-affirming care. This is unacceptable.

I am calling on the provincial government to take the necessary steps to protect reproductive choice and ensure everyone in New Brunswick has the health care they need.

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LIBERAL PARTY OF CANADA

Mr. Scott Aitchison (Parry Sound—Muskoka, CPC): Mr. Speaker, the NDP-Liberal government has turned its back on rural Canadians and northern Ontario. Hard-working folks from Thunder Bay to Kapuskasing, to North Bay, Sudbury and the Soo want to own a home. They want the dignity of a good-paying job and affordable gas and food, but after eight years of the Prime Minister, we know he is not worth the cost because the results are worse than ever.

Housing costs have doubled, and the NDP-Liberal coalition is planning to quadruple the carbon tax on gas, groceries and home

heating. The government has continually gone after hunters and sport shooters in Timmins instead of gun smugglers and gangsters in Toronto.

There is good news. Common-sense Conservatives will axe the tax. Conservatives will build homes, not bureaucracy. Conservatives will end inflationary deficits to lower interest rates and fix the budget. Conservatives will stop crime by bringing home jail, not bail, for violent offenders.

Cleaning up the Liberal-NDP mess will take a lot of work, but a new Conservative government will work just as hard as the good people of northern Ontario and we will bring it home.

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[Translation]

WOMEN AND GENDER EQUALITY

Ms. Lisa Hepfner (Hamilton Mountain, Lib.): Mr. Speaker, under our government, women have options. They have more options, in fact. That is essential. Thanks to the Liberals' strategies, women like the ones in my riding, Hamilton Mountain, can choose to grow their family because they know they have access to our support measures such as maternity leave. They can also choose to return to work thanks to our affordable child care benefit policy.

Under the Conservatives, they would no longer have these options. The Conservatives want to abolish the Canada child benefit, a measure that has lifted hundreds of thousands of children out of poverty. The Conservatives also want to reopen the abortion debate and attack the rights of gender-diverse people. They want to take away women's rights at every turn, whereas we are giving women options.

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AGRICULTURE AND AGRI-FOOD

Mr. Yves Perron (Berthier—Maskinongé, BQ): Mr. Speaker, today is agriculture and agri-food day, so let us give a hearty thanks to those who work in the sector. Our farmers get up every single day of the week to care for their animals and crops. They rarely take vacation and, when they do, they make sure it has as little impact as possible on the business and that someone is looking after the farm for them.

Statements by Members

Faced with a chronic labour shortage, our processors are holding down the fort. Despite demanding requirements and endless paperwork, they continue to provide high-quality products. The federal government refuses to extend the deadline for repaying CEBA loans, so our producers are being forced to use support from the Quebec government to pay back the money, which means they end up with no assistance at all. At a time when our processors could use a hand to modernize their operations, the federal government is nowhere to be found.

Let us celebrate agriculture and agri-food, and let us create the conditions these people need to live with dignity every day while pursuing their noble calling of feeding us all.

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[English]

MENTAL HEALTH

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Mr. Speaker, today I rise to speak about perinatal mental health. The perinatal period begins at conception and ends a year after childbirth. Twenty per cent of women will experience depression during this period. Children of perinatally depressed mothers are at increased risk of anxiety, depression, ADHD and autism.

[Translation]

Longitudinal studies have found a 70% increase in the odds of depression among adolescent and adult offspring of mothers who had perinatal depression. In 2022, more than five million Canadians 15 and up met the diagnostic criteria for a mood, anxiety or substance use disorder. Imagine how much lower this number would be if we could ensure timely access to perinatal mental health services.

● (1405)

[English]

I am proud to be part of a government that began the work last year by investing \$857,000 to develop national clinician guidelines for perinatal mood disorders, and I look forward to seeing what more we can do.

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CANADA'S AGRICULTURE DAY

Mr. John Barlow (Foothills, CPC): Mr. Speaker, today is Canada's Agriculture Day. It is a time to celebrate our farmers, ranchers and producers. Canadian agriculture and agri-food play a critical role in Canada's economic prosperity, producing local quality food for families in Canada and around the world.

It is also important to note the fact that Canadian farmers set the world standard in sustainability and stewardship. In fact, a tonne of Canadian wheat can travel around the world 3.5 times before it has the same carbon footprint as wheat grown in Europe. This is an incredible achievement, one which should be applauded, and our farmers should be rewarded for their innovation. Instead, farmers are being punished with higher carbon taxes and regulations that are based on activism and not science.

As Conservatives know now more than ever, our farm families need advocates, people who will celebrate their accomplishments. I

encourage everyone to learn more about where their food comes from and thank those farmers who put quality local food on our tables every day. I wish everyone a happy Canada's Agriculture Day.

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[Translation]

SEXUAL AND REPRODUCTIVE HEALTH AWARENESS WEEK

Ms. Anju Dhillon (Dorval—Lachine—LaSalle, Lib.): Mr. Speaker, on the occasion of Sexual and Reproductive Health Awareness Week, it is important to remember that, in recent years, and in many countries, women's right to make their own choices has been threatened, ground down or taken away entirely.

Feeling safe, free to choose and self-fulfilled should be a given. In 2024, women and girls continue to be victims of sexual and other forms of violence, and they are judged and discouraged from speaking out.

Our government continues to work very hard in Canada and in many other countries to ensure gender equality, which is based on respect for and the promotion of human sexual and reproductive rights.

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[English]

SEXUAL AND REPRODUCTIVE HEALTH AWARENESS WEEK

Hon. Ruby Sahota (Brampton North, Lib.): Mr. Speaker, I rise in this House to recognize Sexual and Reproductive Health Week. Under our Liberal government's leadership, a woman now has more opportunities to chart her own path in life.

We have improved access to family planning services and contraception. We have extended parental leave to 18 months, providing families with income supports and improving flexibility. We have delivered on a \$10-a-day child care plan, allowing women to not have to make the difficult choice between career and family.

We have also increased the amount families receive in the Canada child benefit and have indexed it to inflation so that families can be well supported into the future. We have been at the forefront of advocating for gender equality and reproductive rights around the world, while the Conservative Party of Canada has spent the last several years bringing forward bills that would limit the choices that women have.

As we recognize this week, let us celebrate the progress that we have made but let us be vigilant and remind each other not to let our guard down because what is happening in the U.S. could happen here too. I vow to all Canadians that we will not let it happen on—

Statements by Members

The Speaker: The hon. member for Souris—Moose Mountain.

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CARBON TAX

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Mr. Speaker, Canadians have had it with the NDP-Liberal government that continues to bankrupt this country with each passing day. After eight years of irresponsible leadership, the Prime Minister, who wasted over \$60 billion on his arrive scam app, is now asking Canadians for even more of their hard-earned money through the carbon tax, which is set to increase a whopping 23% this coming April.

This quadrupling of the carbon tax will increase prices on everything from food to fuel to home heating, and Canadians are tired of being left out in the cold. Due to the current cost of living crisis, many Canadians have been left wondering how they are going to put food on the table, especially given that the average family of four will pay \$700 more for groceries in 2024 than they did last year. It is simple: when we tax the farmer who grows the food and we tax the trucker who ships the food, we are taxing the Canadian who buys the food.

The Liberals need to pass Bill C-234 in its original form, and support the farmers and families who deserve better than a Prime Minister who is simply not worth the cost.

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● (1410)

CHILD CARE

Ms. Sonia Sidhu (Brampton South, Lib.): Mr. Speaker, women across Canada inspire us all. They know what is best for them and their families. That is why, because of our Liberal policy, women in Brampton and across Canada have the choice to raise a family, go back to work or start a new business knowing they have the affordable child care support they need.

It is essential for parents to have access to well-funded and accessible day care centres. However, the other side of the House called the national child care plan a “slush fund” and would cut investment in child care, taking this choice away from women and placing a financial strain on Canadian families from coast to coast to coast.

Women in Canada should not have to choose between a family and a career. I am proud of the investments our government has made to allow women to have a choice. Let us continue to break barriers for women in Canada and around the world. When we empower women, we empower everyone.

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LIBERAL PARTY OF CANADA

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, after eight years of this NDP-Liberal government, Canadians are struggling to make ends meet, yet somehow the Prime Minister found over \$60 million for his arrive scam app. With inflation eating away at earnings and with families having to cut back on gas, heat and groceries, the Prime Minister wants to increase the carbon

tax by another 23% on April 1. It is all part of the Liberal-NDP plan to quadruple the tax on the backs of hard-working Canadians.

In my riding, the Lacombe Legion paid an extra \$2,000 last year just for the carbon tax. This money, which should have been used to improve the lives of veterans and honour the memory of our fallen, has instead been funnelled to the government so it can pay off its friends at arrive scam. It is time to admit that the Prime Minister is just not worth the cost. Conservatives would axe the tax, build the homes, fix the budget and stop the crime.

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LIBERAL PARTY OF CANADA

Mr. Damien Kurek (Battle River—Crowfoot, CPC): Mr. Speaker, yesterday the Auditor General released her report on the arrive scam scandal. This damning report shows that the Prime Minister is not worth the cost or the corruption. This app should have only cost \$80,000, but it ended up costing taxpayers \$60 million. To make matters worse, \$12 million went to Liberal consultants who did not even work on the app. In addition, this app sent more than 10,000 Canadians unjustifiably into quarantine. Arrive scam reeks of corruption that goes straight to the top, but in the ethics committee today, it was verified that even emails that were deleted to cover up corruption can be accessed with authorization.

It is time for answers. That is why Conservatives are calling on the RCMP to expand its investigation into arrive scam so that those involved can face charges. The question is now this: Will the Prime Minister comply, or is he implicated?

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[Translation]

SEXUAL AND REPRODUCTIVE HEALTH AWARENESS WEEK

Mrs. Élisabeth Brière (Sherbrooke, Lib.): Mr. Speaker, on the occasion of Sexual and Reproductive Health Awareness Week, I would like to raise awareness among Canadians of the importance of understanding that their sexual health is merely an aspect of their general health.

We must also continue to defend women's family planning and reproductive rights. As a mother, I can tell you that having a child is the greatest miracle in the world. However, every family should be able to choose when to make these precious additions to their family, and we want every child to be born into a family that is prepared to cherish them.

Sexual and reproductive health also requires that we educate our youth. Awareness of sexually transmitted infections, unwanted pregnancy and the notion of consent is essential if they are to be responsible and careful.

Statements by Members

I would like to thank the organizations that fight the stigmatization and discrimination that often surround sexual and reproductive health, and that come to the aid of those who need help.

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[English]

CANADA'S AGRICULTURE DAY

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, there are some incredible challenges facing Canadian farmers: changing markets and price fluctuations in commodities; rising debt levels; and climate change-driven extreme weather events. Despite these challenges, farmers in Canada continue to confront and to overcome adversity while showcasing the innovative ways they are leading us into the 21st century with advances in food production.

Farmers are certainly not fans of the “Ottawa knows best” approach. Instead, as New Democrats, we want to partner with our farmers to help them build their resilience against climate change and confront the corporate greed that is driving up their input costs to unsustainable levels. To help our farmers, we need a government that is ready for action on a sustainable agriculture strategy, a critical input strategy and a mandatory grocery code of conduct.

Today is Canada's Agriculture Day. On behalf of the NDP caucus, I hope we can all take a moment to celebrate both the hard-working Canadian farmers who grow the food we love and the essential contributions of agriculture to our nation's prosperity and well-being.

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● (1415)

[Translation]

QUEBEC INTERNATIONAL PEE-WEE HOCKEY TOURNAMENT

Mrs. Julie Vignola (Beauport—Limoilou, BQ): Mr. Speaker, in hockey, there is an event that shines so brightly, a tournament where young hopefuls take to the ice with all their hopes and dreams: the Quebec International Pee-Wee Hockey Tournament.

Every year, this emblematic competition brings together teams from around the world, offering young players a unique opportunity to see how they measure up to elite players in their age group.

Behind every pass and every shot are the unsung heroes: volunteers, parents and organizers. Their invaluable dedication is what drives this tournament year after year. Let us thank them for their invaluable contribution.

I would also like to thank the organizing committee and its general manager, Patrick Dom, and I hope the players will have fun and create friendships and lifelong memories.

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[English]

PUBLIC SERVICES AND PROCUREMENT

Mr. Mark Strahl (Chilliwack—Hope, CPC): Mr. Speaker, the Liberal-NDP government's arrive scam app is not worth the cost or

the corruption. The Auditor General has now confirmed that what should have cost taxpayers \$80,000 ended up costing at least \$60 million, with \$12 million of that going to well-connected consultants who did no work on the app.

The final true cost may never be known because the government's record-keeping was so outrageously poor that the Auditor General said it was impossible to calculate all the costs associated with this boondoggle. What did this colossal waste of tax dollars result in? At least 10,000 Canadians were erroneously sent into quarantine. The Prime Minister's arrive scam app is not worth the cost or the corruption.

Conservatives are calling on the RCMP to expand its investigation into this scandal based on the revelations in the Auditor General's report. Will the Prime Minister join us, or will the costly coalition continue to cover up this corruption?

* * *

CANADA'S AGRICULTURE DAY

Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.): Mr. Speaker, today is Canada's Agriculture Day. Today and every day, we recognize our farmers and farm families' invaluable contributions and the resilience of our agricultural sector from coast to coast.

Our Liberal government is committed to supporting the hard-working Canadians who feed our country, strengthen our rural communities and drive our local economies. Since 2015, we have made critical investments to help farmers adapt to climate change and adopt sustainable practices. While Conservatives were cutting the agricultural budget, we increased it by 25%. Business risk management programs are more attractive and foster resilience and innovation in the face of environmental challenges. At the same time, agricultural exports have surged from \$56 billion to over \$92 billion, showcasing Canada's reputation as a trusted global supplier.

[Translation]

Today, I invite my colleagues to celebrate our farmers' contributions and their dedication to feeding our country. From the potato farmer on Prince Edward Island to the blueberry farmer in British Columbia, we thank them.

ORAL QUESTIONS

[Translation]

PUBLIC SERVICES AND PROCUREMENT

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, the Prime Minister and his arrive scam app are not worth the cost or the corruption. Following the Auditor General's revelations yesterday about corruption and waste, I wrote to the RCMP and asked it to expand the criminal investigation into the arrive scam scandal.

The Prime Minister has a history of blocking criminal investigations. Will he allow the RCMP to investigate him and his arrive scam?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the COVID-19 pandemic was a once-in-a-generation, even once-in-a-century occurrence. Everything we did and every decision we made was designed to protect Canadians. Of course, we all expect public servants and others to follow the rules. We expect the RCMP and the authorities to do their job.

However, it is worth remembering that our government is the one concerned about security at our borders. The Conservative Party continues to vote against help for the CBSA, against help to secure our borders.

• (1420)

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, corruption will not protect our borders.

Yesterday's revelations are as follows: first, the business that benefited wrote the contract; second, two people working from their home basement got a \$20-million contract for an app that should have cost \$80,000; and lastly, top Liberal government officials got whisky in exchange for giving out those contracts.

Will the Prime Minister respect the independence of the criminal investigation?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, of course, we will always encourage the authorities and let them do their job, and they will do it. We also know that the public service must follow certain rules and, if those rules were not followed, then there will be consequences.

We welcome the Auditor General's report with open arms. It is important for us to ensure that we are managing investments properly, even at a time when we were investing to protect Canadians from the pandemic of the century. We must ensure that all of the rules were followed.

[English]

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, the Prime Minister and his arrive scam are not worth the cost or the corruption. After yesterday's Auditor General's revelations of corruption, waste and mismanagement, I have written to the RCMP, asking it to expand its criminal investigation into the Prime Minister's arrive scam. He has a track record of blocking criminal investigations. He tried to protect SNC-Lavalin from prosecution. He blocked the RCMP from investigating his illegal vacation to billionaire island. Will he stay out of the way, or will he

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again try to block the RCMP's criminal investigation into arrive scam?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the COVID-19 pandemic was a once-in-a-generation or even a once-in-a-century occurrence in which every decision we took was designed to protect Canadians' lives. At the same time, even in a situation like that, there are rules that need to be followed, and we expect, and all Canadians expect, public servants to follow those rules. We will, of course, encourage the RCMP to do its work, but it does not take politicians, not even leaders of the opposition, to tell the RCMP to do its job. It does its job, and it does it well.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, it does its job unless the Prime Minister blocks it from doing its job, like he did in his criminal offence where he committed the crime of accepting a gift from someone who was seeking a government contract from him. He blocked the RCMP from investigating him.

COVID-19 is something the Prime Minister saw a once-in-a-generation opportunity to fill the pockets of his friends, whether it was the WE scandal, in which his family received a half million dollars, whether it was Frank Baylis or, now, the arrive scam. Will he stay out of the way and let the police investigate him and his corrupt government in the arrive scam?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, even a few years after the pandemic, we see the Conservative leader revert to type. While we were focusing on protecting Canadians in every possible way we could, they were peddling conspiracy theories about vaccinations and what have you.

While he continues to make personal attacks, we are going to continue to make sure that we are delivering for Canadians. Yes, we will make sure that all the rules are followed, and there are consequences for people who broke the laws or broke the rules. However, we will continue to be there for Canadians while he plays partisan games.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, it is more proof that the Prime Minister is not worth the cost or the corruption.

He is calling the Auditor General a conspiracy theorist, now that she has revealed that his arrive scam app went from \$80,000 to at least \$60 million and counting, that two insiders working from their home basement got \$20 million from the Prime Minister, and that top Liberal government officials accepted high-end whiskies and dinners in exchange for contracts that they let the contractors write for themselves.

Once again, will he stay out of the way and let the police investigate his government, or will he try to block it again?

Oral Questions

● (1425)

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I do not think the official Leader of the Opposition needs to work on his French; I think he just needs to work on his listening skills, because in French, two answers ago, I complimented and thanked the Auditor General for her work in ensuring that rules are followed and processes have consequences if they are misdone. This is a fact, and we know that even during a pandemic we need to be stepping up to protect people within the rules. That is why there will be consequences for anyone who broke those rules or those laws, while we continue to do everything we need to do to deliver for Canadians, to support people in their daily lives and to build a better future for all Canadians.

* * *

[Translation]

JUSTICE

Mr. Yves-François Blanchet (Beloil—Chambly, BQ): Mr. Speaker, my colleague from Montcalm proposed something in the context of medical assistance in dying that would allow us to postpone the final decision on the issue of mental health in general, while accommodating patients, or future patients, with respect to advance requests and respecting the will of Quebec.

In that context, the motion could be fast-tracked to complete the process by March 17. Will the Prime Minister vote in favour of the amendment proposed by the member for Montcalm?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we all know that medical assistance in dying is a difficult, deeply personal choice that families and individuals are confronted with at extremely difficult moments in their lives.

We know that, as a government and a Parliament, we have a responsibility to ensure that vulnerable people are protected, but also to respect the choices and rights of people who want to use MAID.

We will keep having these conversations, including with the Government of Quebec, to find the right path to take for everyone.

Mr. Yves-François Blanchet (Beloil—Chambly, BQ): Mr. Speaker, that vote will be held right here in Parliament. Maybe he should talk to us a little.

This is an opportunity to help him avoid problems with the conservative religious right and maybe even some small segments of his own caucus. This is an opportunity to show that members of Parliament can agree on important issues and respect choices that are, as he said, difficult and personal, without an agreement that is unlikely to last long.

Does he not see an opportunity to do the right thing, the compassionate thing, by voting for the humane solution?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I want to thank the Bloc Québécois for its compassionate and thoughtful contribution to this debate. These are the kinds of conversations we need to keep having in this Parliament. How are we going to properly protect Canadians? How are we going to protect everyone's choices and rights?

We will keep looking at their proposals. We will keep working with the provinces involved. We will keep making sure that the well-being of all Canadians is at the heart of everything we do with respect to this extremely complex and difficult issue.

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[English]

HOUSING

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, the Liberal-appointed housing advocate gave the Liberal government a failing grade today. She has said, "Homeless encampments are a physical manifestation of exactly how broken our housing and homelessness system is across the country." She has also described it as a "life and death crisis".

While the Prime Minister says he could and should have done more to build housing, this shows how out of touch he is. Will the Prime Minister take this crisis seriously, follow the recommendations and ensure people have a safe place to call home?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I very much welcome the interest and the efforts of the New Democratic Party to support us in everything we are doing in delivering on housing.

We recently signed housing accelerator agreements with Quebec, Nunavut and cities across the country to unlock over 500,000 new homes. We introduced a suite of new measures to unlock the construction of over 600,000 new apartments. We cracked down on short-term rentals to unlock up to 30,000 more apartments. We introduced a mortgage charter.

We are continuing to step up on measures that counter homelessness, which is something that far too many Canadians are experiencing during these difficult times. We will keep being there for people.

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, that does not sound like a Prime Minister who just heard that the housing advocate gave a failing grade to their government.

[Translation]

The federal housing advocate says that homeless encampments are a manifestation of how broken our housing system is.

She describes it as a "life and death crisis". Meanwhile, the Prime Minister is simply saying that he could have and should have done more.

Will the Prime Minister stop listening only to the advice of real estate giants and help the people facing this serious crisis?

● (1430)

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, on the contrary, we will continue to listen to community organizations and municipal and provincial partners. We will continue to work hand in hand.

Oral Questions

We have signed agreements to speed up housing construction with Quebec, Nunavut and cities across the country to make it possible to build over 500,000 houses. We have taken a series of measures to build over 600,000 apartments. We have taken measures to crack down on short-term rentals.

We are investing to fight homelessness and to help people in vulnerable positions. We still have work to do.

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[English]

PUBLIC SERVICES AND PROCUREMENT

Ms. Melissa Lantsman (Thornhill, CPC): Mr. Speaker, after eight years of this NDP-Liberal Prime Minister, we know that corruption is a feature and not a bug. SNC-Lavalin, WE Charity and now the Prime Minister's arrive scam app cost millions that Canadians will not get back. The grift and the mismanagement run so deep that the auditors could not even figure out how much got shipped off to Liberal insiders.

After what we learned yesterday, will the Prime Minister join us in calling for the RCMP to get to the bottom of all of it, every single dollar?

[Translation]

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, we want to thank the Auditor General again, as we did yesterday. We welcome all of the recommendations resulting from her audit of the ArriveCAN app.

As our colleague, the Minister of Public Safety, also said yesterday, some of the report's recommendations have already been implemented, including the introduction of new measures to ensure that tasks and deliverables are clearly defined in professional services contracts.

[English]

Ms. Melissa Lantsman (Thornhill, CPC): Mr. Speaker, the call is coming from inside the House. They want Canadians to believe that they unknowingly got robbed blind by their own Liberal insiders and that they are going to get to the bottom of the Prime Minister's arrive scam app, which, by the way, did not work; we did not need it, and 75% of contractors did no work on it but had time to buy the government whisky.

He is not worth the cost and he is not worth the corruption. Canadians want their \$60 million back.

No one trusts them to investigate themselves, so will the Prime Minister stand up, right here, right now, and call in the Mounties?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, as we said yesterday, we again thank the Auditor General for her recommendations on the review of the ArriveCAN application. Some of the report's recommendations have already been implemented, including the introduction of new measures to ensure that tasks and deliverables are clearly defined in professional services contracts. Our departments take very seriously their duty to optimize resources.

Mr. John Brassard (Barrie—Innisfil, CPC): Mr. Speaker, the arrive scam app is just like the Prime Minister, not worth the cost

and not worth the corruption. The investigation and damning report issued by the Auditor General on ArriveCAN shocked even her. Really, after eight years of this NDP-Liberal government, no one should be shocked by the level of incompetence and wasteful spending that Canadians have seen from this Prime Minister.

A reasonable-thinking person could conclude from the report that the arrive scam app issue has reached the level of criminality.

Will the Prime Minister join Conservatives and call on the RCMP to expand an investigation into the arrive scam app, based on the revelations in the Auditor General's report?

Ms. Jennifer O'Connell (Parliamentary Secretary to the Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs (Cybersecurity), Lib.): Mr. Speaker, as we have said in the House time and time again, any misconduct in the procurement process is unacceptable. We accept that the president of the CBSA has initiated internal audits and has issued some initial reports.

She has also referred some of the concerning reports to the RCMP, but members opposite should know that it is not politicians who direct the RCMP; it is the RCMP that does this work. The RCMP will set the mandate for wherever the case may lead, and we will accept that work.

Mr. John Brassard (Barrie—Innisfil, CPC): Mr. Speaker, the question was a simple one really, but after eight years of this NDP-Liberal government, who in this place or across Canada expects a proper response from a Prime Minister who is not worth the cost and not worth the corruption?

The AG's report causes a reasonable person to conclude that what happened with the arrive scam app has reached a level of criminality that must be investigated, so I am going to ask again.

Will the Prime Minister join Conservatives and call on the RCMP to expand an investigation into the arrive scam app, based on the revelations that were contained in the Auditor General's report?

• (1435)

Ms. Jennifer O'Connell (Parliamentary Secretary to the Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs (Cybersecurity), Lib.): Mr. Speaker, obviously we accept the Auditor General's report. We thank her for this work. There are obviously some concerning allegations being initiated. This is precisely why the CBSA initiated the audit. This is precisely why it then referred the materials to the RCMP.

Oral Questions

It does not matter how many times the Conservatives say it, but politicians do not direct police investigations. It is the RCMP that will do this work, and we trust that it will follow the evidence. Again, procurement with any misconduct will come with consequences.

[Translation]

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, yesterday, the Auditor General of Canada confirmed what everyone was expecting, and that is the worst. The ArriveCAN app was supposed to cost \$80,000 but instead cost \$60 million. She cannot even be sure that it did cost \$60 million. It may be worse than that. The record-keeping was so abysmal and there is so much information missing that she cannot even confirm the exact cost.

Now Canadians need to know what the problem was. Was it gross incompetence or corruption? Will the government ask the RCMP to investigate further, as the Leader of the Opposition has asked?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, we do know several things. First, the RCMP works independently. As the Prime Minister said a few moments ago, we have confidence in its ability to do its work.

Second, the Auditor General did describe some shocking behaviour by the public service that was both inappropriate and unwelcome, despite the urgent need to act in the context of a pandemic that was hurting millions of Canadians.

The recommendations have been heard loud and clear. Several have already been implemented, and others will be put in place in the coming weeks.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, it seems to me that if someone wants to be clear, then a simple yes or no answer would do.

We even learned yesterday that, of the \$60 million, GC Strategies received \$20 million, and that there was not even any paperwork to confirm whether anything was requested or ordered. What is more, GC Strategies got to insert clauses into its own contract. That is unbelievable.

If the government has nothing to hide, then it should say that, yes, an RCMP investigation is needed and that, yes, it recommends that the RCMP investigate further. Will the government do that, yes or no?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, once again, in a free democracy, it is not up to the government or governments to dictate to the police how they should do their job. That is not how things work in a democracy like the one in which we are lucky enough to live.

However, in a democracy like Canada, public servants have responsibilities that they must live up to. The Auditor General did note serious flaws in the collection, sharing and storage of important information needed to get the job done.

JUSTICE

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, medical assistance in dying is about freedom of choice.

The role of the state is not to decide for the person who is suffering; it is to guarantee the conditions under which people can make a free and informed choice. If someone does not want medical assistance in dying, they can simply not ask for it.

The National Assembly is unanimous: Quebec is ready. It has its own legislation.

Will the federal government amend the Criminal Code to allow for advance requests for people who are suffering?

Hon. Arif Virani (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I have tremendous respect for the crucial work that Quebec has done on advance requests.

Canada has one Criminal Code, and for good reason. Canadians deserve consistent standards and clarity about what is criminal. There is no quick way to safely allow an exception for Quebec on this issue.

The conversation does not end here, though. We are committed to working with Quebec to determine the next steps.

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, Quebec would not have to ask for an exemption if Ottawa had implemented the majority recommendations on advance requests issued a year ago by the Special Joint Committee on Medical Assistance in Dying.

Quebec is ready today, and patients should not have to suffer because of the government's inaction. If it does not want to condemn people to suffer needlessly, the federal government has two choices. It must either offer this exemption to the Criminal Code immediately or introduce a bill on advance requests.

Will the minister make the humane, compassionate choice?

● (1440)

Hon. Arif Virani (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, medical assistance in dying is a deeply personal and complex choice. There is always a balance to be struck between an individual's autonomy and dignity, and the protection of the vulnerable.

We have taken a cautious approach from the beginning. We owe it to Canadians and Quebecers to treat these issues thoughtfully and to proceed with caution.

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SMALL BUSINESS

Ms. Nathalie Sinclair-Desgagné (Terrebonne, BQ): Mr. Speaker, let us recap the situation with the Canada emergency business account.

According to current numbers from the Canadian Federation of Independent Business, nearly 150,000 businesses were unable to pay back their loan and nearly 200,000 others had to go into debt to do so. In addition to all that, roughly 50,000 business owners are still looking for refinancing.

The federal government has the means to properly assess the situation and ensure the fewest bankruptcies possible. Specifically, it should look at the SME files on a case-by-case basis and show some flexibility. That is what we have been calling for from day one.

Why is it still refusing to do so?

Hon. Rechie Valdez (Minister of Small Business, Lib.): Mr. Speaker, nearly 80% of small businesses paid back their Canada emergency business account loan and were able to take advantage of the refundable portion of the loan.

This being Black History Month, I would like to mention the Black entrepreneurship program. It is an historic investment of \$266 million that, so far, has helped support more than 9,000 Black business owners across Canada. Nearly \$50 million in loans have been approved.

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[English]

PUBLIC SERVICES AND PROCUREMENT

Mr. Tony Baldinelli (Niagara Falls, CPC): Mr. Speaker, the \$60-million arrive scam app is just like the Prime Minister after eight years: not worth the cost, not worth the corruption.

What did Canadians receive for their hard-earned tax dollars? They received an app that was 750 times over budget, required 177 updates, forced 10,000 people into quarantine by error and caused chaos at our borders, ruining any chance of a tourism recovery.

Will the Prime Minister join us and call on the RCMP to expand its investigation based on yesterday's shocking report from the Auditor General?

Ms. Jennifer O'Connell (Parliamentary Secretary to the Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs (Cybersecurity), Lib.): Mr. Speaker, any misconduct during a procurement process is completely unacceptable. This is precisely why, when the CBSA learned of the irregularities, it immediately initiated an internal audit. Based on some of that work, it referred some of these elements to the RCMP.

It is unfortunate when situations such as this occur, but the fact is that the CBSA has been following the process to ensure that something like this can never happen again and that any wrongdoing comes with consequences.

Mr. Tony Baldinelli (Niagara Falls, CPC): Mr. Speaker, the fact is that the headline of the Auditor General's report on the disastrous Liberal arrive scam app says it best: "Glaring disregard for basic management and contracting practices".

This report is a metaphor for eight years of Liberal mismanagement, incompetence and disregard for hard-working Canadians. The app is just like the Prime Minister after eight years: not worth the cost, not worth the corruption.

Again, I will ask this: Will the Prime Minister join us and call on the RCMP to expand its investigation based on the revelations of yesterday's shocking Auditor General's report?

Ms. Jennifer O'Connell (Parliamentary Secretary to the Minister of Public Safety, Democratic Institutions and Intergovern-

Oral Questions

mental Affairs (Cybersecurity), Lib.): Mr. Speaker, as I have said before, it is not politicians who direct investigations with the RCMP, but the RCMP that will determine the scope as the evidence permits.

It is important to know that any wrongdoing and misconduct in procurement will come with consequences. We have confidence that the CBSA is completing this work. It is doing initial audits, and the RCMP is looking into the matter where necessary.

[Translation]

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, I will try to keep this simple.

Imagine for a moment that an emergency contract is awarded to repair the roof of an official residence, the Farm, because it is leaking. The contractor who is hired says that the repair will cost \$20,000. The contractor begins the work and sends an initial bill for \$500,000 without any explanation.

Would anyone pay the bill without asking any questions, even though the roof is still leaking?

That is what happened with the Prime Minister's ArriveCAN app. The Auditor General and the ombudsman both saw it, but no one in the government saw it? That is hard to believe.

Will the government agree to our request for an investigation and let the RCMP do its job?

• (1445)

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, as we already said several times yesterday and again today, we thank the Auditor General for her report.

We are taking note of the shocking findings she clearly outlined in her report. We recognize that all of this was done under emergency conditions, but that is no excuse for failing to follow the procedures for collecting necessary information.

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, the Prime Minister said earlier that he welcomed the Auditor General's recommendations with open arms; meanwhile, contractors were treated to an open bar. The Prime Minister's ArriveCAN app forced 10,000 Canadians to quarantine because of an error. It was supposed to cost \$80,000. The bill is now \$60 million. Families waiting in line at food banks deserve better answers.

Will the Prime Minister, who is not worth the cost, commit to paying back the money he wasted on his ArriveCAN app? He should be giving it to families who paid for the work that was never done.

Oral Questions

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, I am sure my colleague can grasp, now that we have said it several times, that we thank the Auditor General for her report and we acknowledge the significant shortcomings she noted in her report. Many of her recommendations have already been implemented. Others will be implemented in the coming weeks. All of this was put in place under emergency circumstances, when the lives and jobs of millions of Canadians across the country had to be protected. Unfortunately, it was not done with the high standards expected of public servants.

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[English]

INDIGENOUS AFFAIRS

Ms. Lori Idlout (Nunavut, NDP): Mr. Speaker, the Supreme Court's decision affirmed what we already know: Indigenous peoples have the right to make decisions about their own children, youth and families. The federal government must ensure that indigenous children receive the care they need without delay. Indigenous Services plans to sunset over \$7 billion in programs, such as Jordan's principle and the Inuit child first initiative.

Will the minister commit to reversing her decision to make these cuts and invest in the programs indigenous children and youth need?

Mr. Jaime Battiste (Parliamentary Secretary to the Minister of Crown-Indigenous Relations, Lib.): Mr. Speaker, I would like to thank the member opposite for her accurate statement of the law. It was a big victory, not only for indigenous people but also for Canada, on Friday. Not only does the case say that indigenous self-determination is available for indigenous youth, but it also interweaves, like a braid, indigenous laws, UNDRIP and the notion of legislative reconciliation in this House. I think everyone in the House would be better served if they were able to read this case and reflect on it.

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DOMESTIC VIOLENCE

Ms. Leah Gazan (Winnipeg Centre, NDP): Mr. Speaker, last Sunday, the community of Carman, Manitoba, witnessed a tragedy when a mother, her three children and her niece were murdered, with her husband as the main suspect. This reminds us that we desperately need shelters and safe housing for women and families, as well as mental health supports to prevent femicide. However, the government has defunded women's shelters, while mental health needs continue to go unmet.

Will the minister increase support for shelters and mental health services to stop violence against women and children?

Hon. Sean Fraser (Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, the scale of the tragedy that took place is not lost on us, and we endeavour to continue to do our part to see that justice is done. However, it is important that, as we go forward, we continue to invest in the projects that are going to provide people with the safety and security of living in a home that prevents this kind of incident from happening.

Our programs provide support to shelters and transitional housing, particularly for women fleeing violence. We are going to look for additional opportunities and make the investments necessary to continue to build out the network of homes that will help prevent these kinds of tragedies in the future.

* * *

CHILD CARE

Mrs. Sophie Chatel (Pontiac, Lib.): Mr. Speaker, affordable day care is so important. It is essential to provide women with the freedom to choose whether they stay home to raise their kids or pursue their careers, in most cases, balancing both.

Women in my riding tell me they have trouble finding spots in day care. Can the Minister of Families update the House on exactly what discussions she has had with provinces to ensure the success of \$10-a-day day care?

● (1450)

Hon. Jenna Sudds (Minister of Families, Children and Social Development, Lib.): Mr. Speaker, the Canada-wide system is making life more affordable for Canadian families by delivering on \$10-a-day child care, now in seven provinces or territories, and 50% reduction across the country. As fees have reduced, of course, demand has increased for these spots. We have seen an increase in the number of spots available, with 82,000 new spaces announced by the provinces and territories. The provinces and territories signed on to help build this system together, and we will work with them to hold them to account to do so.

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CARBON PRICING

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Mr. Speaker, the Prime Minister found over \$60 million for his arrive scam app, but he continues to want to increase the carbon tax by 23% on April 1. Now, we have heard the far left NDP Alberta leadership candidate weigh in: "Nobody is on board with what [the Prime Minister] did with the federal carbon tax. He absolutely broke trust and broke confidence".

After eight years of failure, how can he continue to raise the carbon tax on Canadians?

Oral Questions

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, as the Parliamentary Budget Officer has reiterated many times, eight out of 10 Canadians get more back from carbon pricing than what they pay. Carbon pricing works. It helps to reduce pollution in Canada, something that the Conservative Party campaigned on during the 2021 election campaign. The difference between them and us is that, on this side of the House, we are serious about fighting climate change and working with Canadians to help them face affordability issues.

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Mr. Speaker, I have more. An Alberta leadership candidate said, “There’s no way people can be on board with the federal plan when even the prime minister isn’t on board, when he’s playing games with it” and that the federal carbon levy is “dead”. Another candidate said we must move away from a consumer carbon tax.

When he loses the support of the far left Alberta NDP, the minister must know he has a problem. Will he cancel his carbon tax before April 1, once and for all?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, since we are talking about Alberta, I wonder if the Conservative Party of Canada and its leader support the freeze that the provincial government has put on 30 billion dollars’ worth of investment. Thousands of jobs are at risk in Alberta because of the reckless decision of the premier to freeze renewable energy development, the fastest sector for energy development in this country.

What does the Conservative Party have to say about that? Conservatives say nothing, because they do not care about economic development. They do not care about fighting climate change, and they do not care about helping Canadians.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Mr. Speaker, the Prime Minister wasted more than \$60 million on his ArriveCAN scam app, and he is going to make Canadians pay more by quadrupling the carbon tax. It is going up 23% on April 1. After eight years of the Liberal-NDP government, it is no surprise, but this Prime Minister is not worth the cost.

Why do Canadians have to foot the bill for the government’s corrupt spending?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, right now in Canada, we have a province, Alberta, that has to talk about rationing water next summer because of climate impacts. We have atmospheric rivers in British Columbia that are affecting thousands of people and ski resorts that have to close down. We are seeing the costs of climate change that have not doubled or tripled but increased by 10 times over the last decade.

What is the answer of the Conservative Party of Canada? It is to make pollution free again and let the biggest, most profitable and polluting countries off the hook.

Not on this side of the House, where we will fight—

Some hon. members: Oh, oh!

The Speaker: Colleagues, it is important, once again, to remind ourselves that when we take the floor, we are expected to listen to

the questions and the answers. I ask all members to please restrain themselves, to follow the leadership of their whips and respect members who have the floor.

The hon. member for Sarnia—Lambton.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Mr. Speaker, Canadians have been forced to pay through the nose for everything after eight years of the Liberal-NDP government. Not only did the government give contractors \$20 million for doing no work on the arrive scam app, but the Auditor General also said that the \$80,000 app cost over \$60 million of taxpayer money. Now the government is increasing the carbon tax on April 1.

Why should Canadians have to foot the bill for the government’s corrupt overspending?

• (1455)

Hon. Steven MacKinnon (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, in the last election campaign, all of the colleagues on the other side of the House went around their neighbourhoods in Sarnia—Lambton and elsewhere, and around their ridings. They had nice glossy brochures with Mr. O’Toole on the cover. He had a nice black T-shirt on. What was in there? It was a price on pollution. All of these members went around their neighbourhoods committing to put a price on pollution as part of a plan to fight climate change. Why did we believe Conservatives then and why should we believe them now?

* * *

[Translation]

PUBLIC SERVICES AND PROCUREMENT

Mrs. Julie Vignola (Beauport—Limoulo, BQ): Mr. Speaker, the Liberals are not going to get out from under the ArriveCAN scandal that quickly. For a simple application that was supposed to cost \$80,000, the Liberals spent \$60 million, \$20 million of which was paid to GC Strategies, a company that ultimately did not provide any services.

Worse yet, the Auditor General reported that this scheme was done with the complicity of government employees. Yesterday, the three ministers involved passed the buck, but Quebeckers deserve to know who is responsible. When will there be accountability for ArriveCAN?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, I thank our colleague for raising this issue. She has already heard the answer several times. We thank the Auditor General for her work and we recognize the significant problems she noted. We know that all of this occurred during a time of crisis. That is no excuse for the lack of information or the lack of record-keeping and sharing of that information. Fortunately, many of the recommendations she made have already been put in place.

Oral Questions

Mrs. Julie Vignola (Beauport—Limoilou, BQ): Mr. Speaker, Quebecers do not understand how it is possible to overspend by 75,000% without a minister noticing. All the rules were broken, and a handful of people pocketed \$60 million of taxpayers' money.

People try to pin everything on the pandemic, but it is not responsible for such utter incompetence with respect to basic project management rules. If the government could throw away \$60 million just like that, how many more contracts is it turning a blind eye to?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, at the height of the pandemic, hundreds of people were dying of COVID-19 and billions of dollars a week were at stake. We had to figure out how to move billions of dollars' worth of goods back and forth across the border. We had to move essential medical drugs, food, and equipment that was crucial to businesses in Quebec and Canada. We had to act fast.

Nevertheless, the lack of information, lack of information gathering and lack of rigour on the part of some public service employees are completely unacceptable.

* * *

[English]

CARBON PRICING

Mr. John Barlow (Foothills, CPC): Mr. Speaker, I wonder why the Prime Minister's priority is higher taxes and not food affordability. He can find \$60 million for his ArriveCAN app, but he needs to quadruple the carbon tax on farmers and food. We are hearing the plea from Canadian families who want to axe the tax to make food affordable. I was in Sudbury this week meeting with organizers of food banks that are at a breaking point as demand has doubled and is rising. There is a common-sense Conservative bill, Bill C-234, which would give a carbon tax carve-out for farmers and lower the price of food. This Prime Minister is not worth the cost. Will he cancel his plans to increase the carbon tax on April 1 so Canadians can feed themselves?

• (1500)

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, I am glad the Conservatives are finally asking a question about the economy because it gives me the chance to share some good news. In January, thanks to the hard work of Canadians, Canada created 37,000 new jobs; wages in Canada have been outpacing inflation for the past 12 months; and unemployment fell to 5.7%, lower than it was at any time that Stephen Harper was prime minister. The only thing Conservatives know how to do is kill jobs.

Mr. John Barlow (Foothills, CPC): Mr. Speaker, here is a number that most Canadians care about: two million Canadians are going to a food bank every single month. However, today is Canada's Agriculture Day, and how do the Liberals celebrate? By increasing the carbon tax by 23% on April 1, but it gets worse. We now know that the amendments to Bill C-234, pushed through by Liberal-appointed senators, would increase costs on farmers by \$200 million. This Conservative common-sense bill in its original form would save farmers a billion dollars by 2030.

For Canada's Agriculture Day, will the Prime Minister celebrate with me and axe this tax on farmers to make food more affordable?

Hon. Lawrence MacAulay (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, being a farmer on Canada's Agriculture Day and being part of a government that has an environmental plan make me very proud. It is so important, and farmers understand, that we have to take care of the land, and we must have an environmental plan. As far as the price on food goes, in the agriculture committee, Tyler McCann of the Canadian Agri-Food Policy Institute indicated to the committee members that there was no data to support the idea that carbon pricing is resulting in an increase in food prices.

[Translation]

Mr. Richard Martel (Chicoutimi—Le Fjord, CPC): Mr. Speaker, the Prime Minister wasted \$60 million on his corrupt ArriveCAN app. Now he is asking Canadians for even more money through the carbon tax, which the Bloc wants to radically increase.

After eight years under this government, everything is more expensive. Worse still, the Bloc is supporting Liberal policies.

Can the Prime Minister confirm that he will scrap the carbon tax in order to give Canadians a little more breathing room?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I would like to remind my hon. colleague that, the last time I checked, the St. Lawrence fjord was still part of Quebec. The Quebec system applies in Quebec, not the federal system.

Quebec's cap-and-trade system was established long before the federal carbon pricing system. Quebec's system works very well to help reduce emissions. It was not the Bloc Québécois or the federal government that put it in place, but rather the Quebec government. A number of Conservative Party members voted in favour of the Quebec system.

He should direct his questions to them. They sit on the same side of the House as he does.

Oral Questions

[English]

HEALTH

Ms. Leah Taylor Roy (Aurora—Oak Ridges—Richmond Hill, Lib.): Mr. Speaker, we know that sexual and reproductive health care encompasses mental health care, which is always important, but especially so for women during their reproductive lives. Knowing what an exciting, but also stressful, time it can be for a new mother and how a mother's well-being affects not only her but also her newborn and other family members, could the Minister of Mental Health and Addictions and Associate Minister of Health explain how our government is supporting women who choose motherhood by addressing perinatal mental health?

Hon. Ya'ara Saks (Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, we all know the member for Aurora—Oak Ridges—Richmond Hill to be a strong advocate for women's health. My message to new parents who might be struggling is this: They do not have to carry this burden alone. I want to thank the Canadian Perinatal Mental Health Collaborative and all of our partners working to develop national standards for a perinatal mental health strategy. We are supporting families by creating guidance materials and advice for health care professionals and individuals who may face poor mental health during the perinatal period. We are with them and will do everything we can to ensure families have access to quality mental health care when they need it and where they need it.

* * *

• (1505)

CARBON PRICING

Ms. Michelle Ferreri (Peterborough—Kawartha, CPC): Mr. Speaker, the Prime Minister is not worth the cost of the suffering he is causing. The Payne family operates Asphodel Sheep Company. They were recognized as farm family of the year in Peterborough County. The carbon tax is set to increase by 23% on April 1, and it is truly hurting them. The kids do not know what is going to happen to their family farm.

Katie, who is 15; Jolene, who is 13; and Lucy, who is nine, asked me to ask the Prime Minister this: Why is the Canadian government making it so difficult for the agriculture industry to do its job of feeding the country?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I would like to read a quote from Glenn Wright, who is the former vice-president of the National Farmers Union:

Farmers will be among the hardest hit if we don't act fast to slash greenhouse gas emissions and stabilize the climate. For this reason—to protect farmers—the NFU supports pollution pricing; it is an important policy tool to reduce the harmful emissions fueling the climate crisis and threatening farms and food supplies.

* * *

GOVERNMENT PRIORITIES

Mr. Ryan Williams (Bay of Quinte, CPC): Mr. Speaker, we had devastating news today out of Bay of Quinte. Cascades, a company that has been operating a plant that has been in existence in Quinte West for 100 years, is closing its doors and axing 230 jobs

because of high inflation and interest rates under eight years of the Liberal-NDP government.

Now, Canadians who already face high costs to eat and heat their homes have to worry about a paycheque. People in Belleville who are still reeling from a major overdose epidemic now have to worry about unemployment.

When will the government fix the budget, cut inflation and cut interest rates, so companies do not have to close and employees do not have to lose their jobs?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, the most important thing to every Canadian family is having a job, and every time someone loses their job, it is a disaster for that family. That is why we were so glad to see the strong job recovery across Canada, 1.1 million more jobs since before COVID. It is also why we have support in place, like early learning and child care, and like a social safety net, that the Conservatives would cut.

Mr. Ryan Williams (Bay of Quinte, CPC): Mr. Speaker, that tone-deaf answer will give little comfort to the residents of Quinte West who have just lost their jobs.

Let us look at the reality of what is happening in Canada right now. Over the last four months, TD has slashed 3,000 jobs; Canadian Tire has slashed 3% of its workforce; Enbridge has slashed 650 jobs; Rona has slashed 300 jobs; and Manulife has slashed 250 jobs. After eight years of this high-spending Liberal-NDP government, the only job Canadians want to see slashed is that of the Prime Minister.

When will the government fix the budget, cut inflation and cut interest rates so Canadians can keep their jobs?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, we will take no lessons from the Conservatives when it comes to supporting the most vulnerable among us. Since we have formed government, 2.3 million Canadians are out of poverty. Poverty in Canada was at 14.5% when the Conservatives left office. Today, it is down to 7.4%.

We know there is a lot more work to do. That is why we are pointing out to Canadians that all the Conservatives want is to cut the programs the most vulnerable need the most.

* * *

WOMEN AND GENDER EQUALITY

Ms. Lena Metlege Diab (Halifax West, Lib.): Mr. Speaker, with the high cost of living, it is a struggle for many women to buy menstrual products. This government recognizes this problem and recently launched the menstrual equity fund pilot to provide free menstrual products to those who need them most through Food Banks Canada.

Oral Questions

During this Sexual and Reproductive Health Week, can the minister provide an update on the progress of the pilot in my province and throughout Canada?

Hon. Marci Ien (Minister for Women and Gender Equality and Youth, Lib.): Mr. Speaker, I thank the member for her advocacy and hard work, and for the chance to give an update on this. Menstrual products are a basic need, but not everyone has access to them. Since launching the menstrual equity fund pilot last September, almost 400 locations, including 14 in that member's province of Nova Scotia, have helped pull more than a million Canadians out of period poverty. That is 35 million products out the door in six months.

We are providing real solutions to real challenges: menstrual products for those who need them, when they need them, period.

* * *

• (1510)

[Translation]

HOUSING

Mr. Alexandre Bouleric (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, in a three-bedroom apartment near the Verdun metro station, there is a leak in the bathroom, the balconies are about to fall off the building, the ceilings are full of holes and there is mould everywhere. That is where Isabelle Gagnon and Maxime Pilon live with their new baby. That is the result of decades of Conservative and Liberal cuts to social housing. Rather than proposing solutions, the Conservative leader would rather insult mayors in Quebec, and the Liberals are dragging their feet on the housing crisis.

Why are the Liberals abandoning people like Ms. Gagnon and Mr. Pilon?

[English]

Hon. Sean Fraser (Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, I thank the hon. member for his concern for the quality of accommodations that families are living through in this country. He is right to point out that, for several decades, governments, both Liberal and Conservative, failed to invest in affordable housing, but that changed with the introduction of the national housing strategy in 2017.

We have been investing to help build or retrofit several hundred thousand homes that people are living in today. In the fall economic statement, we have recapitalized the affordable housing fund with an addition billion dollars and another \$300 million toward co-operative housing. We are going to continue to make the investments necessary to ensure that every Canadian has a roof over their head.

* * *

FOREIGN AFFAIRS

Mr. Blake Desjarlais (Edmonton Griesbach, NDP): Mr. Speaker, as Netanyahu bombed Rafah, the supposed safe zone, over 75 Palestinians were killed overnight. We are witnessing a crime of unproportionate horror in Gaza every day. Children are left orphaned as entire families are wiped out in this onslaught. Mean-

while, the Liberals continue to arm Netanyahu with over 28 million dollars' worth of military exports since October alone.

How many more Palestinian children have to be killed before the government ends arms exports to Israel?

Hon. Robert Oliphant (Parliamentary Secretary to the Minister of Foreign Affairs, Lib.): Mr. Speaker, it is an important question.

What is happening in Gaza is a complete tragedy. Netanyahu's military operation in Rafah is devastating Palestinians and others who are seeking shelter. Gazans have nowhere else to go, and as the minister said, asking them to move again is totally unacceptable.

This violence must stop. We must have a sustainable peace. Hostages must be returned, and we must find a way forward to get humanitarian assistance to the people who need it the most.

Hon. Andrew Scheer: Mr. Speaker, I am seeking unanimous consent. I move that the House express its solidarity with the parishioners of—

Some hon. members: No.

The Speaker: I am afraid the hon. member, even before asking his question, is soliciting noes in the House.

Once again, I encourage all members to please try to negotiate their requests for unanimous consent so we can make sure we use our time most efficiently.

Mr. James Bezan: Mr. Speaker, I am sure you will find unanimous consent for the following motion. I move that the House condemns Russia's illegal—

Some hon. members: No.

The Speaker: The hon. member does not have unanimous consent.

Mrs. Jenica Atwin: Mr. Speaker, there have been discussions among the parties—

Some hon. members: No.

The Speaker: There is no consent.

I see we are going to be playing this game again today.

Mr. Garnett Genuis: Mr. Speaker, during question period, I was reflecting on a unanimous consent motion that I would like to bring—

Some hon. members: No.

The Speaker: The hon. member does not have unanimous consent.

Mr. Dan Albas: Mr. Speaker, I move that given, after eight years of the Prime Minister, housing costs have doubled, that the CMHC itself admits that housing starts have—

Some hon. members: No.

The Speaker: The hon. member is also soliciting noes in seeking unanimous consent.

• (1515)

Mrs. Cathay Wagantall: Mr. Speaker, as a member of the Canada-Ukraine Parliamentary Friendship Group, whose members were told yesterday by the chair of that group that we are all in support of our Ukrainian allies, I move that the House call upon the government to support—

Some hon. members: No.

The Speaker: Unfortunately, the hon. member does not have consent.

Mr. Warren Steinley: Mr. Speaker, given that the Auditor General revealed that GC Strategies—

Some hon. members: No.

The Speaker: Unfortunately, the hon. member for Regina—Lewvan does not have consent.

It is really important to again remind members, as well as Canadians watching at home, that requesting unanimous consent is a very important tool for members of Parliament and for Parliament itself to consider issues that are timely and cannot be considered through the normal process.

Normally, the process is that members consult with the leadership teams of all officially recognized parties, and the independents, to negotiate ahead of time to save time for members to present their points of order. I am happy to recognize members on points of order, but it would be respectful to other members in the House if members were to make serious efforts at seeking unanimous consent.

I recognize the hon. member, a former chair and current House officer, the member for Regina—Qu'Appelle, who is rising on a point of order.

Hon. Andrew Scheer: Mr. Speaker, the Blessed Sacrament church in Regina was subject to arson and vandalism, and I believe you will find unanimous consent for the House recognizing the right of Canadians to gather to worship or celebrate their faith—

Some hon. members: No.

The Speaker: I regret interrupting the hon. member for Regina—Qu'Appelle, but there is clearly no unanimous consent.

The hon. member for South Shore—St. Margarets is rising on a point of order. I hope the hon. member has done the honourable thing and has consulted other members before seeking unanimous consent.

Mr. Rick Perkins: Mr. Speaker, today the Minister of Fisheries threw 300 elver harvesters out of work. I am sure you will find unanimous consent in the House to condemn the government for that.

Some hon. members: No.

The Speaker: Unfortunately, there is no unanimous consent.

Members are really using up the time that is valuable to those who have other business in the House.

Government Orders

GOVERNMENT ORDERS

[English]

GOVERNMENT BUSINESS NO. 34—PROCEEDINGS ON BILL C-62

The House resumed consideration of the motion, and of the amendment.

The Speaker: We will begin where we left off. The hon. parliamentary secretary to the government House leader had just finished his speech, and we were beginning questions and comments.

[Translation]

I apologize for speaking English. I invite my hon. colleague, the member for Louis-Saint-Laurent, who is well known for his mastery of the language of Molière to come back to the question that he started asking earlier before he was interrupted.

[English]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, it is a real pleasure for me to answer your invitation to ask a question.

During his speech, the member related an issue with the fact that he considered that, on this side, we sometimes say something that is not true. Unfortunately, that is not a fact.

[Translation]

An October 8, 2022, Global News report stated, and I quote:

[English]

How poverty, not pain, is driving Canadians with disabilities to consider medically-assisted death.

[Translation]

An article in the May 9, 2023, edition of the National Post was entitled:

[English]

Canada shouldn't deny assisted suicide if social conditions made life intolerable: bioethicists.

There is also a CBC News article from June 22, 2023, entitled “Quadriplegic Ontario woman considers medically assisted dying because of long ODSP wait times”.

This is proof, without a shadow of a doubt, that, yes, unfortunately, in this country, there are people who have had difficulties with their social life and decided to knock at the door of MAID. I am quite sure that, in the minds of everybody here in the House, MAID was not made for that purpose. That is exactly what our colleagues said during their speeches. Does the member recognize that, yes, unfortunately, sometimes MAID could be used for a purpose that was not intended?

• (1520)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, it is really important that we do not try to trivialize the important issue of MAID.

Government Orders

I have witnessed Conservatives, many different Conservatives, standing to talk about MAID as something that someone could just go to the doctor today and say, “Jeez, I would like to be able to commit suicide. Can I have an appointment on Friday?” It may not have been in those exact words, but that is very close to what Conservative members have implied in the chamber today, and they have implied it previously.

It does a great disservice to the issue at hand. I would suggest that this whole “suicide on demand” the Conservative members want to classify it as is not contributing positively to the debate. I would ask Conservative members, in particular, to take the debate more seriously, and let us not go to the extreme. I have more confidence in health care professionals, social workers, family members or the individuals who are thoroughly consulted well before any sort of a decision is made.

* * *

POINTS OF ORDER

ALLEGED INADMISSIBILITY OF AMENDMENT TO MOTION, GOVERNMENT BUSINESS NO. 34

Hon. Andrew Scheer (Regina—Qu'Appelle, CPC): Mr. Speaker, I appreciate your accommodating the timing of this. I apologize to the members who are involved in debate, but because the matter is currently under consideration by the House, I think giving the Speaker as much time as possible to consider it would be appropriate.

I am rising to ask that you rule the amendment made to the motion, Government Business No. 34, out of order, since according to Bosc and Gagnon, at page 541, it introduces a new proposition which should properly be the subject of a separate substantive motion.

The main motion proposes two things in relation to Bill C-62. Part (a) would establish committee meetings on the subject matter of Bill C-62. It proposes one hour to hear from a minister and two hours to hear from other witnesses.

Part (b) deals specifically with the time and management for each stage of the bill. Part (b)(i) would order the consideration by the House of a second reading stage and provides for the number of the speakers, length of speeches, length of debate and deferral of the vote at second reading. It would also restrict the moving of dilatory motions to that of a minister of the Crown. Part (b)(ii) would deem that Bill C-62 be referred to a committee of the whole and be deemed reported back without amendments, and it would order the consideration of third reading on Thursday, February 15, 2024.

Nowhere does the motion deal with the substance or the text of Bill C-62; it is a programming motion dealing with process, not substance. While this can and has been done by unanimous consent, it cannot be done by way of an amendment. The consequence of an amendment to allow for the expansion of the scope of Bill C-62 and, at the same time, proposing to amend the text of Bill C-62, is that it would, if accepted, expand the scope of the motion.

The process to expand the scope of the bill outside of unanimous consent is to adopt a stand-alone motion after the proper notice and

procedures were followed. Page 756 of Bosc and Gagnon describes that procedure as follows:

Once a bill has been referred to a committee, the House may instruct the committee by way of a motion authorizing what would otherwise be beyond its powers, such as...expanding or narrowing the scope or application of a bill. A committee that so wishes may also seek an instruction from the House.

Alternatively, a separate, stand-alone bill would suffice to introduce the concept of the subject material that is under the amendment for MAID. It is not in order to accomplish this by way of a simple amendment to a programming motion dealing with the management of House time on a government bill.

If you were to review the types of amendments to programming motions, and I am not talking about unanimous consent motions, they all deal with the management of House and committee time, altering the numbers of days, hours of meetings, witnesses, etc. As recently as December 4, 2023, the House disposed of an amendment that dealt with the minister's appearing as a witness and the deletion of parts of the bill dealing with time allocation. This was also the case for the programming motions for Bill C-56, Bill C-31 and Bill C-12.

Unless the main motion strays from the management of time and routine procedural issues and touches on the actual text of the bill, an amendment that attempts to amend the bill is out of order. For example, on May 9, 2023, the House adopted a programming motion for Bill C-21, the firearms act. Part (a) of the main motion then stated that:

it be an instruction to the Standing Committee on Public Safety and National Security, that during its consideration of the bill, the committee be granted the power to expand its scope, including that it applies to all proceedings that have taken place prior to the adoption of this order...

The motion went on at some length, instructing the committee to consider a number of amendments to the act. This in turn allowed the Conservative Party to propose an amendment to the programming motion and offer its own amendments to the bill itself, which addressed illegal guns used by criminals and street gangs and brought in measures to crack down on border smuggling and to stop the flow of illegal guns to criminals and gangs in Canada, to name just a few.

The point is that if the main motion does not address the text of the bill, an amendment cannot introduce the new proposition of amending the text of the bill to the programming motion, which should properly be the subject of a separate substantive motion.

● (1525)

The Deputy Speaker: I thank the hon. member for the intervention. We will look at that with the Table and come back with an answer as soon as possible.

*Government Orders***GOVERNMENT BUSINESS NO. 34—PROCEEDINGS ON
BILL C-62**

The House resumed consideration of the motion, and of the amendment.

Mrs. Jenica Atwin (Parliamentary Secretary to the Minister of Indigenous Services, Lib.): Mr. Speaker, I would like to ask the member whether he could speak more specifically to the work of the special committee and how important it was for us to be non-partisan in approach. Medical assistance in dying is such an important and deeply personal issue. It was really the work of the committee that helped us arrive at the decision.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I appreciate the fact that the member emphasized how this is a deeply personal issue, to use her words. That is why, at the beginning of my comments earlier today before question period, I tried to amplify why it is so important that the House reflect on what brought us here today.

I reflect on the debates that took place in early 2016, which were conducted in more of a non-partisan approach where members of all political parties talked about what is a very important issue. Nothing has changed in the sense of the importance of the issue. We are talking about an issue of death, and we see that Conservatives are putting a twist on it in an attempt to politicize the issue to the degree that there is some silliness as to what is being implied.

I like to think that anyone who is even entertaining the idea of accessing MAID takes it very seriously. That is the reason why, in good part, I believe that every member of the House, party politics aside, should be looking at what the Supreme Court of Canada right back to 2015, and the Charter of Rights, said our responsibility is as legislators: to come forward with good, sound public policy. I believe that over the years, including today with Bill C-62, we have been addressing a very important issue and that the three-year extension is needed because of the response we are getting from stakeholders, in particular our provinces.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, following up on the question from the member for Fredericton, I was a member of that special joint committee, and I agree with her that its work was quite important. I think that every member, both from the House and the Senate, approached the subject matter with the responsibility and *gravitas* it demanded. However, I will put an asterisk beside that because the committee, in its last iteration, was afforded only three meetings of three hours each with witnesses. Unfortunately, there were a lot of witnesses we could have heard from. We did not even have time to go over the briefs that were submitted because there were so many of them and there simply was not time to translate them into both official languages.

This is mainly a comment for the parliamentary secretary to respond to: I am glad to see that we actually have a legislative requirement built into Bill C-62 that the special joint committee would be reconvened. I hope it would be done with plenty of runway to give this particular subject the time it deserves, which I frankly would say most Canadians expect.

• (1530)

Mr. Kevin Lamoureux: Mr. Speaker, I would pick up on the point that we have an infrastructure, and part of that infrastructure in Parliament is the special committees.

I am an optimist in the sense that I hope we will see the special committee, at some point in time in the future, continue to do a lot of the fine work it has already done to date. Hopefully it would be of a depoliticized nature, where members, no matter where they are from, the Senate or the chamber, and from any political party, would be able to entertain a very healthy discussion. I believe, in the long run, given the very nature and importance of the legislation, that this is by far the best way to go. It is because of the deadline of March 17 that we are having to push it through as quickly as we are today.

[*Translation*]

Mr. Sébastien Lemire (Abitibi—Témiscamingue, BQ): Mr. Speaker, I am listening carefully to the hon. member for Winnipeg North and putting myself in his shoes. There have been procedural delays for months. I picture the hon. member for Winnipeg North a few months ago, demonstrating leadership by making a fuss in the Liberal lobby. I imagine him doing everything in his power to avoid having to impose this kind of last-minute closure motion again, preventing members from getting a chance to be heard.

My question is as follows. What has he been doing for the last six months? Why is his government again waiting until the last minute to introduce this other bill? Where is the Liberal leadership on this issue?

[*English*]

Mr. Kevin Lamoureux: Mr. Speaker, a combination of many different factors has ultimately brought us to the point where we are today. One of those factors is that just last week I stood in my place and made the suggestion that we sit until midnight; however, I required unanimous consent, and there were some in the chamber who did not support the idea of sitting extra hours later into the evening so we could have had more debate on the issue. It is not our lack of desire to see additional debate.

Historically, in the last six years, we have had a great deal of debate inside the chamber and outside the chamber in communities across the country. I suspect we are going to continue to have more, as was pointed out in the previous question in regard to the special committee and the need to have it reconvene. I truly believe that this is going to be an ongoing debate, keeping in mind that the legislation first came in not that long ago, in 2016. It took a number of years before the Province of Quebec was able to bring in legislation, whereas we had a Supreme Court decision timeline we had to work against. I suspect that is one of the reasons we needed to make some of the amendments we have made today.

Ms. Melissa Lantsman (Thornhill, CPC): Mr. Speaker, it is a privilege to add my voice to this important conversation and an even bigger privilege to split my time with my friend and colleague, the hon. member for Tobique—Mactaquac.

Government Orders

As parliamentarians, issues we debate in this place are often framed as life and death, but no issue we have discussed has ever come so truly close to verging on life and death as the one in front of us today, which is medical assistance in dying, or MAID, specifically elective MAID for the sole purpose of mental illness.

It is not the first time we have discussed MAID, or MAID for mental illness, in the House, and I have a feeling it probably will not be the last. This is because the Liberal government has treated MAID not as a sober rational conversation it deserves to be or as a collaborative understanding discussion, but rather as a political football, a hatchet job that highlights its deep commitment to breaking consensus in the country on an issue it has so sorely misjudged.

As a result of that carelessness, or whatever else it may be, we find ourselves here again in a debate for a proposal that should have been done away with a long time ago. Rather than attempt to discuss this legislation with nuance and care, we have what we have today. We know we cannot simplify an issue as fundamental as the state's ability to allow the taking of a life. We know there is much more to be considered.

In the process, the government replaced medical doctors with spin doctors, expert recommendations with partisan ideology and reason with dogmatism. We have heard from those on the front line, including 80% of Ontario psychiatrists, who are opposed to this expansion. Seven out of 10 provincial health ministers, plus all three territorial health ministers, support the indefinite pause on the expansion of MAID. We have heard from advocates, those directly impacted by MAID for mental illness, who agree that this proposal minimizes the value of their lives and the inherent dignity possessed by every single human being.

MAID for the sole purpose of mental illness speaks to the government's lack of respect for that dignity and it speaks to its missing belief in the ability of those facing difficulties and their ability to actually get better. Worse, it speaks to a perverse ideology void of ethical guardrails, which is so far from consensus that has so long been unbroken by the understanding that a role exists for government to exhaust all avenues to help people.

It is now prevalent to, rather than propose treatment and therapy to help those in tough circumstances, propose state-sanctioned death. We have a duty, as leaders, as parliamentarians, to safeguard the lives of Canadians, to give them a helping hand, to help them recover and to help them get better.

We believe in overcoming adversity, seeking help, in a system that works for those who badly need it. We believe it is possible, and the reason we believe it is possible is because it is possible. The success of early intervention, treatment and support has helped countless Canadians live fulsome, productive and meaningful lives. That is not just my philosophy as a parliamentarian; it is the core to what I think our national identity is. The alternative is what I describe as an entirely nihilist state, uninterested in the preservation of its own people.

Our country was formed by people who came from all over the world to seek a better life through hope, hard work and sacrifices. Our lives have been revolutionized by the brave Canadians who never gave up and for a country that never gave up on them. Our

story is defined by confronting whatever difficult obstacles might lie ahead, and not being intimidated by them but by surmounting them. It is not just a discussion about this legislation; it is a fundamental debate about who we are as Canadians and who we want to be and the powers we have as a Parliament.

I want to be clear that I do not want to minimize or deny the intense personal and lived experiences many Canadians have with mental health, many in the House, many who are close to people in the House. I know it is a deeply personal one for anyone who has been faced with that challenge.

● (1535)

However, I do want to put on record that the lives of those suffering are not any less worthy of help, support or love. I think that is what this eventual plan says, even with a pause. Expansion activists have tried to reassure Canadians that MAID is not suicide, that it would be distinguishable from suicide, yet when expanded to those who are seeking death for the sole purpose of mental health, evidence points to MAID becoming indistinguishable from suicide.

Therefore, despite the ideological pursuit of what I call the government's nihilism and the inability for it to manage its own legislation, it will not be able to escape the very real legacy that it has ushered in, a legacy that will become even more apparent as Canadians see more headlines of assisted suicide being offered to those in the Canadian Forces or to marginalized Canadians seeking an escape from suffering or poverty.

Simply put, people can get better. Recovery is possible. Whereas outcomes might be forgone in physical health, there is no clear evidence that says someone cannot overcome struggles with mental health, and that alone should be enough. I cannot stress enough that we have no way of knowing that it is not possible to get better.

Our methods are not advanced enough. The research says so. Only 47% of predictions about final outcomes are correct. Therefore, when a doctor diagnoses a lifelong mental illness, there is only a 47% change that he or she will be correct. That is like flipping a coin, only the odds are worse. Are we really willing to put something so substantial down to a game of chance?

Government Orders

This difficulty is compounded by the very fact that it is impossible for doctors to see mental health in the way that they can see things like terminal cancer. It does not show up in a scan or in a test. While it is not the subject here, I have to ask this. How fair is it to put doctors in a position where they cannot make a decision with 100% of the evidence or that the evidence before them, accounts of either the patient or the patient's family, is not what it appears to be? How can someone have the peace of mind that the best outcome has been decided?

We cannot let ideology blind us from the red flags that we are confronting at every step in this process. In the absence of certainty, it is fundamentally wrong for the state to do what I believe amounts to playing games with human lives. While I support the pause, not because its well argued, well planned or even well considered, because it is necessary, I do not think it is enough.

A pause, more consultation and more studies mean little if we refuse to listen to the facts and insights that they bring. No amount of additional testimony will change the fact that there have been significant doubts raised about the morality and ethics of implementing MAID for mental illness.

We cannot unhear those words that were spoken in committee. We cannot unread the words that we have seen plastered in the newspapers. We cannot ignore the accounts of those who are rightfully more than just skeptical.

I want those who side with the government to think about what the proposal, not the pause, actually means for the most vulnerable. It is unconscionable to me. I cannot understand the different perspective when mental health is the only condition that would allow someone to seek an end, a government-sanctioned end, to their lives.

There is only one pause worth doing. There is only one pause that is safe. There is only one pause that protects the innocent, the truly ill and the most vulnerable, and that is a forever pause. Anything less than that is a failure of this place.

• (1540)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I am a bit surprised in how the Conservatives are approaching the debate. They have made it very clear that they do not support the expansion of MAID with regard to mental health. However, it will automatically take effect come March 17, unless this legislation passes. They seem to want to prevent the legislation from passing, especially if we take a look at the vote.

Does the Conservative Party want this legislation to pass and, if so, will they support it?

Ms. Melissa Lantsman: Mr. Speaker, we are going to take every single opportunity to put on the record in this House that these Liberals have broken what is a long-formed consensus in this country, that MAID, for the sole purpose of mental illness, is a no go. We are going to continue to speak about that so that Canadians know where they stand.

I know that they have brought legislation forward, but it is not our responsibility to clean up the mess that has made us stand here

at the eleventh hour because they screwed up their schedule and their legislation.

• (1545)

[*Translation*]

Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Mr. Speaker, medical assistance in dying and mental health are obviously not simple issues. What is surprising, however, is that some people experience intolerable suffering. An expert report found that these people are not eligible. For example, people who are suicidal are not eligible if they are newly diagnosed and being monitored but refuse treatment and their requests are based on systemic vulnerabilities. Help and support are available to these people. Just because someone requests medical assistance in dying does not mean that they will receive it.

The Conservatives' conception of medical assistance in dying is flawed. There are people suffering right now who need their support.

[*English*]

Ms. Melissa Lantsman: Mr. Speaker, I think it is clear from the evidence of those who have raised concerns about this issue that there is not enough evidence to say that somebody cannot get better. It is not the job of a parliamentarian to encourage that, to make it a priority in this country or even make it allowed in this country.

We need to make sure that we expand a system in which people can actually get help, and that a utilitarian vision of this world is not the thing that we strive for to make sure there is room in the system or that people can just do what they want. We actually have to try with people. We have to try and help them recover and get better. Offering them this tool, I think, is an abdication of our fundamental responsibility as leaders and as parliamentarians.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, I agree with many points my hon. colleague made in her speech. It is why I voted against the Senate amendment to Bill C-7 in the previous Parliament. It is why I voted for the member for Abbotsford's bill, Bill C-314. It is why I agree with the recommendation that came out of the special joint committee.

There is more than enough blame to be assigned to the Liberals, but we are dealing with a March 17 deadline. This is a time the House collectively has to stand up and get this bill through because we also have the Senate to deal with.

Why, with that context upon us right now, did the Conservatives vote the way they did this morning when it is imperative that this bill get passed before March 17?

We do not yet know what is actually going to happen in the Senate. We can only really say for certain what is going to happen in the House, but this is a critically important bill to pass before March 17.

Government Orders

Ms. Melissa Lantsman: Mr. Speaker, we are not going to limit this debate in this House because the Liberals cannot manage their agenda or their legislation, or the fact that they have screwed this up. We are going to continue to have a productive conversation about this and make sure that Canadians know that there are members in this House who want to see this go forward and want to see this go forward quickly.

Mr. Richard Bragdon (Tobique—Mactaquac, CPC): Mr. Speaker, I always consider it an honour to rise in the people's House to speak in regard to matters of great importance and consequence for the nation of Canada. I rise with mixed emotions today as, obviously, many Canadians have been grappling and dealing with this issue and have been considering and discussing the issue for years and months. Even more recently, with the expansion of MAID, which has been happening at an unbelievably rapid rate, more Canadians are growing more concerned. Therefore, today, I hope to add my voice to the calls for absolutely increasing the implementation of safeguards and for putting in place the safeguards necessary to prevent this absolute augmentation in access to MAID by more and more vulnerable Canadians.

Canada has historically been known as a nation of great hope, where the dreams and aspirations of individuals could be fulfilled, for them and their families. We have had a great reputation on the world stage for many years as a peaceful people and a hopeful people, but disturbingly, we are hearing more voices, not only within our own country but also internationally, raising the alarm bells at the direction our nation has taken, especially as it pertains to it becoming more available to more Canadians who are at high risk to be able to access MAID and to make a decision of such finality in times of great vulnerability.

It has been said, and I have said it in the House before, in regard to this debate, that the character of a nation is revealed in how it treats its most vulnerable. Those battling with mental illness and having bouts of anxiety, depression, fear and despair are definitely among our most vulnerable. It would behoove the House and the current government to ensure every safeguard possible is put in place to provide a pathway of hope that would foster and encourage life, even in the midst of uncertainty, in the midst of overwhelming odds and in the midst of some huge obstacles that come across a person's pathway. The last thing we should be doing in the House is expediting and making it easier for more Canadians to access MAID.

It is troubling, not just for many members on this side of the House; we have heard testimony at committee from many reputable organizations whose representatives are speaking out with grave concerns at the direction this country is going. I want to add a few quotes into the record as it relates to this.

There are a couple here from the Society of Canadian Psychiatry. It states, "it is impossible to predict in any legitimate way that mental illness in individual cases is irremediable. A significant number of individuals receiving MAID for sole mental illness would have improved and recovered."

This is another quote from the Society of Canadian Psychiatry: "Evidence shows that individuals with suicidal ideation symptomatic of mental illness cannot be differentiated or identified as

distinct from those seeking MAID for sole mental illness. Suicidal individuals who could benefit from suicide prevention will receive psychiatric MAID instead." This again is not coming from a partisan perspective. This is coming from the Society of Canadian Psychiatry.

We are fostering a culture that encourages giving up in the face of grave adversity, when Canadians historically have been the types who have faced great challenges, have overcome huge obstacles, have come through adversity, have come out the other side and have become stellar examples of what it is to overcome great challenges in life. I want that to be our continued reputation, not easy access to a decision that has such finality and such a dire consequence.

Another quote from the Society of Canadian Psychiatry says, "the political process leading to the planned expansion of MAID for mental illness has not followed a robust and fulsome process, has not reflected the range of opinions and evidence-based concerns on the issue, and has been selectively guided by expansion activists."

• (1550)

Those are huge statements of fact. If they are to be considered, they should give direction, and clear direction, to this House, on how we should proceed going from here.

This time I will quote from what would not be known as a far right extreme voice. I am quoting from a Washington Post article that reads, "empowering a mentally ill person to invoke a physician's aid in ending his or her suffering — by ending life itself — inverts the most basic goal of psychiatry, which is to prevent suicide rather than to facilitate it".

Dr. Madeline Li, a professor in the department of psychiatry at the University Health Network, told the BBC, "Making death too ready a solution disadvantages the most vulnerable people, and actually lets society off the hook", and she went on to say, "I don't think death should be society's solution for its own failures". These are professionals at the top of their professions, speaking to the grave direction that we are heading in as a country, as it relates to medical assistance in dying.

Of those who advocate for the most vulnerable among us here in Canada, the CEO and the executive vice-president for Inclusion Canada said, "MAiD for people with disabilities who are not terminally ill is a discriminatory disaster".

Again, these are the chief advocates for the most vulnerable among us. We should listen to their voices as we consider this and bring to the House the voices of the many concerned Canadians who have risen up, written my office, made phone calls and contacted colleagues, I am sure, on numerous occasions to say that this is not the direction that they would have ever anticipated Canada to go, and this is not the direction that we should go.

In closing, I am drawn to a story of a gentleman I got to know, a dear friend of mine. I share this story with his permission. Robert McCoy is a gentleman from my riding of Tobique—Mactaquac who had a huge challenge in his life. He is a young man with a young family, who began to lose sight in one of his eyes. It quickly spread to his other eye, and he became completely blind. He did not know how he would provide for his family since he had worked in the woods and was a skidder operator. He was not sure how he could make provisions for his family. It seemed overwhelming. He spoke about this publicly as part of his story. He told me he was so desperate in those times that he seriously considered taking his own life. He even planned it out. He thought maybe if he could somehow step inadvertently in front of a truck or a vehicle, because he was blind, that his family and other people would think it was an accident, and they may be able to at least continue on the insurance and make ends meet. It was a very low point, but he told me that in his desperation, he cried out. Yes, faith was important to him, but he felt like he heard at that moment a very clarion voice inside that said, “You will survive”.

That one moment became enough for him, along with the encouragement of his wife and family, to start over again. A woods worker put himself through learning how to live with blindness, went to university and got a degree. He now has a Master of Sociology and is a professor at St. Thomas University in Fredericton.

I am glad to say that Robert McCoy is doing very well; I spoke to him today. I am glad that during that time he did not have ready access to voices who would encourage him to go down this particular path as a potential solution to his problem. I am glad he chose the pathway of hope, of recovery and of overcoming obstacles. As parliamentarians, we should be doing everything we can to foster a culture of life and hope, rather than a culture of death and despair. I hope we make the right decision at this time.

• (1555)

Mrs. Jenica Atwin (Parliamentary Secretary to the Minister of Indigenous Services, Lib.): Mr. Speaker, the member is a great speaker in the House. I certainly enjoyed the story about one of my constituents. That was really great, and I agree. I am an advocate for mental health access. Actually, I did vote against the previous bill as well in the previous Parliament.

I really want to highlight that it is so important to create the clear distinction between suicidal ideation, what happens when someone is dealing with depression and wants to take their life, and medical assistance in dying. It is really important to have that distinction made.

I wonder if the member could comment on that.

Mr. Richard Bragdon: Mr. Speaker, my colleague is from a neighbouring riding of Fredericton, and it is always good to have good debate and discussion with her.

I want to assure her that the concerns we are hearing are that this pathway is being opened up and people do perceive that when someone is struggling in a season of difficulty, they may want to access, through the avenue of MAID, medical assistance in dying, for the sole purpose of mental illness.

Government Orders

We have to close that door. Obviously, I am glad our position is to make sure that door is closed completely and with finality, so that that access point is no longer available. Without those safeguards in place, I am afraid that more Canadians would choose that route as an avenue of coping with such devastating circumstances in their lives.

I will conclude with this point. I want to give honour to a colleague in the House, the member for Cariboo—Prince George, who fought very hard to get 988 established, to bring in a suicide crisis hotline in this country. To tell of the need for this kind of hope to be offered to Canadians, right now, the stats are upwards of 1,500 contacts a day, of people utilizing and calling or texting 988. That tells us there is a cry for hope in Canada. People want options, and the last option they should ever be given is to access MAID.

• (1600)

[*Translation*]

Mr. Mario Simard (Jonquière, BQ): Mr. Speaker, I sympathize with my colleague’s story about one of his constituents. However, using specific cases to try to advance ideological views is not how we move forward in a debate. Since this morning, I have been hearing the Conservatives talk about medical assistance in dying as if the process were like renting a movie on Netflix. This is not how it works.

Legislators are expected to stand back a bit and place the public good before their personal ideology. I know people who have sought medical assistance in dying. It is a medical procedure like many others that must be weighed. I would advise my colleague to place the common good before his ideological interests. Perhaps we would all grow if we worked this way.

[*English*]

Mr. Richard Bragdon: Mr. Speaker, I thank the hon. member for sharing his thoughts. However, I will take exception to where he is taking that thought.

We cannot expect any parliamentarian who enters the House to separate what informs their decision-making process and the values they hold dear when it comes to debates in the House. If this is indeed the people’s House, the House of Commons that represents the voices of the common people, no voice, world view, value set or concept should be dismissed out of hand. They should be welcomed and embraced. We should have wholesome discussions on these matters, especially a matter pertaining to life and death. No, I will not separate my values nor my world view from that discussion. They help inform the discussion.

Mr. Mike Morrice (Kitchener Centre, GP): Mr. Speaker, in his speech, the member for Tobique—Mactaquac evoked the disability community, along with his concerns for their well-being when it comes to expanding medical assistance in dying for mental health.

Government Orders

The House could be pressing the Liberal government to actually address the legislated poverty that people with disabilities are facing. We could all be pressing to fund the Canada disability benefit. If the member claims to be concerned about the lives of people with disabilities, as I am sure he truthfully is, is he going to, and how will he, continue to press the government to fund the Canada disability benefit and end legislated poverty for people with disabilities?

Mr. Richard Bragdon: Mr. Speaker, I quoted the CEO, Krista Carr of Inclusion Canada. They are raising alarm bells on this matter and this issue at this point. If we do not get this right, we will never get to the other access points.

It is absolutely critical that what we do in the House is the most fundamental basic thing, which is to make sure they have access to recovery and to hope. If we do not start there, we will never get to the other very important issues that need to be discussed and debated. Let us start with the fact that they need to make sure we are doing everything, as the people's representatives, to ensure their access to hope and to life.

Mr. Yasir Naqvi (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, I appreciate being recognized to speak to a very sensitive and emotional issue.

[*Translation*]

Today, I am pleased to be speaking to Bill C-62. This bill proposes extending the temporary exclusion from MAID for people whose sole underlying medical condition is mental illness.

We are proposing that the exclusion be extended by three years. To understand why an extension of this exclusion is so important right now, we need to look at how we got to this point in the legislative process.

• (1605)

[*English*]

As members know, former Bill C-7 was enacted in response to the Quebec Superior Court Truchon ruling. The ruling found that the original MAID legislation, which required a person's natural death to be reasonably foreseeable, contravened the Charter of Rights and Freedoms.

The former Bill C-7 received royal assent and became law on March 17, 2021. This law included a temporary two-year exclusion of eligibility for individuals suffering solely from mental illness, which meant that such persons would become eligible to receive MAID starting March 17, 2023, if they met all other eligibility criteria. The intent of this two-year delay was to allow an expert panel to undertake an independent review and to provide recommendations respecting any protocols, guidance and safeguards that should apply to requests for MAID by persons with a mental illness.

I will be sharing my time with the member for Richmond Hill.

On May 13, 2022, the "Final Report of the Expert Panel on MAiD and Mental Illness" was tabled in Parliament and released publicly. The expert panel noted that MAID clinicians are already assessing very complex cases and concluded that certain assessment challenges, such as determining incurability or assessing decision-making capacity, are not unique to MAID requests from per-

sons with a mental disorder, nor are they applicable to every requester who has a mental disorder. The expert panel also concluded that the existing MAID eligibility criteria and safeguards in the legislation provide an adequate structure for MAID where a mental disorder is the sole underlying medical condition, as long as they are interpreted and applied appropriately.

The expert panel's recommendations provide guidance to support complex MAID assessments. In its final report, the expert panel made 19 recommendations, laying out a broad set of principles that could structure the practice of MAID not only for persons with a mental disorder but also for those with other conditions where concerns may arise related to incurability, irreversibility, decision-making capacity, suicidality and/or the impact of structural vulnerability, regardless of the person's diagnosis.

[*Translation*]

The government supports the insights and general advice emerging from the panel's work. Let me take a few minutes to highlight some of the key achievements.

[*English*]

The expert panel report recommended the development of national practice standards on MAID for mental disorders and other complex cases. Practice standards help regulatory bodies evaluate the appropriateness of the clinical decisions of health professionals who assess and provide MAID. They also provide clarity to MAID clinicians regarding their professional obligations. In March 2023, a model practice standard for MAID was released along with a companion document of advice to the profession, which provides a series of questions and answers that elaborate upon specific clinical questions raised by the model standard.

[*Translation*]

That is not all we have done to help prepare a safe approach to providing medical assistance in dying across Canada.

Government Orders

We are providing \$4.9 million to the Canadian Association of MAiD Assessors and Providers to develop and deliver an accredited, Canadian-made curriculum to support practitioners. This consists of seven training modules that address various topics related to the assessment and provision of MAID, including guidance in how to assess capacity and vulnerability, how to navigate more complex cases and how to assess MAID requests with mental illness as the sole underlying condition. The MAID curriculum was launched in August 2023. Over 1,100 clinicians have registered for it.

From when MAID legislation was enacted in 2016 to the end of 2022, over 44,000 Canadians received MAID. The vast majority of these individuals were at the end of their life. In fact, numbers from 2022 show that 96.5% of individuals accessing MAID were terminally ill, and two-thirds had a cancer diagnosis. Many more requested MAID but were ruled ineligible based on the strict eligibility criteria and safeguards, withdrew their requests or died before receiving MAID. This is not unexpected.

The government recognizes that public reporting is critical to ensuring transparency and public trust in the legislation. Both the original MAID legislation of 2016 and the amended law passed in 2021 set out obligations for the collection of data and public reporting on important aspects of MAID. As of January 1, 2023, we have expanded our collection of information on MAID.

• (1610)

I would like to take this opportunity to highlight the achievements of the provinces and territories, as well as key partners in the system, such as health care professionals, who are working to safely implement MAID within their health care systems.

[*English*]

We have come a long way, but we have heard clearly that there is more work to be done. More preparations are required within the provincial and territorial health care systems to support the wraparound activities that may be necessary for the management and assessment of MAID requests where mental illness is the driver.

[*Translation*]

We also know that some Canadians and members of the medical community are concerned about expanding eligibility for MAID to people suffering solely from mental disorders.

[*English*]

We will continue the work with the provinces, territories and key health system partners to support the safe implementation and delivery of Canada's framework for MAID, while protecting those who may be vulnerable. The expert panel also recommended consultations with first nations, Inuit and Métis people. We recognize the importance of meaningful engagement and ongoing dialogue with indigenous peoples to support the culturally safe implementation of MAID.

Working in partnership with indigenous communities, we have developed an extensive plan for indigenous engagement. Our approach involves both indigenous-led community engagement and federally supported activities, such as an online tool, which has already been launched, and knowledge-exchange round tables, which

will be taking place this February to April. We are working closely with indigenous partners to design a process with them at their pace.

I recognize that there is a lot of hard work being done in order to show that MAID is accessible to people who need it, with appropriate safeguards in place. However, we need to make sure that we do not rush into that decision. This is why it is really important that we extend the application of this particular bill, as it relates to people with mental disorders, by at least three years; as a result, all provinces and territories can have the appropriate training and assessment tools ready.

A year ago, we extended the exclusion period for one year, until this March. As we approach that date, we have heard unanimously from all provinces and territories that their health care systems are at various stages of readiness, and there is more to be done.

[*Translation*]

The decisions we are making about MAID are not easy to make, nor should they be.

[*English*]

These are life-and-death decisions and we must get this right.

[*Translation*]

In Bill C-62, the government has put forward a three-year extension of the exclusion from eligibility for MAID for people suffering solely from mental illness.

[*English*]

I urge all members of this House to support Bill C-62.

Hon. Ed Fast (Abbotsford, CPC): Mr. Speaker, I would begin by reminding my colleague across the way that the provinces and territories sent a letter to the then minister of justice asking for an indefinite pause on MAID for the mentally ill, not just a three-year extension. I would also remind him that the large majority of Canadians oppose the expansion of MAID to the mentally ill. Similarly, a large number of mental health professionals across our country oppose the expansion.

Given all those circumstances, why does the member support a three-year extension rather than an indefinite pause on this policy?

Government Orders

Mr. Yasir Naqvi: Mr. Speaker, I thank the member opposite for his remarks and question. I want to remind the member that, back in 2016, when the first MAID legislation came, I was serving at the provincial level. In fact, I was the attorney general for the Province of Ontario. I had the opportunity to work closely with the federal government, along with the provincial minister of health at that time, on the appropriate and proper implementation of the MAID legislation that was passed by this House. This was hard work that required a lot of appropriate training, curriculum, readiness and safeguards to ensure that MAID was practised in the province according to the law.

That is the path forward as we look at people with mental disorders. We need to make sure that provinces and territories are ready, as they are asking for time. We are confident that, if we provide an extension for three years, they will have the appropriate tools, curriculum and training necessary in order to deliver this service in the most appropriate manner.

• (1615)

[*Translation*]

Mr. Sébastien Lemire (Abitibi—Témiscamingue, BQ): Mr. Speaker, I would like to thank my colleague for his speech, and especially the bits in French.

However, I am still amazed to learn that during the course of this debate, which is not that old, the Special Joint Committee on Medical Assistance in Dying agreed on recommendations. These recommendations are found in the Bloc Québécois amendment we are debating today. I believe this amendment is very simple. It mentions that the bill “take into account provincial medical assistance in dying frameworks for advance requests from persons who have an illness that could deprive them of the capacity to consent to care”. I think this is just common sense.

Can we not vote on this amendment first and then make some progress so that people who need it can have access to medical assistance in dying in a free and informed manner?

Mr. Yasir Naqvi: Mr. Speaker, I thank my colleague for his question.

[*English*]

Partnership with provinces, including Quebec, is extremely important in order for the legislation around MAID to be applied properly. As we know, delivery of health care is a provincial responsibility. It is really important that our provinces have all the tools and the time necessary to administer MAID in an appropriate manner.

That is why the work that is happening around setting of curriculum, training and the tools that regulatory bodies need to ensure that the training and curriculum is being met, as well as that the safeguards are being complied with, is important. This is also why the three-year extension under Bill C-62 is absolutely necessary.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, as the parliamentary secretary well knows, we really only have two sitting weeks left for this bill to reach the Governor General's desk. We are already pretty much halfway through one of those two. I think that the House of Commons is going to do its duty and pass the bill this week, but there are reports in the me-

dia of senators openly defying the intent of this bill and threatening to block it.

What steps is the government taking to ensure that the Senate does not thwart the will of the democratically elected House and that it makes sure the bill reaches the Governor General's desk in time?

Mr. Yasir Naqvi: Mr. Speaker, I want to thank the member opposite for his question and the members of this House for the hard work they are doing to ensure that this particular piece of legislation passes through this place as quickly as possible, so it can get to the Senate and become law by March 17.

I am confident that the Senate will fulfill its responsibility appropriately and will pass this legislation. I know the minister, along with the Attorney General, will be speaking to the senators and answering their questions. I hope this will satisfy them in terms of the validity of the bill and the need to pass it by March 17.

Mr. Majid Jowhari (Richmond Hill, Lib.): Mr. Speaker, it is with a sense of profound responsibility and pride that I address the House today regarding the government's proposed bill, Bill C-62, aimed at extending the temporary suspension of eligibility for medical assistance in dying, MAID, for individuals suffering exclusively from mental illness, for an additional three years. This discussion is not just about policy but about the very essence of compassion, dignity and the complexity of human suffering.

The concept of MAID resonates deeply within the Canadian societal fabric, touching upon the core values of autonomy and the right to end intolerable suffering. In Richmond Hill, as in communities across our nation, I have engaged with constituents, health care professionals and advocacy groups. These conversations have revealed a spectrum of beliefs and underscored the critical importance of adopting this issue with sensitivity, respect and an unwavering commitment to the well-being of all Canadians.

Since MAID was introduced, our office organized three community council meetings to deeply engage on this topic. We also partnered with the Canadian Mental Health Association, among many other professional associations, to enhance the dialogue with our constituents. Following the special joint committee's report, we convened our latest community council to gather our constituents' views and insights. Their response was clear and united in support of the delay. This active involvement with our community underlines the importance of careful reflection and thorough examination in addressing this issue.

Government Orders

The proposed extension under Bill C-62 is not merely a procedural delay. It is a crucial break that would let us look more closely into how mental illnesses and the final choice to end a life interact with each other. Mental health issues are complex and different for everyone, making it hard to fit them into our usual ideas about illness that leads to death. We need to look at each situation individually, taking the person's pain seriously while making sure there are strong protections in place to prevent hasty choices.

Our government acknowledges the importance of the data and reporting in relation to MAID, so much so that the original 2016 legislation obligated the Minister of Health to collect and report annually on MAID assessment and delivery. The formal monitoring system is important to inform our understanding of who applies for MAID in Canada, the medical conditions prompting requests, and trends in MAID activity since the 2016 legislation. As such, we have been working in collaboration with the provinces and territories and with health care professionals to establish a robust monitoring system. It is important to emphasize that this is a significant collaborative commitment.

As members know, on March 17, 2021, revised federal legislation was passed, expanding MAID eligibility to persons whose natural death is not reasonably foreseeable, providing they meet the remaining eligibility criteria.

Since the passing of the new legislation, the vast majority of MAID deaths, that is 96.5%, involved individuals whose death was reasonably foreseeable. Of course, two-thirds had a cancer diagnosis. In 2022, just 3.5% of total MAID deaths, which is 463 deaths, were attributed to individuals whose death was not reasonably foreseeable, representing less than 0.2% of all deaths in Canada. Of those 463 deaths, nearly 50% reported that the main underlying medical condition was neurological, such as ALS or Parkinson's disease, while the remaining cases involved a variety of other complex conditions, including multiple comorbidities, cardiovascular disease, organ failure and respiratory illnesses.

Although the current sample is small, 2022 data also shows that where death was not reasonably foreseeable, 64% of individuals were approved for MAID, compared to 83% of individuals in cases where death was foreseeable. Each MAID request where the person's natural death is not reasonably foreseeable is complex and unique, and early indications show that approvals for MAID in this stream are much lower than when the person's death is reasonably foreseeable.

• (1620)

The decision-making process for MAID, especially in the context of mental illness, is fraught with complexity. It necessitates a meticulous evaluation of the individual's condition, an exploration of all viable treatment options and a profound understanding of the person's lived experience. This process is not undertaken lightly. It is grounded in empathy, clinical expertise and a rigorous adherence to ethical standards.

I also previously engaged in discussions on this matter in 2016 and again in February 2023. Today marks my third address to the House on this subject, which holds personal significance for me and, undoubtedly, affects numerous households in Richmond Hill and beyond.

I wish to highlight the government's consistent commitment to thorough and collaborative investigation, in concert with provincial, territorial and societal stakeholders, to ensure that MAID is administered with rigorous safeguards to protect the vulnerable while respecting the rights and dignities of applicants.

In pursuit of these objectives, the government enacted Bill C-39 last year, extending the moratorium on MAID for those with mental disorders as their sole medical condition until March of this year. This extension was pivotal in facilitating the safe provision of MAID, allowing for the broader dissemination and adoption of essential resources among medical and nursing professionals and ensuring the readiness of our health care infrastructure.

Moreover, this period provided the government with a crucial window to review the conclusive report by the Special Joint Committee on Medical Assistance in Dying. The one-year extension has proven invaluable, enabling the special joint committee to conduct a review in October 2023 concerning Canada's preparedness to accommodate MAID requests for mental disorders.

On January 29, 2024, the committee tabled its third report, which outlined recommendations regarding Canada's readiness for the safe execution of MAID under these circumstances. Following the committee's recommendations, the government, via Bill C-62, seeks to extend the pause on MAID for those with only a mental disorder until March 17, 2027. This aims to give our health care system enough time to prepare for MAID under these conditions.

We have held detailed talks with health care experts and the public, which showed a clear need for more time to maintain the integrity of this process. This time would also help in creating and sharing specialized training for health care workers, developing detailed policies and encouraging discussions on this important matter. The goal is to create a system that acknowledges mental illness complexities, protects those at risk, respects individual rights and dignity, as well as the Constitution, and ensures the proper safeguards.

In conclusion, we know that the MAID regime has provided relief from suffering for thousands of Canadians so far, the vast majority of whom are already at the end of life, and that individuals living with intolerable suffering will continue to explore MAID as an option in the future.

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We have made a commitment to transparency and accountability across all levels of government to support public confidence in the MAID regime. I am also confident that we are honouring that commitment by providing Canadians with accurate and reliable information on MAID as it continues to evolve in this country.

As I stand before you, Mr. Speaker, acknowledging the profound impact of this issue on myself, the constituents of Richmond Hill and countless other Canadians, I am confident that this bill would facilitate the careful and considered approach required to address this sensitive matter appropriately.

• (1625)

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, on the situation we find ourselves in this week, and last year with Bill C-39, we can draw a direct line back to the Senate amendment that was placed on Bill C-7. The government did a complete 180. It came out with a charter statement explaining why it was excluding mental disorders, and it then went and accepted the Senate amendment.

Bill C-39 last year had to punt the ball down the road by a year. Now we have Bill C-62 trying to do that by another three years. It feels like everything we have been doing has been trying to play catch-up to that change in the law. The law was changed before we had done the work.

Does my hon. colleague regret voting for that Senate amendment, given all he knows now and all of the catch-up we have been trying to do on this very important and sensitive issue?

Mr. Majid Jowhari: Mr. Speaker, through you, I would like to thank my colleague across, not only for the work he has done as part of the special committee, but also for the point of view he is raising.

We have to remember that, at that time, we were looking at the bill from a constitutional aspect as well, so when we looked at it we addressed many issues. We put the policies, the procedures, the constitutional concept of it and the rights of Canadians into perspective. I believe that was the right decision to make.

However, since then we have had the opportunity to look at the next phase, which is the implementation and the rollout of that. As we started to address working with the provinces and the professionals, we realized there was a lot more opportunity for collaboration as far as readiness and safeguards are concerned, and that we needed more time. We were hoping that one year would give us that, but once again it became clear that we needed more time. Therefore, the extension we are talking about is finding that fine balance between making sure that all Canadians can exercise their constitutional right and making sure we have the safeguards in place to ensure that no missteps are taken.

• (1630)

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Mr. Speaker, I am not sure what the constitutional right to MAID is that the member across referred to.

He wants more time to discover this legislation. The difficulty of course is the concept of irremediability. The Liberal government can take the next thousand years to consider this legislation, but it

is clear from experts across this country that the issue of irremediability with respect to mental illness is not going to be resolved. How is he going to resolve that with the voters who are going to send him packing in the next election?

Mr. Majid Jowhari: Mr. Speaker, let me address the last part first. I have had the honour and privilege of representing Richmond Hill over the last three terms and am counting on people and my hard work to be able to be re-elected so that I can come back here to continue representing them. Let us leave it at that.

What is key is that the issue of irremediability is a very complex issue, and it takes time to understand each case. We need to make sure all the safeguards are put into place to ensure that we do not cause any undue risk and harm.

[*Translation*]

Mrs. Julie Vignola (Beauport—Limoulu, BQ): Mr. Speaker, we are talking about a bill that is very sensitive for many different reasons. This bill affects us all for one reason or another. There is a motion calling for a distinction between neurodegenerative disease and mental illness.

I wonder if my colleague could tell us what he thinks about the possibility of moving faster on legislation that covers neurodegenerative disease so that people with Alzheimer's can decide, while they are still lucid, if and when they want to end things, because it is still a choice.

[*English*]

Mr. Majid Jowhari: Mr. Speaker, I have had the pleasure of working with my colleague on a number of committees, and I thank her for her point of view.

The point is that it is those complexities that have necessitated, now that we are at the point of rolling out this legislation, that we really take a step back and look at the spectrum of diseases and the challenges that exist to be able to ensure that the right safeguards are in place. Yes, all of those need to be taken into account.

I am hoping that, over the next three years, working in collaboration with the provinces and with professionals, as well as with those with lived experience, we will be able to answer some of those key questions.

[*Translation*]

Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ): Mr. Speaker, I would like to inform you that I will be sharing my speaking time with the hon. member for Shefford.

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I rise today to speak about a topic I am passionate about. I am a social worker. I spent my career supporting seniors who wished to live at home, as well as seniors living in long-term care centres. I could say that I will be giving a speech, but it is more like a first-hand account, because this morning, quite frankly, I could not believe my ears. I could not believe the outrageous remarks I was hearing on the issue of medical assistance in dying.

I would like to remind the House that the Bloc Québécois has a humanist vision of medical assistance in dying. Our focus is on the importance of the individual's right to dignity, to free and informed consent and, most of all, to self-determination. That means that I am the best person to decide what will happen to me, because I am making a free and informed choice.

I want to tell the House a story, but I should mention that it is not a very pleasant one. As I said, I am a social worker, and I have kept up my membership in my professional association, because I think that is very important. Today, I am addressing my colleagues as both a member of Parliament and a social worker.

I worked with an elderly lady in a long-term care home. She had multiple sclerosis. She had been living there for years. Slowly, little by little, she lost her autonomy, until all she could do was move her head, swallow, and move two fingers. It was just enough to operate her wheelchair. She asked for medical assistance in dying.

As a social worker, it was my job to professionally assess whether her request was free and informed and whether she was asking for care in a free and informed way. I did my duty. I went to university, so I have clinical knowledge that enabled me to examine her condition, professionally evaluate her and use my clinical judgment to assess the request from this woman who had been suffering for years, confined to her bed.

Imagine what it is like for someone who has to stay in bed all day long, having people turn them over so they do not get bedsores. Imagine what it feels like for someone who can no longer go to the bathroom, who is incontinent, who can no longer scratch their own forehead and has to ring for an attendant to come scratch it for them because it is itchy.

The woman I am talking about made a request for medical assistance in dying. Her request was denied because the members of the multidisciplinary team concluded that this person was not in a condition to make a truly free decision, that she was depressed and that it was not the right time for her to take that step.

When I hear our Conservative friends say all someone has to do is ask and they will get an injection the next day and die, I can tell my colleagues that, as a health professional and a social worker, it is tough to listen to that. As a member of Parliament, I am ashamed, because it is bad to spread misinformation. Just because someone asks for medical assistance in dying does not mean they will get it. There are tons of people around these patients who assess their state of mind and their disease. Together, they decide whether that person can request medical assistance in dying and receive it. We live in a democratic country. People can submit requests. That does not mean anything goes and requests will automatically be granted. This morning, I decided I had better listen to the speeches from my

office, because I would have had trouble facing the members who were saying outrageous things.

The same goes for people with disabilities. It seems like some members believe that people with disabilities are not smart, that they cannot make decisions and that they need to be guided. I am sorry, maybe I am getting emotional, but I have profound respect for human beings, and human beings are capable of making decisions about themselves.

I want to reiterate that just because someone requests MAID does not mean they will receive it. The professionals surrounding these people are not naive. They are educated people: doctors, nurses, social workers and occupational therapists. Care providers are professionals.

MAID is a lengthy process in Quebec. Sometimes, people make the request too late. They lose their ability to consent again to the process, and they miss their chance. They suffer because they lost the cognitive capacity to consent one more time to medical assistance in dying.

• (1635)

We agree that today we are discussing a very sensitive and complex issue. There are some members in the House who are really lowering the level of the discussion and debate. Frankly, I feel sick about this, and I repeat that I am ashamed of what I heard this morning.

The Bloc Québécois's proposal is balanced. We know that Quebec passed a law and wants to allow people to make advance requests. What does that mean? If the hon. member for Rosemont—La Petite-Patrie received a diagnosis of early dementia or Alzheimer's around the age of 45, he could decide that he did not want to die in a long-term care home, hunched over and completely dependent on others. He would then decide to draft his advance requests and trust those around him so that he could receive medical assistance in dying when all the criteria he described were met. In Quebec we are ready to do that.

Furthermore, the Special Joint Committee on Medical Assistance in Dying, which analyzed the issue for a year, reached the same conclusion, namely that it makes sense. A person who is mentally sound, who has been assessed and wants to make their advance request should be able to do so and, above all, to obtain it.

The bill we have here is very timid. It lacks ambition and political courage. We are abandoning people who, at this very moment, would like to use advance requests because they are suffering from a form of dementia, a kind of incurable neurocognitive disease. They see the end coming, and it is terrible, because it comes with atrocious suffering and complete loss of autonomy.

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If I received a diagnosis of early onset dementia and no longer recognized my children and my grandchildren, if I was aggressive, if I defecated in my underwear and did not stop walking all day long because I kept wandering and had no life left, I would want my children to say that I met all the requirements and to ask that they let me go because I would be ready and those were my wishes. In Quebec, this has been recognized. Unfortunately, because this government will not listen to Quebec, it will not allow practitioners, doctors, nurses and social workers to do their work. They could face legal action launched by the family or by a third party. What is going to happen? People in Quebec are really going to suffer because here, in the House, people lack courage and do not want to support the one province that is ready to move to another level. When it comes to advance requests, we are ready.

We in the Bloc Québécois nonetheless agreed that we had not necessarily fully explored the issue of mental disorders and that we needed an extra year to reflect and lay the groundwork. However, three years is too long. Society is moving ahead faster than legislators. Members of the House need to understand they are abandoning people who will suffer.

My grandmother was religious. At age 91, she was suffering terribly and was about to die. She refused morphine because, in her religion, those who suffer go to heaven. She refused care, and she suffered. It was a choice. We respected her choice to suffer so she could go straight to heaven, even though we knew full well she would. She believed she had to suffer. We respected that. She refused all morphine injections. Today, we have made progress. People have the right to choose how they want to leave this earth. I repeat, just because people ask for medical assistance in dying does not mean they will receive it.

Today, I am making a plea from my heart. For everyone who will need it, let us listen to the consensus of Quebec society. Let us listen to Quebecers, who are saying that Canada can take the time to reflect, but that Quebec is ready and wants permission to do it properly and legally.

• (1640)

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, I would like to thank my colleague for her plea from the heart, her speech. She mentioned me at one point. I hope I do not receive that diagnosis anytime soon. I generally agree with her on this issue.

I did not follow all the formalities and procedures surrounding this matter. That said, I agree that there is consensus in Quebec concerning advance requests with defined criteria, loved ones who can care for the patient and health professionals who can provide support.

I quite agree with my colleague that the federal government should show some openness, sit down and talk with Quebec to find a solution, maybe even a reasonable accommodation, so we can respect the consensus of Quebec society, which seems to be heading in the same direction in this matter.

• (1645)

Mrs. Claude DeBellefeuille: Mr. Speaker, I am pleased to hear from my colleague who understands the consensus in Quebec.

Now, I will ask him to convince his political party to support the Bloc Québécois amendment, which proposes amending the Criminal Code so that service providers cannot be prosecuted for providing MAID to people who made advance requests and obtained that service. I encourage him to speak up and to be a leader in his party to convince his colleagues.

Just because the other health ministers from the other provinces and territories are not ready does not mean that Quebec is obligated to move as slowly as them. Quebec is ready to help people who are suffering who want MAID and who request it.

I will say it again. I do not know if there are any anglophone MPs here who are wearing their earpieces, but just because a person requests medical assistance in dying does not mean that they will get it.

[English]

Mr. Damien Kurek (Battle River—Crowfoot, CPC): Mr. Speaker, I find aspects of the debate we have had here today to be very troubling because there are increasing examples, and I hear of them in my constituency office and from reports in the media, but the member suggests that somehow the debate is settled. Therefore, anybody who would raise valid questions is somehow not entitled to ask those questions. That is simply not how our democracy works. It is troubling that that would be the trend some members of the Bloc Québécois, and even some Liberals today, are following when we have heard a host of very concerning things.

Even at the special committee, which has been referenced, Quebec's college of physicians suggested that infants could be euthanized if they were born with a disability. There are concerns about members of the military, veterans, who have been offered MAID instead of treatment. There is a whole host of questions that need to be answered. It is time to give hope in this country and not simply the opportunity for somebody to end their life in the most final way imaginable.

[Translation]

Mrs. Claude DeBellefeuille: Mr. Speaker, I will stay calm because I am not allowed to say what is on my mind. It would be unparliamentary.

I want to say something about the Special Joint Committee on Medical Assistance in Dying. There was unanimous consensus on recommendation 21, which I will read, "That the Government of Canada amend the *Criminal Code* to allow for advance requests following a diagnosis of a serious and incurable medical condition[,] disease, or disorder leading to incapacity." This is not coming from me. This comes from a joint committee made up of MPs from every party in the House and several senators. That was said in February 2023.

I was a social worker in Quebec. Children have never, ever been euthanized in Quebec. That is not what we are talking about.

I think that the member did not listen to my speech. What I said was that not everyone who asks for medical assistance in dying gets it, and those who do have to go through a thorough and professional clinical process first.

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Ms. Andréanne Larouche (Shefford, BQ): Mr. Speaker, the member for Salaberry—Suroît is a tough act to follow. This is not easy, because we all have someone in mind when we talk about this. We have all lost loved ones over the past few months and years. We all have gone through different experiences. Some people request medical assistance in dying, others do not, but one thing is certain: this is a very sensitive topic. It is with great humility and sensitivity that I rise today to speak to Bill C-62, an act to amend An Act to amend the Criminal Code (medical assistance in dying), no. 2, something we have been talking about for a long time.

We must act by considering the fact that, currently, the Government of Quebec's Bill 11 does not include non-neurocognitive mental disorders as being eligible for medical assistance in dying and that Quebec wants to fill the administrative void surrounding the federal government's position on the subject of mental disorders relative to neurocognitive disorders. Therefore, I am not here to repeat my whip's testimony. I am here to provide some background and talk about Quebec's specificities. I will close by going into more detail about the Bloc's position.

First, in 2014, Quebec passed the Act Respecting End-of-Life care after five years of consultations and of working together across party lines. I want to emphasize that the work was non-partisan. In 2015, the Supreme Court ruling in *Carter* indicated that some provisions of the Criminal Code that prohibited medical assistance in dying contravened the Canadian Charter of Rights and Freedoms. In 2016, the Liberal government passed Bill C-14, in response to *Carter*. In 2019, the Quebec Superior Court ruled in favour of Nicole Gladu and Jean Truchon, who claimed that excluding people whose death was not reasonably foreseeable from eligibility for medical assistance in dying was discriminatory. As a result, the court ordered that federal and provincial laws be amended before December 18, 2020.

In 2021, after a pandemic-related delay, Parliament passed Bill C-7, which created two pathways to medical assistance in dying: One for those whose death is reasonably foreseeable and one for those whose death is not reasonably foreseeable. Quebec simply chose to drop the end-of-life criterion. Bill C-7 required that an expert panel be created to review MAID and mental illness. The Expert Panel on MAID and Mental Illness was formed in August 2021 and produced a final report containing 19 recommendations. Recognizing that the legislation was flawed and that issues related to medical assistance in dying remained unresolved, Bill C-7 created the Special Joint Committee on Medical Assistance in Dying, composed of members of the Senate and members of the House of Commons, which had a five-part mandate.

The joint committee tabled an interim report on June 22, 2022. There was not much time between the tabling of the joint committee's report, which was initially expected in 2022, and the March 17, 2023, deadline for excluding people from MAID for mental illness, so members postponed eligibility for one year to allow the committee to finish its work. The goal was to give the professions involved more time to develop standards of practice. At last, in February 2024, the joint committee produced its final report. The report contains only one recommendation. Bill C-62 implements the report's recommendation by postponing eligibility for MAID

MD-SUMC, for mental disorders, for three years and by forcing the creation of a joint committee one year before the report.

Sections 241.1 to 241.4 of the Criminal Code govern medical assistance in dying in Canada. What is more, under the law, the government is required to oversee the use of medical assistance in dying via the Regulations for the Monitoring of Medical Assistance in Dying. I am providing all of this background to illustrate that the government could have and should have taken action a long time ago.

Second, in Quebec, medical assistance in dying is governed by the Act Respecting End-of-Life Care. The activities surrounding medical assistance in dying are supervised by the select committee on end-of-life care. In June 2023, the National Assembly of Quebec passed Bill 11 to expand access to medical assistance in dying in Quebec and harmonize Quebec's legislation with the Criminal Code. There are some notable changes to Quebec's legislation. Minister Sonia Bélanger and her colleagues Roberge and Jolin-Barette held a press conference on February 7 calling on the government to include a provision in the Criminal Code that would allow Quebec to move forward with advance requests, because, even though Quebec's legislation allows it, the Criminal Code does not.

- (1650)

Although doctors who choose to go ahead with advance requests are unlikely to be prosecuted by Quebec's attorney general, the risk of a civil lawsuit is still there, and that will make many doctors think twice about granting advance requests. Quebec's National Assembly has passed a unanimous motion demanding that the federal government legislate on the issue.

Third, the Bloc Québécois will vote for the bill on the condition that the postponement is for one year, not three. The Bloc Québécois believes that eligibility for people suffering from mental disorders must be postponed so that Quebec, the provinces and professional bodies can create a framework for their MAID practices. However, it should not be postponed indefinitely. The Bloc Québécois believes that postponing eligibility by three years will prolong the suffering of individuals who could be eligible for MAID and is contrary to their rights as guaranteed by the charters. The Bloc Québécois wishes to point out that the report of the Expert Panel on MAID and Mental Illness, as well as the Collège des médecins du Québec, emphasized that the safeguards—namely irremediability, severe physical or mental suffering, and free and informed consent—currently provided for in the Criminal Code are sufficient to allow access to MAID where mental disorder is the only underlying condition.

In our supplementary opinion attached to the report of the Special Joint Committee on Medical Assistance in Dying, the Bloc Québécois points out that, even though preparations on the ground for medical assistance in dying when a mental disorder is the sole underlying medical condition are not yet complete across Canada, this does not change the fact that several professional associations, including the Collège des médecins du Québec and the Association des médecins psychiatres du Québec, would still like it to be made available in the future.

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The Bloc Québécois also acknowledges the requests made by several provinces to postpone eligibility. It should be noted that many countries have adopted policies on medical assistance in dying specifically for mental disorders.

The Bloc Québécois deplores the government's failure to be proactive and the Conservatives' obstruction on the issue of medical assistance in dying when a mental disorder is the sole underlying medical condition and on the issue of advance requests. We fear for the patients who will have to turn to the courts to assert their rights while also bearing the burden of their illness.

Finally, the Bloc Québécois condemns the fact that this bill does not distinguish between mental disorders and neurodegenerative diseases, such as Alzheimer's and Parkinson's. Quebec's law makes that distinction. It would allow people suffering from the latter category to access medical assistance in dying, as advocated by the Quebec government. In the Bloc's opinion, the social consensus on these illnesses is stronger, and it would have liked to see the Criminal Code brought into line with Quebec's end-of-life care law by allowing advance requests.

In his supplementary opinion on MAID, the member for Montcalm, whom I would like to congratulate for all his work on this issue, went into great detail on the reasons that justify MAID when a mental disorder is the sole underlying condition. The position of the Collège des médecins du Québec perfectly sums up the importance of allowing advance requests for medical assistance in dying, as well as medical assistance in dying when a mental disorder is the sole underlying condition. While admitting it needs more time to ensure its members are ready, the Collège des médecins du Québec has established five guidelines for assessing eligibility for medical assistance in dying.

In conclusion, the Bloc Québécois has a humanist view of medical assistance in dying that is grounded in philosophical principles and ethical arguments that reflect the evolution of Quebec society. Medical assistance in dying recognizes the right of individuals to choose for themselves, to determine the conditions for a healthy and dignified life. Medical advances allow us to sustain life, but that does not preclude the need and right of the individual to define what is an acceptable life. Section 1 of the Quebec Charter of Human Rights and Freedoms states that every human being has a "right to life, and to personal security, inviolability and freedom".

Quebec society believes that the right to life includes the right to die. In that context, we need to see medical assistance in dying as a right that gives the individual the option of avoiding terminal suffering and medical paternalism in order to maintain their dignity. By allowing medical assistance in dying, we allow people to choose how, when and where they want to pass away.

Medical assistance in dying only makes sense if the person's free and informed consent is respected. The word "free" means voluntary and without constraint, and the word "informed" means with all the information needed to make such a decision. Meeting this condition is necessary for accessing medical assistance in dying.

The principles we stand for concerning medical assistance in dying are equally valid in cases of mental illness. Let us not forget that the possibility of access to MAID does not mean automatic eli-

gibility. However, when the Quebec select committee was doing its work, it made a distinction between mental disorders and neurodegenerative diseases. The commission concluded that although there was no consensus on mental disorders, there was a consensus on neurodegenerative diseases. With that in mind, the Quebec government opened the door to advance requests. Advance requests allow an individual to determine the conditions under which MAID should be administered when they have lost the capacity to consent because of their illness.

In its second report, the Special Joint Committee on Medical Assistance in Dying expressed its support for advance requests. All parties, except the Conservatives, who are against any form of medical assistance in dying, voted in favour of the recommendations.

As a final point, the federal government therefore has no reason to drag its feet or to deny Quebec's request.

• (1655)

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I appreciate a number of things the member has said, and I like to think that all of us have personal feelings on a wide spectrum of issues, this being one of them for me personally. Having said that, I understand and appreciate the importance of the Supreme Court of Canada's decision and the Charter of Rights and Freedoms. I think it is good to bring responsible public policy in regard to MAID.

Does the member share in the concerns that I have with respect to the Conservative Party's propaganda of spreading things that are grossly exaggerated, like people going to a food bank, feeling poor and wanting to apply for MAID? At the end of the day, they try to make it sound as if one can go and apply today and have suicide-by-government on the Friday. I personally believe that is damaging to the whole debate we are having.

• (1700)

[*Translation*]

Ms. Andréanne Larouche: Mr. Speaker, I am glad my colleague from Montcalm has arrived. He can answer that question as well as I can, and he must have heard a thing or two from the Conservatives at the Special Joint Committee on Medical Assistance in Dying. I sincerely sympathize with him. As my whip herself said earlier, we can hardly believe what we have been hearing since this debate began.

I am speaking today because I have been hearing about this bill from seniors' groups ever since I was named the critic for seniors. They have certainly made me aware of this issue. Seniors' groups in Quebec want this freedom of choice.

I have said this before, but I will say it again because I think it is appalling. Anyone who says that seniors are going to food banks to request medical assistance in dying is engaging in blatant and serious disinformation.

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This debate reinforces my conviction about why states must be secular. This is an example of why it is dangerous to let religious elements participate and pay for a political party's leadership race in Canada.

[*English*]

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Mr. Speaker, I think it is absolutely disgusting that the parliamentary secretary to the government House leader would stick his head in the sand and deny well-documented cases of abuse and non-compliance with respect to so-called safeguards that are supposedly in place and are to be enforced. It is just disgusting, when speaking of some of the most vulnerable persons in Canadian society.

With respect to the member and her speech, she talked about Conservative obstruction. I would remind her that every member of Parliament, from all recognized parties, on the committee, which I served in, said to put a pause on this expansion, so did chairs of psychiatry, and so did the Province of Quebec in the national assembly, when the committee determined that mental illness as a sole underlying condition was not appropriate in the context of MAID.

I will tell members that when I hear evidence that clinicians could get it wrong 50% of the time, in other words like the flip of a coin, I will obstruct that expansion.

[*Translation*]

Ms. Andr anne Larouche: Mr. Speaker, I talked about the Conservatives' obstruction. Unfortunately, I could also talk about the Liberals' inaction, which is why we are still here today, why this file was delayed. What is more, they are asking us to wait another three years. Enough is enough.

As for my colleague's remark, the Conservatives are bringing up cases that might have more to do with the justice system. Before being elected, I worked on the issue of elder abuse. These are isolated cases and they have more to do with the justice system.

In the case at hand, we are talking about professional bodies. I talked about it in my speech. We are also talking about a joint committee made up of senators and MPs who worked hard and proved that the safeguards are there and that, no, it is not true that a person can ask for medical assistance in dying as easily as ordering food in a restaurant.

It is not true. There are safeguards and, in Quebec, this is clearly understood. What we need to do is to let ourselves be guided by the scientific evidence and by what professional bodies are saying, not by isolated cases and regressive religious attitudes.

The Deputy Speaker: The hon. member for Beauport—Limoilou on a point of order.

Mrs. Julie Vignola: Mr. Speaker, may I remind my esteemed colleagues that when they ask a question, they should want to hear the answer? At the moment, members seem to be talking to each other across the aisle and not listening to the person who was asked the question.

Respect needs to be shown not only at school, but in everyday life.

The Deputy Speaker: I thank the hon. member for pointing out that members need to listen to each other in the House. Those who have been recognized are the ones who should take part in the discussion.

• (1705)

[*English*]

Resuming debate, the hon. member for Vaughan—Woodbridge has the floor.

Mr. Francesco Sorbara (Vaughan—Woodbridge, Lib.): Mr. Speaker, it is always an honour and a privilege to rise in the House on behalf of the wonderful residents of my riding of Vaughan—Woodbridge and all of the residents in the city of Vaughan.

I will be sharing my time with my friend and colleague from the wonderful riding of Kitchener Centre.

Before I begin my formal remarks, this is a debate on Bill C-62, medical assistance in dying, which is obviously highly personal to all members in the House. Remarks are being delivered today with much passion, substance and thought. I will add a few words on that front. I have provided my personal beliefs on medical assistance in dying, which I am obviously in favour of. I know many individuals in many families who made tough decisions that were not with regard to mental illness. That gives me great consternation and much thought.

I am glad that a pause will be put in place because mental illness is a complex subject. I am not an expert and will not profess to be an expert, but we all know someone who has struggled with mental illness. We all know family members or friends for whom mental illness continues to be an issue. Unfortunately, many folks have taken their lives, and we need to make sure there is a system in place that is robust, where people can get the help and assistance they need to live their full lives, which God has blessed them with.

[*Translation*]

I am convinced that our current MAID system is working well. I would like to take the next ten minutes to explain why Canadians should have confidence in our MAID legislation and its application over the past seven years. I also want to describe some of the activities that will help sustain that confidence when eligibility is expanded in March 2027, as proposed in Bill C-62.

When the law authorizing medical assistance in dying was originally passed in 2016, it included a number of mandatory eligibility criteria for anyone requesting MAID. The person must be an adult of at least 18 years of age and capable of making health-related decisions. The request must be voluntary. Their request must be fully informed, and the person must have knowledge of the options available to relieve their suffering. They must have a grievous and irremediable health condition, meaning it cannot be cured, which is defined as follows: They have "a serious and incurable illness, disease or disability; they are in an advanced state of irreversible decline in capability", and they are experiencing "enduring physical or psychological suffering" that cannot be relieved under conditions that they consider acceptable.

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In 2016, the law also required that the person's natural death be reasonably foreseeable. In 2019, the Quebec Superior Court ruled that this criterion violated the Charter of Rights and Freedoms. In March 2021, a revised version of the federal law was passed, extending eligibility for MAID to people whose natural death was not reasonably foreseeable as long as they met other eligibility criteria.

In addition to these eligibility criteria, the law also sets out many procedural safeguards that a clinician must meet before administering medical assistance in dying. Here are a few of them: Two independent practitioners must provide a written confirmation of the person's eligibility. The person who is requesting medical assistance in dying must be informed that they can change their mind at any time and in any way and that their wishes must be respected. Also, the person must reconfirm their desire to receive medical assistance in dying immediately before receiving it.

• (1710)

When a person's natural death is not reasonably foreseeable, a series of enhanced safeguards must be respected. I will talk about some of those critical safeguards.

First, at least one of the two MAID assessors must have expertise in the person's medical condition. If they do not have that expertise, they must consult another practitioner who does. Second, the person must be informed of the means available to alleviate their suffering and be offered meaningful consultations. Third, these means must have been discussed, and both MAID assessors must agree that the person has seriously considered these means. Fourth, at least 90 days must pass between the beginning of the eligibility assessment and the day on which MAID is administered. These are legislated safeguards that all practitioners must abide by.

We know that MAID practitioners across the country exercise considerable professional judgment in providing this service by keeping patients' interests and wishes at the forefront.

Practitioners work hard to ensure that MAID is a last resort. They compile essential information about the person's medical condition, their treatment history and their use of support services. They have the necessary conversations to ensure that their patients are aware of the services available to them that might alleviate their suffering. It is about exploring treatment options, facilitating referrals and following up on the results.

If the person who wants to receive MAID consents to involving family members and loved ones, the practitioners will encourage their involvement and include them in the discussions that are part of the overall assessment process.

Practitioners are also aware that they do not always have the necessary expertise in the patient's condition to conduct a full assessment. In these situations, they have to consult the relevant experts and other health professionals who have the necessary expertise to make an informed decision. Some provinces or regional health care authorities have put in place MAID care coordination services or case consultation mechanisms that rely on a team or network of doctors, nurses and other professionals, such as social workers and spiritual leaders, to support the assessment process.

What does that mean for the future, once we begin allowing MAID requests based on enduring and intolerable suffering resulting solely from mental illness? Are our existing legislative safeguards sufficient? How can we be sure that the same level of care, diligence and consistency in the provision of MAID will be the norm?

In 2021, as mandated by the former Bill C-7, an expert panel reviewed the issue and concluded that the existing legal framework for eligibility criteria and safeguards is sufficient, provided MAID assessors apply the existing framework appropriately, with guidance from MAID standards of practice that have been developed as well as specialized training.

[English]

In the time I have left, I would just like to say that we all rise in this most honoured House on many topics. One of these topics, probably one of the most personal ones that we have risen on in the number of years I have been here, is medical assistance in dying. I look forward to questions from the hon. members in the House, who have been sent here by their constituents. This is an important debate for us to have, and it is an important topic to discuss.

• (1715)

Hon. Ed Fast (Abbotsford, CPC): Mr. Speaker, I do agree that this is an intensely personal decision for each one of us. I listened carefully to the member's speech.

At the beginning, he seemed to suggest that the reason the government was compelled to move forward with expanding MAID for the mentally ill was that the lower courts have forced the government to do this, but the courts have not actually directed the Canadian government to implement MAID for the mentally ill. The Supreme Court of Canada has never opined on the matter. In fact, every time the Liberal government has been given the opportunity to appeal a case to the Supreme Court, it has refused to do so, probably for ideological reasons.

I would ask the member for his opinion. Does he believe that the Supreme Court of Canada has directed the House, this Parliament, to implement medical assistance in dying for the mentally ill, yes or no?

Mr. Francesco Sorbara: Mr. Speaker, I have had much respect and much time for the hon. member in all of our conversations. I am not a lawyer. On having something referenced to the Supreme Court for a decision, I would have to get back to the learned member for Abbotsford on that front.

I would say that it is important for all members in the House to look at the evolving needs of individuals in this country, speak with the pertinent experts and work with the provinces and territories.

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I have always believed that we should legislate and not defer to the courts. That is my own personal opinion. I believe in that. I think that is the best way to legislate and govern. We should do so by taking decisions in the House, while making sure they are obviously compliant with the Charter of Rights and Freedoms, which I know all members in the House hold dear.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, my colleague opposite was wondering about the Carter decision. In my opinion, Carter clearly demonstrates that absolute prohibition would indeed be discriminatory and stigmatizing.

That said, I would like to ask him the following question.

My colleague obviously supports his government's bill, which defers application of the law by three years. Does this mean that he is going to lobby within his government so that, the day after tomorrow, once we have voted, the bill has gone through the Senate and the law has come into force, the committee will get back to work and eventually come up with a bill focusing on mental disorders, in particular, as well as on advance requests?

Mr. Francesco Sorbara: Mr. Speaker, I would like to thank my colleague from Quebec for his question and assure him that this is very important to us.

[*English*]

My answer would be yes, of course, as a member of Parliament, I always work in the interests of my constituents, and this is an issue and a law that has been brought forth in the last number of years that people are quite passionate about. I have always grappled with the technical and fine details of the law and the early provisions on a personal level. One term that has been used is “foreseeable death”. Thinking about this must be done with much diligence and judiciousness.

I continue to advocate on our side and within our caucus for a law that is robust, that reflects the individual interests of Canadians and that is obviously compliant with the Charter of Rights and Freedoms.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, it seems to me that we have gotten ourselves into trouble with the use of arbitrary timelines. The Senate amendment to Bill C-7 kicked the can down the road two years. Last year's Bill C-39 added a year, and now Bill C-62 would add three years.

I just want the member to put that into the context of the fact that the health ministers of seven out of 10 provinces and all three territories have asked for an indefinite pause. The special joint committee, likewise, was very careful not to put a timeline in its recommendation for a pause.

How does the member reconcile this three-year pause with the fact that those institutions, those provincial governments, would rather put more of a qualitative benchmark than a timeline on it?

• (1720)

Mr. Francesco Sorbara: Mr. Speaker, in terms of a timeline of three, five or six years, obviously, a decision was made. As the member identified, we need to work with the provinces and territo-

ries as we move forward on this policy. We need to make sure that all provinces, territories, health ministers and individuals working in the various fields are ready for this. We need to make sure that we are ready for this and that it goes through in a manner that is prudent and appropriate.

Mr. Mike Morrice (Kitchener Centre, GP): Mr. Speaker, tonight, I rise in strong support of Bill C-62, which would delay expanding medical assistance in dying for those in whom mental illness is the sole underlying condition by three years. My reasons for doing so are the same as they were in my speech to Bill C-39, one year ago to this day, at the time when the government was willing to delay by only one year: First of all, this delay aligns with what I have heard from so many folks in my community; second, we know that this is what experts have been calling for, for some time; and third, as Greens, we believe we should spend more time filling in our social safety net before we expand medical assistance in dying.

Today, Greens also believe that we should be rushing this legislation before the March 17 deadline to ensure that MAID is not expanded for mental illness as the sole underlying condition because this is the next best thing to what Bill C-314 would have done. Bill C-314, which was proposed by the member for Abbotsford, would have avoided this expansion for good.

Substantively, in the process we are in right now, this bill has been moving ahead quite quickly to this point. I expect that, as votes follow over the coming days, we will continue to move based on the motion that was approved earlier in the day. This shows that the House of Commons can move quickly when there is an urgent priority to be addressed, as is the case with the March 17 deadline in the existing legislation. Really, what this is about in terms of moving quickly is not that we do not have the legislative tools but that we need the political will to do it.

When I think about this legislation in front of us, outside what I have shared so far in terms of why I am supporting it, why I have historically and why Greens have historically as well, my question is this: Where is the rush to support legislation that would substantively improve the quality of life of Canadians? Other members have reflected on and shared feedback, which I hope they have heard directly from people with disabilities across the country. Where is the rush on ending legislated poverty for people with disabilities?

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The fact is that, to this day, 40% of people living in poverty across the country are people with disabilities. While some will talk all about a piece of legislation that was passed in June of last year, the fact is that a person with a disability is no better off today than they were before that legislation was passed. The benefit is not yet funded, and we have not engaged in and figured out negotiations with provinces and territories. It is shameful. It is an embarrassment that, in a country as rich as ours, we are in a place where people with disabilities continue to live in legislated poverty. The House of Commons could choose to act as urgently to end legislated poverty for people with disabilities as it is moving right now to ensure that the March 17 deadline is met.

The House of Commons could also push to actually address one of the core underlying issues here, which is the lack of supports to address mental health. In fact, at the time of the last electoral campaign, the Liberal Party promised a Canada mental health benefit. It was meant to be called the “Canada mental health transfer”. It was a \$4.5-billion commitment, and it was not one of several bullet points in a health accord, the way we have now. One of the challenges is that, while we all want our health care to be delivered in a wholesome way, it is more helpful to have funding agreements that are specific, so we can have accountability on them. However, that is not the case when it comes to mental health. Instead, mental health is one of four bullet points in these provincial and federal agreements. As a result, it is up to the provinces, and it is unclear whether there is any accountability whatsoever on how many of the dollars in those agreements will go directly to mental health.

• (1725)

In this year's budget, we could see the government step up, be more clear and say it is going to make sure it directly funds what was supposed to be the Canada mental health transfer. In so doing, it would substantively improve the quality of life of Canadians, of folks in my community who are waiting on unreasonable wait times and lists to get access to a mental health professional.

If we were really serious about moving quickly on another core crisis in this country, we would move far more quickly on addressing the housing crisis. Again, for me, the little bit of hope I have, seeing what is happening right now, is that we know there are parliamentary tools available to do exactly that. The fact is, in my community, we just had a report come out today that continues to make calls with respect to dealing with people living rough, in encampments. In my community, the number of people living unsheltered has tripled in just the last three years.

We should not be in a place where this is happening, but we know why it is the case. Right now, for every one new unit of affordable housing that gets built, we are losing 15 units to the financialization of housing. Housing has increasingly become a commodity for large institutional investors to trade, rather than a place for a person to live.

This means that we continue to see large institutional investors buying up existing affordable housing, renovating folks and increasing their rents. We wonder why that crisis is also getting worse. I do not think we would be in the place where we are right now if this Parliament, and the government in particular, were to get more serious about addressing the housing crisis.

After 30 years of underinvestment, where are we now? The fact is that we are at the bottom of the G7 when it comes to the social housing stock in this country; 3.5% of our housing is social housing. This means that, even if we were to double social housing, we would only be around the middle of the pack in the G7.

It means something after 30 years of underinvestment in communities across the country. I am thinking about someone I spoke with this past weekend, a nurse, who told me she cannot afford to live in our community as a result of the reality of the cost of housing. It means that, whether someone is a teacher, a nurse or a tradesperson, this is a generation that is looking at housing fundamentally differently than any one before it has. Why is that? In my community, since 2005, the cost of housing has gone up 275%, but wages have only gone up 42%.

Once again, if we were to truly fill in the social safety net and move as quickly on doing that as the government has moved today on meeting this March 17 deadline, we could substantively ensure that we see the funding necessary to address the affordable housing crisis. We could also address financialization, which is the fact that institutional investors have swept in to make the biggest buck possible, as quickly as possible, on the backs of some of the lowest-income people in my community.

Yes, I will be supporting Bill C-62. I think this is a really important opportunity for us all to mark that this Parliament can move quickly when it needs to on real crises that it sees. We have crises of housing, of legislated poverty for people with disabilities and of mental health, which this Parliament and the government should move a whole lot faster on.

• (1730)

The Deputy Speaker: It being 5:30 p.m., the House will now proceed to the consideration of Private Members' Business as listed on today's Order Paper.

PRIVATE MEMBERS' BUSINESS

[English]

CRIMINAL CODE

The House resumed from November 27, 2023, consideration of the motion that Bill C-273, An Act to amend the Criminal Code (Corinne's Quest and the protection of children), be read the second time and referred to a committee.

Mr. Majid Jowhari (Richmond Hill, Lib.): Mr. Speaker, I am pleased to rise once again in the House to speak to Bill C-273, an act to amend the Criminal Code. Introduced by my colleague, the member for New Westminster—Burnaby, the bill proposes to repeal section 43 of the Criminal Code.

It is an undeniable fact that all children have the right to be protected from violence and abuse. As adults are, children are protected from a range of general criminal offences, including assault.

I am a member of the Standing Committee on Health, where we study how to best support the physical, mental and emotional well-being of children across Canada. A big part of that goal is fostering healthy, safe environments in which children learn, evolve and grow.

I have also heard from parents in my riding of Richmond Hill about their concerns for their children's safety, not only at school but also on their way to and from school. I have had one parent personally reach out to my office to ask for assistance in securing the safety of his daughter because of the ongoing harassment she faced at school. Cases such as these serve as crucial reminders for us to take action on enhancing the protection of children in our communities, in our education system and across Canada. This starts with making the necessary amendments to our current legal provisions on this matter.

Bill C-273 delves into deeply sensitive matters, including parental authority, children's rights, the government's appropriate involvement and delineating between acceptable parental discipline and instances of child abuse. I would like to start by outlining section 43 of the Criminal Code, which the bill addresses, and a few of the important perspectives we have heard on it.

The bill before us specifically addresses section 43 of the Criminal Code, which provides a defence to a criminal charge of assault in situations where parents, guardians or teachers use corporal punishment with the intent of educating or correcting a child. This means that parents can use mild physical force, such as spanking or light hitting, to discipline a child in their care. Section 43 also applies to allow parents to use physical control to restrain or remove a child in appropriate circumstances. The same provision also applies to situations where a parent or a teacher uses reasonable physical force to restrain or expel a child from a classroom when appropriate.

We know that Canadians hold a wide range of opinions regarding what should be deemed a suitable degree of physical discipline when parenting or teaching a child. These differing perspectives have sparked discussions regarding which behaviours reach a level of harm necessitating prohibition, all while recognizing that

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parental choices are deeply personal. I appreciate the chance offered by Bill C-273 to reflect on these significant questions.

Our government supports Bill C-273 and its crucial goal of safeguarding children from violence and abuse. Nonetheless, we have received feedback from parents, particularly those from overpoliced communities, and educators. They have expressed apprehension that they may face criminalization for reasonable actions, such as minor instances of physical intervention that do not result in harm.

It is worth noting that section 43 has been a component of the Criminal Code since 1892, remaining largely untouched. Its origins flow from the parental duty to protect and educate children. The defence typically applies in relation to assault charges, because assault is broadly defined in the Criminal Code as the non-consensual application of force. This definition captures non-consensual touching or even threats against another person, regardless of their age or whether physical harm or injury occurs.

Section 43 was enacted by Parliament to prevent the criminalization of specific behaviours by teachers, parents and caregivers. However, its current application is not designed to safeguard against abusive or harmful behaviour.

• (1735)

The Supreme Court of Canada, in its 2004 decision *Canadian Foundation for Children, Youth and the Law v. Canada*, found that section 43 is consistent with sections 7, 12 and 15 of the Canadian Charter of Rights and Freedoms, and clarified that the defence applies only to parents who impose minor corporal punishment of a transitory or trifling nature. The court also set certain parameters on the defence. For example, the defence applies only where the child is aged two to 12 and is capable of learning from the situation. No object may be used when applying force. The child's head must not be slapped. There can be no physical harm or reasonable prospect of harm, and the adult must not be acting out of frustration or anger.

The court has restricted the scope of the defence, particularly concerning educators, who are constrained to employing judicious physical intervention solely for the purpose of upholding discipline or enforcing school regulations, such as relocating a student from a classroom or ensuring adherence to instructions. The court underscored that corporal punishment administered by teachers is unequivocally prohibited. In the aftermath of the Supreme Court of Canada's ruling nearly two decades ago, advancing research and insights into the adverse effects linked to the physical disciplining of children have led to heightened calls for the reform or repeal of section 43.

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The government is steadfast in its dedication to realizing all recommendations outlined in the 2015 final report of the Truth and Reconciliation Commission of Canada. The repeal of section 43 would constitute another stride toward fulfilling this commitment, aligning with call to action 6. This particular call is substantiated by documented instances of pervasive corporal punishment and child mistreatment by personnel within the residential school system, as highlighted in the commission's final report: "The failure to develop, implement, and monitor effective discipline sent an unspoken message that there were no real limits on what could be done to Aboriginal children within the walls of a residential school."

Advocates for the complete repeal of section 43, including numerous civil society entities and the United Nations Committee on the Rights of the Child, contend that the existing criminal legislation fails to afford children equal protection to that which is afforded to adults. Moreover, a growing body of medical and social science studies suggests that corporal punishment adversely impacts children. Such disciplinary measures expose children to the risks of physical harm, abuse, compromised mental well-being, strained parent-child relationships, heightened childhood aggression, anti-social conduct and increased violence and criminal behaviour as adults, thereby perpetuating cycles of violence. More than 650 organizations across Canada have endorsed the stance that physical discipline of children and youth yields no beneficial outcomes, and have called for the same protection from assault for children as that given to adults.

However, the complete repeal of section 43 raises concerns in some sectors. For instance, various religious groups, legal scholars and teacher representation bodies, including the Canadian Teachers' Federation, have expressed reservations regarding the complete repeal of section 43. They contend that a complete repeal could expose teachers and parents to potential criminal charges for minor and inconsequential physical interactions with children such as intervening in sibling disputes or relocating a student from a classroom in the interest of the safety of the other students. In the absence of a legal safeguard for parents, educators and caregivers who apply reasonable physical force to children in their care, the assault provisions may apply. This is due to the broad scope of the assault provisions, encompassing minor instances of force that do not culminate in physical harm. For instance, this could encompass scenarios such as a parent restraining a child to ensure they are properly placed in a car seat.

As I alluded to earlier, it may also have an unintended negative impact on populations that are already proven to be overpoliced and overrepresented in the criminal justice and child welfare systems, including the indigenous and Black communities, as well as members of other racialized groups.

In closing—

• (1740)

The Assistant Deputy Speaker (Mrs. Carol Hughes): Resuming debate, the hon. member for Elgin—Middlesex—London.

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Madam Speaker, it is truly an honour to be able to stand in this place today to debate this important piece of legislation. I come here, working on things like domestic violence, interpersonal rela-

tionship violence and the protection of children, but I also wear a hat of a mother of five and a grandmother of two. I know, one can only tell by some of the wrinkles that I am a grandmother.

Ms. Leah Gazan: Oh, oh!

Mrs. Karen Vecchio: Thanks to Leah for always laughing at me.

Today's bill is brought—

The Assistant Deputy Speaker (Mrs. Carol Hughes): One cannot mention the name of a member of the House.

Mrs. Karen Vecchio: Madam Speaker, You are absolutely right; I cannot do that. I am thankful that on such an important issue we are able to have these conversations, and we have to have a little bit of give.

The bill before us today has been brought forward to amend the Criminal Code, specifically with respect to the repeal of section 43. To begin, I want to clearly state that there is no provision in the Criminal Code that allows for violence against children. Perpetrators of child abuse must be punished to the fullest extent of the law. Currently in Canada there are clear parameters for use of the physical correction stated in section 43.

I want to get into that part because as we are having this discussion, making sure we can differentiate between what would be seen as corrective force and abuse is very important. The line is very hard to draw. We recognize that in some situations, physical correction could be a one-off, but that in some households it could be a common practice. There is a much greater discussion we need to have, and to try to take a really hard stand on this can be very difficult.

Ultimately, I want to go back to looking at what is currently in our legislation, what parents can currently do and what the restrictions are. I am going to read something that comes out of New Brunswick, a simple flyer that was put out to parents by the Public Legal Education and Information Service of New Brunswick. It hits on what the parameters are, so I want to put it on the record. It reads:

What 'boundaries' did the Supreme Court set for physically disciplining children?

The Supreme Court of Canada stated that:

The force used must be intended to educate or correct the child;

The force used must be to restrain, control or express disapproval of the actual behaviour;

The child must be capable of benefiting from the discipline. In other words, factors such as a child's age and disability will influence the child's ability to learn from the use of force;

The force used must be "reasonable under the circumstances" and not offend society's view of decency.

I add this to the discussion because we talk a lot about abuse. We talk about coercive control, which is not even a physical abuse, but we know it exists. However, we have to differentiate between parenting and abuse. This is a very hard discussion to have. I am a mother of five and I know that my son watching at home is also thinking, “What does this mean? What did I do as parent? What mistakes did I make?”

I do not recall ever being spanked as a child. Perhaps I should have been; I do not know, but there are times and places in which there needs to be physicality for the protection of a child and for their own safety. I heard the member for Richmond Hill talk about physicality while trying to put a child into a car seat. It very clearly is not about slapping the child in the face and telling them, “You do as I say”, but it is for the protection of that child. I am thinking of a situation such as taking a child away from a burning fire, because, like little bugs, they think it is interesting, and there is a need to physically remove children from those situations. Each and every time we are talking about that, we need to look at the situation, because this is situation-based.

I am not saying I am an advocate for spanking, but what I am is an advocate for understanding the situation and understanding the controls or the limitations parents may have. In some cases, unfortunately, force may be the only solution. When I say that, to me, it needs to be the final resort. It would have to be the final resort in the protection of that child. I would like to refer to the Library of Parliament, which did a really good study on this in February 2023. It is part of its HillStudies and is available to the public if anyone wants to print it off. It is obvious from the information in this write-up that we are talking about very different things and that we need to be aware.

It is obvious just from here in the House that there is a vast range of views on physical contact for parenting and for teaching. Some advocates feel abuse is never justified but recognize a corrective lens. As I was reading a dissenting report coming from the discussions on this, I think it was six out of nine judges in 2004 who supported the Supreme Court decision to allow the Criminal Code to remain as is, with section 43 allowing for children to receive corrective force from teachers and from parents. The reason I want to talk about this is that there are appropriate times and places. Six out of the nine different judges agreed with there needing to be something and needing to continue with the bill. In the dissenting report, many of them came with a “but” and said that they understood, but that this needed to be used as a last resort.

• (1745)

I am reading section 43 of the Criminal Code, which states:

Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances.

I think this is really important because I spoke about teachers, and as the member who spoke previously mentioned, we received a letter from the Canadian Teachers' Federation, which I have here and want to add to the discussion. I will quote its concerns:

The CTF...has a long-standing policy opposing corporal punishment and supports the Government of Canada's commitment to enact all the Truth and Reconciliation Commission of Canada's Calls to Action. At the same time, the CTF...wants to

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ensure that no unintended harm is caused through the process, which is the case with the potential repeal of Section 43. If Section 43 is repealed without other changes to the Criminal Code that ensure teachers may intervene physically when necessary to protect students and, in some cases, themselves, teachers will not be able to maintain safety and security in classrooms.

I wanted to add to that, because it is very much like the dissenting report that I read from the Supreme Court, talking about why people may not have supported a repeal. It is because we recognize that there may be some instances when things are out of control. I think of a high school principal I know personally, who was trying to break up a fight in a high school. It is a bit different, but we have to understand that sometimes in school situations teachers unfortunately must intervene. In this case, it was a principal who got in between two young women who were fighting. Ultimately, the two young women were fine, but the teacher will never be able to teach again because he hit the floor when he was pushed, and he will have brain damage forever. Therefore we have to understand that sometimes these workplaces need to be controlled as well.

I am taking that very strange situation of what happened to a teacher in a high school and relating it to what might happen in elementary schools. How can we ensure that teachers are in charge and are respected in the classrooms? My sharing the story of the high school principal has a lot to do with respect for teachers in these institutions and the fact that there needs to be some control. I am not talking about forceful control, but sometimes there are situations that are way out of control, so a teacher may need to reprimand a child or take them to the office. When the Canadian Teachers' Federation comes forward to speak to us, I think those are the situations in which it wants to ensure that the safety of its members and the safety of the students are going to be paramount. I believe taking section 43 out may have extraordinary consequences because of how unsafe our schools are at this time. We are trying to do a good job, but unfortunately mental health situations are impairing us very much.

I want to go to my final point, the proposals for reform. We know that we have had approximately over 20 private member's bills on this specific subject. None of them has passed at committee, and in the last 20 years, in a report on children's rights in Canada, the Standing Committee on Justice and Human Rights recommended the repeal of section 43 and highlighted the need for public education campaigns. I absolutely agree with that part, because I think it is important that, any time we are talking about abuse or misbehaving, we to educate.

I think this all comes down to section 43 being a tool to be used only as a final resource, but I think we cannot take away this tool from our teachers and parents.

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I appreciate the time to speak on this important topic.

● (1750)

[*Translation*]

Ms. Andr anne Larouche (Shefford, BQ): Madam Speaker, if I may, I would like to wish my daughter Naomie a happy second birthday and tell her that mommy loves her very much. It is a bit in keeping with the theme of the bill before us, since we are talking about children, and I am certain she is paying close attention right now.

Some bills are tricky to explain, especially when they are about children, and particularly given that, in Quebec, we are crazy about our kids. That being said, I want to state from the outset that the Bloc Qu b cois will be voting against Bill C-273 to prevent it from being studied in committee. I will begin by explaining why we made this decision. I will then describe the context surrounding this bill and, finally, I will explain why it is a bad idea masquerading as a good one.

First of all, the Bloc Qu b cois is once again advocating a balanced position on this sensitive issue. We are going to be the adults in the room. As such, we believe that the law must include reasonable defence mechanisms to help maintain public confidence in our rule of law.

The bill essentially aims to repeal section 43 of the Criminal Code, which provides a defence to parents as well as teachers if they use reasonable force to correct a child. This could be described as child discipline and parental discipline.

Section 43 states, "Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances." That is clearly stated.

Second, as we have seen in the media, a movement has taken off in recent years. This movement calls for an end to all forms of corporal punishment of children and young people, including the repeal of section 43 of the Criminal Code. A number of stakeholders and groups like Corinne's Quest have expressed their support for the idea that parliamentarians should remove this provision from the legal framework once and for all. Initiatives with that goal have been introduced in the House of Commons and the Senate as recently as 2022.

It is important to recall that, in 2004, the Supreme Court considered the issue and upheld the constitutionality of section 43. It can be used as a defence to charges of assaulting a child. To avoid legal pitfalls, we believe it remains relevant to the exercise of parental or teaching authority, as long as it is reasonable.

In *Canadian Foundation for Children, Youth and the Law v. Canada*, the highest court interpreted section 43 of the Criminal Code. Section 43 was challenged on the basis of sections 7 and 15 of the Canadian Charter of Rights and Freedoms, which guarantee the right to security of the person and the right to equality respectively, but it was not struck down because the protection it offers is limited. As a result, it does not exclude the possi-

bility of charges being brought and possibly even criminal sanctions being imposed when excessive force is used against a child.

As soon as that force becomes anything more than transitory or trifling force to control the behaviour of a child or as soon as it becomes harmful or degrading for the child, then the protection offered under section 43 no longer applies and the behaviour in question can be considered criminal. This protection is exercised reasonably and the circumstances are taken into account. The Supreme Court found that force may not involve objects, such as rulers or belts, and it may not be applied to the child's head.

The removal of section 43 from the Criminal Code would mean criminalizing the normal behaviour of parents who are trying to put their child to bed and of teachers who have to physically control a child to remove them from the classroom or take them out of a dangerous situation, such as a fight.

Without a protection mechanism, prosecutors can still exercise their discretion to prosecute or not. However, once charged, parents and teachers would lose legal recognition of the educational role they play, which could justify these behaviours. Psychology has shown that removing this legal recognition can have consequences.

Third, the NDP's Bill C-273 is an all-or-nothing proposal: either repeal section 43 or not. The fact that the NDP is unwilling to compromise when it comes to justifying actions intended to physically control a child or youth stems from its ideology.

● (1755)

An example of a compromise would have been to repeal section 43 but to add a new provision that indicates that the behaviour cannot be criminalized if the force is used to protect the child from a threat or danger, to prevent the child from committing a crime, or when performing the normal daily tasks that are incidental to good parenting.

The NDP's proposal is not the good idea that it appears to be. With the rise in violence in our schools, we cannot take away the few protective measures that teachers have at a time when they need to manage students who are less and less respectful of authority. Criminalizing by default force that is used to reasonably control a misbehaving student does nothing to encourage efforts to recruit educators.

That is a very real issue right now. For example, a Radio-Canada article written by Alexandre Duval last year stated that in 2021, "education centres in Quebec reported twice as many violent acts as in 2018-2019, before the pandemic". There is no denying that increase, and we cannot add to teachers' mental burden by increasing the risk of lawsuits and taking away their ability to intervene if situations get out of hand. The article states the following:

At the Centre de services scolaires des Affluents in Lanaudiere, reports of physical and verbal violence more than doubled over the same period, from 757 to over 2,000. This represents an increase of 164%. A comparable increase of 141% occurred in cases reported at the Centre de services scolaires de la Beauce-Etchemin. Just over 400 violent acts were reported in 2021, compared with 979 last year.

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I would like to share a personal story. Before I was elected, because I love children so much, I was lucky enough to work as a monitor in an elementary school, where I had to deal with various situations. I had a ball thrown at my face, which broke my glasses. I saw children in crisis attacking their classmates. This was clearly a safety issue for the student involved and for the others. That is to say nothing of all the times I walked into a classroom and the teacher was trying to get some of the more unruly students under control. I witnessed some pretty disturbing scenes.

This bill would make it difficult for staff to intervene. In fact, I myself would have had concerns about intervening to restore a sense of security in such situations. We have to be extremely careful because the law already exists and we cannot use excessive force on a child. We obviously do not want to harm a child. Earlier I mentioned the 2004 ruling on section 43.

The research I did in preparation for this speech also led me to a report from the Institut national de santé publique du Québec that focused on violence and health and addressed the issue of bullying and violence at school. Violence can occur between students as well. Staff have to be able to take reasonable action if the other students are in danger.

In conclusion, the Bloc Québécois believes that our schools can be safe places for everyone and that our teachers play a key role in preserving a harmonious environment that is conducive to learning. We need to have a legal framework that is respectful of parental and teaching authority, provided it is used reasonably. It is a matter of education, but also of safety. As I was saying earlier, it is also a matter of knowing how we want to intervene with children, but it needs to be done reasonably. That is why we are voting against Bill C-273. Again, the NDP is proposing an idea that is not as good as it seems and that might end up criminalizing the behaviour of parents and teachers who are acting in good faith.

I would like to point out one last thing. We all want the best education for our children, but we need to keep the tools that we have for taking action and protecting them. No one wants to use excessive force against a child. If there is a problem, then we want the justice system to be able to do its work. What we are seeing right now is that there are risks involved in repealing section 43. There is the risk of additional pressure on staff and the risk of error on the part of some parents. For all of these reasons, once again, the Bloc Québécois will be voting against this bill, which addresses this extremely sensitive issue. Let us remember that, first and foremost, we want to make children's welfare a top priority for elected officials in the House.

• (1800)

[English]

Ms. Leah Gazan (Winnipeg Centre, NDP): Madam Speaker, it is an honour for me to rise today to speak in favour of Bill C-273, which was put forward by my wonderful colleague from New Westminster—Burnaby and seconded by my colleague from Nunavut.

As we have heard, the goal of this bill is to repeal section 43 of the Criminal Code, "Correction of child by force", which states, "Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a

pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances."

We are now in 2024. I was a long-time ECE teacher. I taught in the faculty of education at the University of Winnipeg training pre-service teachers entering schools. We know there is no benefit to using physical force against a student. In my time as a teacher, often working with students at risk, never once did I have to lay a hand on a student to remain in control.

It is not surprising that in my riding in Manitoba, the Aurora Family Therapy Centre supports the repeal of section 43, in addition to the Manitoba Association of School Superintendents. The very heads of schools in Manitoba support the repeal, along with Manitoba child care associations, experts in the field who understand very well that there is no place for using physical force against children.

In addition to this bill, one of the calls to action by the Truth and Reconciliation Commission is to repeal section 43. We know of the harms that were done to children in residential schools. We know of the permanent damage and emotional scars that utilizing physical force against children had. That is why I am not surprised that over 700 organizations, including school superintendents, are supporting the repeal of section 43 of the Criminal Code.

I remember it was in my grade 2 class that I began hating on school. There was a time in my education where I do not think any teacher ever believed I would graduate from high school. My grade 2 teacher, whose name I still remember, Mr. Camilo, used to kick kids who were out of line to get them back in line. I remember one kid who was clearly struggling. Looking back, he probably had all sorts of stuff going on in his life, maybe even violence in his own home. He was kicked daily by Mr. Camilo to get him back in line.

I never saw any improvement in behaviour in his young boy. In fact, there was a growing resentment between the student and Mr. Camilo. I remember, as a little girl, how much I hated Mr. Camilo. My father was a psychologist with the department of education and worked with some of the most difficult kids who were having the most difficulties in the classroom, and we would talk about this.

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● (1805)

I remember my dad advocating to end violence against kids in schools and physical punishment in school, having suffered his own physical punishment from adults trying to keep him in line when he was in hiding during the Holocaust. He remembered the emotional scars that caused, so I am not surprised that nearly 700 organizations and academics have endorsed a joint statement on the physical punishment of children and youth, stating that the physical punishment of children can no longer be justified by the Criminal Code of Canada. Seven hundred is no small number of experts, academics and folks like me, people who actually train pre-service teachers, who are saying there is no room to punish kids physically in institutions.

In fact, the UN Convention on the Rights of the Child states that governments “must protect children from violence”. We are obliged, as members of Parliament, to uphold UN conventions, including that governments must protect children from violence and, I would argue, protect children from violence and abuse and being neglected by anyone who looks after them. I would argue that this bill is one more occasion when we can uphold human rights laws that impact children. There are over 65 countries around the world that have already banned the practice of physically punishing children. If Canada is to be a leader in human rights, it must repeal section 43 of the Criminal Code.

I have to say that I am disappointed, especially with the release of the truth and reconciliation report that came out in 2015, that we still live in a time when we can justify any sort of physical punishment of children, especially in child care institutions and schools. I can say, as somebody who spent over 30 years in the field of education, whether as an ECE, as a teacher or in training pre-service teachers at the university, that I never had to physically restrain some of the kids who had a lot of difficulties in the classroom, so I find this really hard.

It is often targeted at kids with special needs, including kids, for example, with ADHD, kids like my son, who had to have an individualized education program because he had difficulty staying in his seat. The teacher managed to integrate him into the classroom by putting tape on the floor to remind my wonderful son Jacob, my courageous, brilliant son Jacob, that he had to stay in the square. This teacher allowed my son to stand up at his desk and rock back and forth, because he could not manage himself sitting at his desk. He wrote all this beautiful poetry, and he got “outstanding” in science, and all it took was having him stand up. We need to find better and more creative ways to manage behaviour in the classroom and institutions, rather than physically restraining kids to make them follow the rules and toe the line even though we know that kids have differences.

Therefore, I am very proud to rise with my colleague from New Westminster—Burnaby to bring this issue to light and to have the courage to say that maybe we need to do things a little better; maybe we need to be a little kinder, a little more gentle and a little more tender; and maybe we need to raise a new generation of children who practise non-violence because that non-violence was practised toward them.

● (1810)

Ms. Lisa Marie Barron (Nanaimo—Ladysmith, NDP): Madam Speaker, I am happy to stand today to speak to Bill C-273, an act to amend the Criminal Code.

I want to thank my colleague, the MP for New Westminster—Burnaby, for putting forward this important legislation, as well as the MP for Nunavut, who spoke recently to the bill, and now my colleague, the member for Winnipeg Centre. Both are incredibly strong voices in this chamber.

As we know, the physical punishment of children is still legal in Canada. I am a mother of two. My daughter, Makayla, is now 21, and my son is 16, so it hits my heart, and I believe it hits the hearts of many parents and people who care for children and youth across the country. Children should not have to live in fear of or experience physical punishment at home, at school or anywhere in our communities, and we know the detrimental impacts when they do.

Findings from a joint statement that was put forward by Canadians, and it sounds like my colleague was saying it was 700 organizations, including Family Service Canada, the Canadian Institute of Child Health and the Canadian Public Health Association, among others, show that there is no clear evidence that the use of physical punishment has any benefit to children and youth whatsoever. In fact, the findings show the opposite, that physical punishment on children places them at increased risk of not only physical harm but also poor mental health and increased negative impacts in areas such as moral values and challenges in adjusting into adulthood. I think our children and youth have a lot going on in today's world, and it is just an additional burden on so many children to have to deal with physical violence. To make matters worse, we know that physical punishment, regardless of the degree of the punishment, carries an increased risk of the escalation of violence.

There are 60 countries around the world that have banned the practice of physical punishment on children and youth, and this number continues to grow. Despite this, Canada is lagging behind on essential legislation to protect children.

This is not new. We know that Corinne Robertshaw, a lawyer for the federal government, saw first-hand the impacts of allowing physical punishment of children, with the death and injury of children in the 1970s and 1980s. Her advocacy continues today through dedicated volunteers for Corinne's Quest, which works to protect children and advocate for the repeal of section 43 of the Criminal Code of Canada.

Section 43 of the Criminal Code states, “Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances.”

Now, I am certain many in this chamber today are having the same response to this section of the Criminal Code that I am. Again, the wording “force does not exceed what is reasonable under the circumstances” is so far from clear. Also, with “force by way of correction”, there is so much room for interpretation, and it is leaving our children and youth at risk as a result.

We are seeing the devastating impacts of this outdated section of the Criminal Code across the country. For example, we see reports as well as evidence of horrific abuses of children and youth in schools from the very people entrusted to care for our children. We have seen reports of children being isolated and inappropriately restrained, causing physical and emotional harm, with little to no consequences for those who committed these acts. We know that this section of the Criminal Code does nothing to protect our children.

I would like to clarify that we are not talking about the actions required to protect children from themselves or others in school, for example. We are talking about physical acts of punishment, which we know clearly have no benefit for children.

I worked in schools for many years. Unfortunately, the stories that we often do not want to share are about the fact that sometimes there are circumstances in which a child is a potential harm to themselves and we have to do our duty as the adults and as educators.

• (1815)

As an example, I was working with a youth who was struggling and unable to make the judgment to not run into traffic. I had to, with care, hold on to his arm to ensure that he did not harm himself and run into traffic. There are examples where, of course, there needs to be carefully thought-out care provided to children, but this is not what we are talking about.

What we are talking about today is physical punishment. I want to make sure that is very clear. There are so many educational professionals across the country who go above and beyond to keep our kids safe and happy and their brains and bodies active. Educators need the capacity to keep children safe. I know that first-hand. At the same time, this section is causing more problems than it is good.

Of the Truth and Reconciliation Commission's recommendations, specifically recommendation no. 6 is an exact recommendation within this report. We know that only 13 of 94 calls to action have actually been moved forward on to date. These calls to action were brought forward because of the bravery of residential school survivors and their families who shared their stories and experiences. It is time to see the government move forward with these recommendations. It is an insult to indigenous people and to all Canadians, the pace at which these recommendations are being actioned by the Liberal government. They need to be actioned today. This motion is a way to move forward in putting into action another recommendation.

My colleague, the MP for Nunavut, recently highlighted in the House the history and justification of harms towards indigenous children, which remain a shameful part of Canada's past and continue today as a result of government inaction on necessary changes in the Criminal Code, such as to section 43, being debated today. I

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want to highlight her words in her recent speech on this exact bill, because I feel they are important.

Canada's reconciliation with indigenous peoples still requires dedicated, well-invested and true commitment. Indigenous peoples have yet to experience active reconciliation. Banning the physical punishment of children would be a positive step. Justification for harming children can end. It can be the 44th Parliament that achieves this.

My hope is that we will all come together as members in the House to support this bill and do what is needed to protect children and youth. We know that this not a partisan issue. This is a much-overdue and necessary change to an outdated section of the Criminal Code. Despite our differences in this House, my hope is that we will all put partisanship to the side and do what is in the best interests of children and youth.

I want to point out that this is important work to move forward with big and necessary steps, but in addition to this, families require the supports and resources necessary to prevent and stop the cycle of violence. I cannot reiterate enough how vitally important it is that we have a government that is truly investing in people, as too many are struggling to make ends meet and too many are not getting the supports they need. These are ingredients for increased violence and need to be addressed and invested in appropriately.

Instead of providing justification for the physical punishment of our children, we must all come together to ensure that the human rights of children and youth are respected by repealing section 43 of the Criminal Code and supporting my colleague's bill, Bill C-273.

• (1820)

Mr. Mike Morrice (Kitchener Centre, GP): Madam Speaker, I would like to start by noting that, this evening and in past debate, we have heard really clear calls for how important this bill is, in particular from our hon. colleague the member for Nunavut tonight. The member for Winnipeg Centre further made clear that case.

With the limited time that I have, the contribution I would like to make to this debate is really focused on the importance of listening to indigenous leaders, particularly with respect to the Truth and Reconciliation Commission's calls to action.

In my view, Bill C-273 is an offer to all parliamentarians to move ahead with the TRC's calls to actions. For my part, I have committed to fully implementing them, as has the Green Party of Canada.

I will read out, once again, call to action 6: “We call upon the Government of Canada to repeal Section 43 of the Criminal Code of Canada.”

This is exactly what Bill C-273 seeks to do.

As background, the Truth and Reconciliation Commission issued 94 calls to action back in 2015 and progress has been absurdly slow. At the current pace, the calls will not be completed until 2081, yet every party in this House of Commons has committed to fully implementing the calls.

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I will summarize them now. In 2015, then-leader of the Liberal Party of Canada, now the Prime Minister, said, “On behalf of the Liberal Party of Canada and our parliamentary caucus, I affirm our unwavering support for the TRC’s recommendations, and call on the Government of Canada to take immediate action to implement them.”

That is being applauded by a member from the governing party. I would remind that member that call to action 6 is exactly what this bill is calling for. I certainly hope that this government will be supporting Bill C-273.

As for the Conservative Party, in 2021, Erin O’Toole, then-leader of the Conservative Party, pledged a plan to implement all Truth and Reconciliation calls to action. I assume that included call to action 6.

As for the Bloc Québécois, in 2021, in their platform, Bloc MPs would pressure the federal government to implement all recommendations from the Truth and Reconciliation Commission.

In the same campaign, 2021, the leader of the NDP committed to fully implement all outstanding recommendations from the Truth and Reconciliation Commission. An NDP MP, in fact, is bringing forward a bill here to work toward doing so.

The leader of the Green Party of Canada, the member for Saanich—Gulf Islands, pledged the same thing.

In short, I hope that my colleagues follow through on the commitments of their parties and those that I know they personally, I am sure, have also made.

Certainly, I hope, at the very least, that this would get to committee. This is the second time now, in my time as an MP, that I am seeing this gap between commitments to follow the TRC calls to action and opportunities that MPs have to do so.

The last time was on Bill C-5. One of the TRC calls to action, call to action 32, is to remove mandatory minimum penalties. Of course, Bill C-5 removed some but not all of them. That was not what was in call to action 32. It was to follow through on removing all of them.

Once again, though, in this vote on Bill C-273, parliamentarians will have another opportunity. For those who have pledged to pressure the government to do so, this is now being offered. An MP has put forward a bill that would directly call to repeal section 43 of the Criminal Code. That is call to action 6.

I would hope that colleagues would support this bill and, in doing so, move us one very small step closer toward following through on all 94 calls to action of the Truth and Reconciliation Commission from back in 2015. We are now in 2024. We need to move more quickly. Here is one chance to do so.

The Assistant Deputy Speaker (Mrs. Carol Hughes): The hon. member for New Westminster—Burnaby has five minutes for his right of reply.

[*Translation*]

Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, tomorrow, we have an important task. We are going to hold a vote on the principle of Bill C-273, which seeks to ban

corporal punishment of children in Canada and repeal the section of the Criminal Code that has existed since 1892 that allows for corporal punishment of children. One of my colleagues just said that this bill needs to be amended. Tomorrow, we will vote on the principle, but amendments can certainly be presented in committee.

In addition, it is important to mention, as my colleague from Winnipeg Centre just did, that 700 organizations across the country want MPs from Quebec and across Canada to vote in favour of the bill tomorrow. Dozens of those organizations are in Quebec, such as the Association des centres jeunesse du Québec, the Association des CLSC et des CHSLD du Québec, the Association des médecins en protection de l’enfance du Québec, the Association québécoise des centres de la petite enfance au Québec, and many others. They want us to vote in favour because they understand the impact of these punishments. Corporal punishment is linked to widespread and lasting personal and societal harm. As the organizations point out, 75% of substantiated cases of physical abuse in Canada are linked to corporal punishment. These organizations make it abundantly clear that section 43 of the Criminal Code must be repealed.

Other countries are doing the same. It is important to point that out. Countries like Korea, Colombia, Japan, South Africa, France, Ireland, Argentina, Brazil, Poland and Spain have abolished corporal punishment of children. Tomorrow’s vote in principle on the bill will allow us to join 65 countries around the world that have already held these debates and decided that section 43 of the Criminal Code should be abolished.

● (1825)

[*English*]

I wanted to shout out to Corinne’s Quest; Kathy and John Lynn of New Westminster, British Columbia; and all the organizations that have called for the abolition of section 43 of the Criminal Code. They have done that as the Truth and Reconciliation Commission tells us to in its call to action 6. After the horrendous genocide that happened in residential schools, they are saying now is the time to move forward on call to action 6. As my colleagues have mentioned, it has been eight years since those calls to action were issued.

There has not been one call to action that has been advanced since 2022, and this means that members of Parliament tomorrow will have the ability to vote in principle on moving forward on call to action 6; removing section 43 of the Criminal Code, which dates back to 1892; and finally putting in place the kind of atmosphere for kids that we need to see in our country.

I mentioned earlier many of the national organizations that are calling on parliamentarians to abolish section 43. They include the Anglican Church of Canada, Big Brothers Big Sisters, the Canadian Association of Elizabeth Fry Societies, occupational therapists, pediatric health centres, pediatric nurses, social workers, the Canadian Mental Health Association, the Canadian Red Cross, the YMCA, the YWCA and more than 65 countries that have called for the same thing, because they know that 75% of substantiated physical abuse cases in Canada arise from incidents of physical punishment.

They say very clearly that it is time for Canada to move beyond an aspect of the Criminal Code that was put in place in 1892. It is time to heed the calls to action from the Truth and Reconciliation Commission. It is time to put in place call to action 6. It is time to learn from the past.

Tomorrow, members of Parliament will have an important vote, the vote in principle to move forward from this aspect of the Criminal Code that justifies physical punishment of children.

I hope that all those voices are heard and I hope that members of Parliament vote yes on Bill C-273.

The Assistant Deputy Speaker (Mrs. Carol Hughes): It being 6:30 p.m., the time provided for debate has expired.

Accordingly, the question is on the motion.

• (1830)

[*Translation*]

If a member participating in person wishes that the motion be carried or carried on division, or if a member of a recognized party participating in person wishes to request a recorded division, I would invite them to rise and indicate it to the Chair.

[*English*]

Mr. Peter Julian: Madam Speaker, I would ask for a recorded vote.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): Pursuant to Standing Order 93, the recorded division stands deferred until Wednesday, February 14, at the expiry of the time provided for Oral Questions.

* * *

[*English*]

POINTS OF ORDER

ALLEGED INADMISSIBILITY OF AMENDMENT TO MOTION, GOVERNMENT BUSINESS NO. 34—SPEAKER'S RULING

The Deputy Speaker: I am now prepared to rule on the point of order raised earlier today by the House leader of the official opposition. It concerns the admissibility of an amendment made to Government Business No. 34, namely the inclusion of a substantive amendment to Bill C-62, an act to amend an act to amend the Criminal Code, medical assistance in dying, no. 2.

The member argued that the amendment was inadmissible insofar as it was attempting to introduce a new proposition to the motion. He stated that the motion deals with programming and timetabling of the House consideration of the bill, while the amendment to the motion seeks to amend the bill itself. He claimed that such a proposal should take the form of a separate motion, following the necessary notice requirement.

[*Translation*]

Normally the House leader would be correct. Substantive motions to amend a bill would be moved at specific steps in the legislative process. It would thereby be possible to move a distinct motion of instruction to the committee or propose specific amendments during the clause-by-clause study or at report stage. However,

Speaker's Ruling

er, government Motion No. 34 deals with passage of the bill at several of the stages simultaneously, including committee stage and report stage.

[*English*]

The provisions of this motion, if adopted, would not offer members any other opportunity to amend the bill itself. The member for Montcalm, wanting to offer his amendment to the bill, proceeded in the only way available to him, which was by amending the text of the government motion to include the specific legislative text he wishes to include in the bill. Due to the constraining effects of the motion and not having any other option available to the member to amend the bill, the Chair allowed the proposal amending the motion on Government Business No. 34.

On the argument that the amendment was beyond the scope of the motion because it veered away from straightforward programming or timetabling of the House's consideration of the bill and into substantive alterations to the bill itself, the Chair's view is that the scope does not need to be cast so narrowly. In this instance, the scope of the motion can be ascertained as an effort to direct the proceedings on Bill C-62 in a particular fashion, including in relation to its consideration at committee and report stage, which may or may not include legislative changes.

If it is the will of the House to adopt an alternate but still compatible course of action, that is to instead refer the bill to committee with instructions and include specific provisions amending the text of Bill C-62, the Chair finds that it is within the scope of the motion.

[*Translation*]

To support this conclusion, I refer the House to a similar programming motion that was adopted following a recorded division on April 28, 2021. It is found on page 853 of the Journals. An amendment to that programming motion had been agreed to. It specifically proposed amendments to a bill. In my opinion, the amendment to Government Business No. 34 is not much different from the example I just gave.

[*English*]

For these reasons stated above, the Chair finds that the amendment to the motion on Government Business No. 34 is in order. I thank members for their attention on this matter.

*Government Orders***GOVERNMENT ORDERS**

• (1835)

[English]

**GOVERNMENT BUSINESS NO. 34—PROCEEDINGS ON
BILL C-62**

The House resumed consideration of the motion, and of the amendment.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I believe it was the member from the Green Party who was just finishing his comments. I appreciate the fact that he put a great deal of emphasis on priorities. He mentioned a few issues, and I want to be sensitive to those issues concerning mental health, and the housing-related issues and so forth.

The motion today on Bill C-62 is important for us to get to the next stage. Whatever one's position is on the issue, we need to recognize, whether it is the Supreme Court of Canada or the Quebec Appeal Court, the need to address the issue.

I wonder if the member could pick up where he left off, before the debate came to an end, and give his personal opinion on why it is important, when we are communicating with people outside of the Ottawa bubble, that we be as factual as possible on the legislation.

Mr. Mike Morrice (Kitchener Centre, GP): Madam Speaker, I certainly agree with the hon. member for Winnipeg North that it is important to be clear, and we must act expeditiously in advance of the March 17 deadline. I am glad to see that the governing party is moving this forward in order for us to do so. As we shared this morning, it is one of the reasons the Greens supported moving it with a time allocation motion in this case. This demonstrates that there are parliamentary tools available to move with urgency on issues that merit that.

As I shared in my speech, when it comes to housing, we need more than the right words. We need to see the investments and the parliamentary tools to move more quickly. The same is the case for ending legislated poverty for people with disabilities.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, one striking thing about this debate, for me, is that no advocate of legalized or expanded euthanasia says that everybody should be able to access this thing because they want it. Rather, what advocates say is that people in certain situations should be able to access it. For instance, they say that if an able-bodied person comes to a doctor and says, "I want you to help me end my life", they are offered some kind of suicide prevention. However, if a person with a disability says, "In the context of my situation, I want to end my life", they might be offered suicide facilitation.

This is not about a general policy of choice or autonomy, rather this is about saying that certain people who present with an apparent desire for death are treated one way and others are treated a different way. That raises a big problem in terms of how we value the lives of people with disabilities. I am curious to hear my colleague's response.

Mr. Mike Morrice: Madam Speaker, in this debate, when we speak about the reality of legislated poverty for people with disabilities, I am concerned that it is only coming up today in this debate. It is important for all parliamentarians to consider how they spend their time on a regular basis, ensuring they continue to advocate to end legislated poverty, to improve the quality of life for people with disabilities, with the tools they have available to them here.

I would encourage my colleague from Sherwood Park—Fort Saskatchewan to consider using the tools he has available to him, for example, to push the Liberal government to fund the Canada disability benefit, a substantive measure that could make a real difference to improve the lives of people with disabilities, which we have not seen the Liberal government move ahead with, disappointingly so.

[Translation]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I am having a hard time understanding what my colleague is saying. He knows very well that structural vulnerabilities, such as poverty, have an impact on overall health.

Is he saying that we need to deal with that before we can allow people who are mentally ill to get relief from their irremediable suffering? That is what I am getting from his speech, when recommendations 5 and 6 of the panel's report indicate that, if there is any doubt whatsoever as to structural vulnerabilities, then medical assistance in dying will not be made available.

[English]

Mr. Mike Morrice: Madam Speaker, first of all, I apologize. I will reply in English to make sure I get my wording correct. In the future, I hope to do so in French.

The short answer is yes. I believe very strongly that this Parliament should be working far more diligently toward closing our social safety net. Instead of the urgency it seems to have with expanding medical assistance in dying, I would rather see our Parliament close our social safety net first.

• (1840)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I will be sharing my time with my colleague from Lethbridge.

In my still, as yet, relatively short parliamentary career, it has been necessary for me to address this dark subject of legalized medically facilitated killing well over a dozen times. When I was elected eight years ago, it was not legal, under any circumstance, for a doctor to kill, or to assist in the killing of, a patient. Prior to that time, when this issue had been brought to the House of Commons, proposals for the legalization of this sort of killing had been defeated by massive margins, with a majority of Conservatives, Liberals and New Democrats opposing such changes, just eight short years ago.

I recall, as a young Conservative staffer in 2009, hearing and reflecting on the wise words of former NDP MP Joe Comartin, who told the House the following on October 2 of that year. He said:

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I have spoken to Carol Derbyshire, who is the head of the hospice. She said the hospice does not get requests for assisted suicide. They provide the care, not just to the patient but to the family. She was very clear on that. She has seen any number of surveys that say one of the major reasons, aside from pain, that people want assisted suicide in their regime is that they do not want to be a burden on their family, their society, their community. If we can build that system to make sure they do not have to be concerned about that, we take away any desire to terminate their lives arbitrarily and at an earlier date than would be natural.

We need to look at our system right now.... At this point, approximately 20% of our population is covered by meaningful palliative care, hospice and a home care system. That is all we have in the country. Then there is another 15% or maybe 17% who are covered by partial assistance at the end of life.

This former NDP MP foresaw how requests for premature death would emerge not primarily from some fixed and deeply held desire to die, but from a social, cultural and political context in which people in pain are either invited to stay or invited to leave and in which people are offered the support to stay or not. We are all social beings, and our exercise of autonomy happens in a social context. The current context is one of increasing atomization and division, economic failures leading to immense affordability challenges and a kind of moral chaos resulting from the common lack of constructive frameworks for finding meaning and purpose in life.

The touchstones of connection, happiness and meaning are eroding. This leads to an increasing demand for government services that will, it is hoped, fill the gap left by declining community and family and that will provide people with support in finding connection, happiness and meaning when they are lacking. As these supports are never available from the state in ways that truly fulfill the desire for connection and community that we all have, the pain increases and leads more people to want to give up.

This has been the trajectory of our society recently, with the additional reality that COVID-era restrictions and polarization accelerated the breakdown of connection and community among many people. As more and more people want to give up, the legalization of medically facilitated death is presented as a solution at the end of the road. Over the last eight years, as more and more people have come to the end of that road, the numbers continue to go up exponentially. This is the social context driving the mental health crisis we have, to which euthanasia is now being offered as a solution.

In the speech from MP Comartin that I referred to, he also observed how a lack of proper training and emphasis on effective pain management meant that existing tools and technologies were not being deployed to relieve pain, even in the many cases where such relief was possible. He predicted, again correctly, that the legalization of euthanasia would lead to less attention to pain relief and thus further tilting the decision-making playing field away from life and toward death. That is exactly what we are seeing.

John Paul II posited in the 1990s:

[The] reality is characterized by the emergence of a culture which denies solidarity and in many cases takes the form of a veritable "culture of death". This culture is actively fostered by powerful cultural, economic and political currents which encourage an idea of society excessively concerned with efficiency. Looking at the situation from this point of view, it is possible to speak in a certain sense of a war of the powerful against the weak: a life which would require greater acceptance, love and care is considered useless, or held to be an intolerable burden, and is therefore rejected in one way or another. A person who, because of illness, handicap or, more simply, just by existing, compromises the well-being or life-style of those who are more favoured tends to be looked upon as an enemy to be resisted or eliminated. In this way a kind of "conspiracy against life" is unleashed. This conspiracy involves not only individuals in their personal, family or group relationships, but goes far be-

yond, to the point of damaging and distorting, at the international level, relations between peoples and States.

Eight years on, we are sadly seeing the flower of this predicted culture of death. We hear proposals for the killing of children, even babies, and for the killing of those with depression and other mental health challenges. We have heard many testimonies of people who have been called selfish for wanting to remain alive in a situation where they require the care and support of others.

• (1845)

We are seeing the lives of those with disabilities, those facing homelessness and others facing pain and suffering devalued at the social, institutional and political levels. We see the manifesting of this war of the powerful against the weak, insofar as suicide prevention is offered to some, while suicide facilitation is offered to others, depending on pre-existing power and privilege.

Proponents of euthanasia have never said that all people who want to die should be able to choose to die. Rather, they have said that certain kinds of people should be helped to die, while other kinds of people should be helped to live. This differential treatment of different people necessarily informs the social context in which people feel loved, included and happy, or not.

Eight years on, Canada's experiment with medically facilitated killing has failed. I will leave it to another time to consider whether it could have succeeded. Some will argue that it would have been possible to legalize euthanasia without unleashing the kind of ever-expanding culture of death that we see proposed. However, what is clear, at least in the context of our own experience, is that medically-facilitated killing has taken on a kind of self-reinforcing logic that leads to constant expansion, a devaluing of the lives of the most vulnerable and eroding public and community support for the things that would actually improve the quality of life of those who suffer.

One effect of this culture of death is that people in vulnerable situations actually fear interactions with the medical system because they do not want to be pressured toward suicide in a moment of weakness or vulnerability. I have specifically heard this concern, even now from people facing acute mental pain, that they do not want to seek help in many contexts because they are looking for life and dignity-affirming help, and they are afraid the so-called care they might receive would take the form of pressuring them toward an early exit.

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This is part of the reason Conservatives support the protection of conscience for individual medical practitioners and institutions. It is not just for the sake of the provider, but also for the sake of the patient, who should at least have the freedom to opt to access health care in a life and dignity-affirming environment, where they can be confident that they will not be pressured or even offered premature death. Understandably, many of those who are in a vulnerable state do not wish to even be offered such things, since the affirmation of life and meaning is an essential part of the proper course of treatment for those facing mental health challenges.

After eight years, it is important that we stop and take stock of how much has changed, lest we forget that political choices have profound consequences and also that political choices, once made, can still be at least partially unmade. I am reminded of this every time I talk to a legislator in another country about Canada's euthanasia regime. Legislators in other western democratic countries, including many from the left, are for the most part horrified by the present reality of euthanasia in Canada.

One British legislator told their House of Commons the following:

...turning to the example of Canada across the pond, Living and Dying Well also found that clinicians reported five specific issues surrounding legalisation, including that it complicates the management of pre-existing symptoms; adversely impacts the important doctor-patient relationship; causes tension for families during what is often an already deeply challenging period; diverts resources away from crucial palliative care services; and confuses patients as to the nature and purpose of palliative care. When considered as a whole, those issues reported by practising clinicians in Canada are not something that we as lawmakers can or should overlook, and I believe that the highlighted impacts on palliative care provision are of particular concern.

Why are concerns about Canada's emergent culture of death not as well known or discussed in the Canadian House of Commons or in Canadian society as they are in the British House of Commons or in other countries? Here, I do want to point the finger specifically at our state-funded media, the CBC.

I am most enthusiastic about our Conservative commitment to defund the CBC because of the shameless way that this organization uses its funded and privileged position to push stories that glorify euthanasia, while ignoring the pain and suffering of those whose experiences the CBC does not want to share. Good ideas win fair debates, and my constituents should not be forced to give over a billion dollars every year to an organization that desperately hunts for stories aimed at masking the dark realities of medically facilitated killing and suicide.

Canada was not this way eight years ago, and fortunately, Canada will not be this way forever. The end of this fanatically pro-euthanasia pro-death government is now more than reasonably foreseeable. A Conservative government would forever dispense with this lingering proposed legalization of medically facilitated suicide for those with mental health challenges. We would turn hurt into hope. We would stand with the most vulnerable and work to revive the structures of family and community that advance connection, happiness and meaning. We would celebrate life instead of death for all, not just for the privileged.

For nations and for people there is always hope. "For the wretched of the earth, there is a flame that never dies. Even the darkest nights will end and the sun will rise."

• (1850)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I for one believe in the Canadian Charter of Rights and Freedoms. When the Supreme Court made the decision under Carter that we needed to develop MAID legislation in Canada, there was a great deal of consultation. We all have personal opinions on complicated issues, including me, but I respect the Charter of Rights and Freedoms and the court decisions, whether from the Supreme Court of Canada or the Superior Court in the province of Quebec.

Could the member provide his thoughts regarding whether he supports the Charter of Rights and Freedoms and the decisions that have been made through the courts?

Mr. Garnett Genuis: Madam Speaker, I have more respect for the charter than I believe this member of the government has. Notably, they have chosen, in the case of the Emergencies Act ruling, to appeal a court ruling. In the case of the Truchon decision, made by one judge, they chose not to appeal. I think this was clearly because the ideological minister of justice at the time was desperate to justify the expansion of the already flawed regime. Therefore, the government arbitrarily chooses not to appeal certain rulings when it likes the ruling and to appeal other rulings.

This is not about what the courts have said. The government has consistently pushed an ideological agenda that goes far beyond what the courts have said, and the mental health provision has absolutely nothing to do with the court ruling.

The members opposite would sometimes like to dispense with an actual substantive engagement on the topic and just say they are going to let other people make the decision. However, it does not wash, especially in the case where they chose not to appeal the ruling.

[*Translation*]

Mr. Mario Simard (Jonquière, BQ): Madam Speaker, I will try to be polite because I thought my colleague's speech was quite exaggerated. That is not surprising, because I have heard his leader say in the past that people are requesting MAID because they do not have enough to eat. When the leader is so flippant, it is easy to understand why a member would frame MAID as a conspiracy against life, as a culture of death, as a war of the most powerful against the weak.

I would like to pick up on what my colleague was saying. I get the impression that, if we had let him continue a bit longer, he was going to tell us that contraception was also one of those conspiracies against life. I just want to be clear with my colleague. He began his speech by telling us that people might request MAID because they were afraid of being a burden. I just want to let him know, having been through this with family members, that it is because people are afraid of suffering.

When we love someone who is suffering and we know that the end is near, we try to do everything possible to make them comfortable. I do not think he understands that.

[*English*]

Mr. Garnett Genuis: Madam Speaker, respectfully to my colleague, I have journeyed with close family members who have suffered significantly at the time of their death. I think one of the biggest challenges we see in this country, and members of the NDP have pointed this out in previous Parliaments, is a significant lack of proper training in pain management and proper available palliative care, as well as instances of people being actively pushed towards death by the system.

I am not worried about MAID being offered to everyone; euthanasia is not being offered to everyone. Euthanasia is being offered to certain people in certain situations, reflecting a social and political view of the value of their life. This is what the disability community has pushed Parliament to hear. When we offer suicide facilitation for people with disabilities and prevention for people without disabilities, that clearly sends the wrong message about valuing the universal value and dignity of all human life.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, my hon. colleague is mixing up the timelines here. He keeps referring to eight years; in fact, the essence of the bill we are talking about happened three years ago.

Now, if the member wants to talk about someone suffering from stage 4 cancer and just taking some painkillers, I will let him defend himself. However, on what Bill C-62 is doing, we are dealing with a March 17 deadline. This morning, the Conservatives voted against time management of the bill. However, he must understand that we only have two sitting weeks to get the bill to the Governor General's desk.

Why did Conservatives vote against that when we are dealing with a hard deadline, understanding that the law will change if we do not get the bill passed?

• (1855)

Mr. Garnett Genuis: Madam Speaker, in terms of legislative timing, the government missed an opportunity to actually resolve this issue when it voted against the private member's bill from my colleague, the member for Abbotsford. Conservatives put forward a bill in the fall that would fix this problem and forever put a stake in this terrible idea of euthanasia for those with mental health challenges.

Now, we want the bill before us, which would extend the timeline, to pass so that when we have a Conservative government, we can actually permanently fix this problem. However, it is up to the government to allocate more days for debate; I would suggest that they do so, so more members can speak and so we can get it done before the deadline.

Mrs. Rachael Thomas (Lethbridge, CPC): Madam Speaker, the number of Canadians ending their lives through medical assistance in dying is accelerating at a rate that outpaces that in any other country. Canada's most recent annual report on medical assistance in dying, which I will call MAID from this point forward, shows that MAID deaths are actually up by 30% from just one year

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ago. This is not just a one-time occasion or occurrence. Rather, this is actually a trend. Year over year, we are seeing a rapid increase.

The matter at hand today, in the most literal sense, is a matter of life and death. Around the world, people are watching Canada and the debate taking place in this House. They are doing so with an overwhelming belief that what the current government is considering is, in fact, reckless. That is extending medical assistance in dying to those with a mental illness. This topic deserves our utmost attention today in this place and, my hope would be, beyond.

Last spring, the Liberals created legislation that would grant MAID to those struggling with a mental illness, starting on March 17, which is only a few weeks away. Thanks to the rallying cry of medical experts, those who struggle with a mental illness and concerned Canadians from far and wide, along with Conservative members of Parliament, the government has been forced into a position where they have actually had to hit the pause button. This is not permanent; it is only temporary, lasting for three years. We will then see this legislation back before the House, with the current government desiring to offer medical assistance in dying to those who struggle with a mental illness.

When considering whether a mental disorder is irremediable, Parliament has heard from clinicians, who stated that it is only predictable 50% of the time. In other words, 50% of the time, clinicians are able to say that the individual will not recover from the mental illness. The other 50% of the time, they actually get it wrong. It is not the same as a brain tumour, for example, that can be seen on a scan, where there is evidence that can be judged and physical circumstances that can be known. Mental illness does not operate that way. While doctors might be correct 50% of the time, this means that, with regard to a prognosis, they are also wrong 50% of the time. To be very frank, the toss of a coin feels like a rather sad, wrong way to make a life or death decision. That is really what we are talking about: the toss of a coin, where 50% of the time, they get heads, and 50% of the time, they get tails. That is how this decision would be made if we were to move forward with medical assistance in dying for those who have a mental illness. This is absolutely wrong. That Parliament would even consider it is deeply troubling.

Of course, we know that this has nothing to do with whether our physicians and our psychiatrists are functioning in an adequate manner. It has everything to do with the fact that mental illnesses are incredibly complex and difficult to understand.

It is important, as we engage in this debate, to consider what medical experts are saying. We heard from Physicians Together with Vulnerable Canadians, which reported, "Given that there is no medical evidence to reliably predict which patients with a mental illness will not get better, MAID for mental illness will end the lives of patients who would have recovered."

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The Canadian Centre for Suicide Prevention echoed this, reporting, “There is no consensus on the meaning of irremediability for any mental disorder.” Dr. Gaiind, chief of psychiatry at Sunnybrook Hospital, raised the alarm; he said, we “cannot predict irremediability when it comes to mental illness”.

Dr. Zivot agreed, saying, “mental illness lacks a strict definition and therefore, by lack of definition, can never be grievous and irremediable”. He went on to say that “if MAID becomes a treatment option within mental health care, the bond of trust and the pledge between doctor and patient is destroyed”.

Those who live with a mental illness need hope, not death. They need us to believe in them when they are unable to believe in themselves.

● (1900)

It is incumbent upon us, as a society, to extend hope, to offer support and to give treatment, not death. When we consider extending medical assistance in dying to those who are suffering from mental illness, many Canadians are left extremely vulnerable. When an offer of death is extended to those who are struggling, we communicate a message that there is really no hope and no opportunity for recovery; we communicate that the best relief would be to exit this life. That lacks compassion. It is deeply troubling.

Laurel Walker has been very public about her story. She talks about her darkest days of living with a mental illness, about suicide being an ideation of hers, day after day. Then she talks about the fact that she had this glimmer of hope that somehow kept her alive. She warned Parliament that, if we were to go in this direction of legalizing medical assistance in dying for those who have a mental illness, we would be robbing them of that hope and sending this grave message that, really, death is their only option.

Dr. Sareen offered the same warning and shared that making MAID available for mental disorders would undermine suicide prevention efforts and lead to unnecessary deaths. He said:

When a society makes MAID available, the population believes it is a way to end suffering. In other jurisdictions that have had MAID available for mental disorders, not only are there deaths due to MAID, but there are also deaths related to non-MAID suicides.

In other words, we see an increase not only in medical assistance in dying rates but also in suicide in general. There is this lack of hope and this message conveyed by society that there is no future.

As Canadians, we can do better. I dare say we must do better. We cannot give up on people such as Laurel, who are fighting for their very lives. These folks are in desperate need of hope and help. They want treatment, not death.

Those struggling with their mental health deserve that element of support. Rather than looking to facilitate the deaths of fellow Canadians who are suffering, we must focus on how we can better provide the needed treatment. In an article, psychiatrist John Maher is quoted as expressing that “Mental illness is treatable, and death is not treatment.”

We know that the problem is rarely only mental illness. It is often within the larger context of social challenges as well, whether this is not having basic necessities, such as housing, or a social struc-

tural support that is not available to these folks. Again, we have a responsibility as a society to make sure that those things are available to these individuals. Death is not the answer.

To my fellow colleagues in this place, I would make the following plea: Let us not just simply push the temporary pause button, as if to say their life is worth something now but, in a few years, it may no longer be. It is as if to say that the flip of a coin might not be acceptable now, but maybe we will flip a coin in three years; that might be okay. Rather, let us commit to permanently valuing those who live with a mental illness, and let us make sure that they are forever offered the adequate health care supports that are needed. Death is not that.

Christie Pollock submitted testimony calling for great caution. She is a 30-year-old who has her own struggle. She talks about the hope that she is now able to offer, because she runs a support group. Then she talks about the fact that, if medical assistance in dying had been offered to her, she might not be here. She goes on to say that, sure, she has her struggles, and she is not healed, but she has found a mix of therapy and medication that is getting her through. Her days are filled with hope. It is not just hope for herself; she is also able to offer hope to others.

Madam Speaker and members of this House, this is where we should wish to land, where the people of this place offer hope to Canadians, not death.

● (1905)

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Madam Speaker, I am not in too much disagreement with a lot of what the member had to say.

As a long-time doctor, I certainly know that one ought to be cautious, and I think our government has been pretty cautious. We first put a one-year pause on this; now we have a three-year pause. I hate to get political in this political place, but the reality is that one of the reasons we should hesitate to implement MAID for mental illness is a lack of mental health services. Our government has been fighting to increase those services.

Will the Conservative Party make the same commitment to providing adequate mental services for Canadians?

Mrs. Rachael Thomas: Madam Speaker, I would ask the hon. member to point to the supports his government has offered to those with mental illness. What we heard in this place, in Parliament, from witness after witness is that the supports are inadequate. People desperately need more support.

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On this side of the House, I think of my hon. colleague, whose name I am not allowed to use, and his tremendous effort in advocating for support for those who live with a mental illness and his tremendous effort with bringing in a three-digit suicide line to help prevent suicide, and of course we know that is most often associated with a mental illness.

Not only are we going to make tremendous efforts when we are in government, but the reality is that we do not wait. We are already making a meaningful difference for Canadians.

[*Translation*]

Mr. Sébastien Lemire (Abitibi—Témiscamingue, BQ): Madam Speaker, I would like to take this opportunity to thank you for ruling the amendment in order.

The Bloc Québécois used this wording in order to recognize the fact that Quebec is a leader in this area, as proven by the unanimous motion recently adopted by the National Assembly. With this amendment, the Bloc Québécois wants to be able to move things along in Quebec.

Does my colleague care about the will of Quebec, whose values are quite different from those defended by the Conservatives?

Consequently, if the Conservative Party takes power within three years—which, according to the polls, is not impossible—do they intend to scrap the bill at the end of those three years?

[*English*]

Mrs. Rachael Thomas: Madam Speaker, as Conservatives, our desire is to be on the side of vulnerable Canadians and to be their greatest advocate. Our desire is to listen to the pleas of those who came before the House. That is our job. We have been elected to represent our constituents to the best of our ability, so when it came to hearing testimony on medical assistance in dying being extended to those with a mental illness, we leaned in, listened and did the hard work.

Furthermore, we went out and listened to Canadians beyond this place, sitting down with them in our constituency offices and meeting with them during town hall meetings. Our leader also went on tour across the country, leaning in and hearing the concerns of Canadians, and this came up as one that Canadians do not want. They do not want medical assistance in dying to be extended to those who have a mental illness. Instead, they want to see greater support for those who struggle. They want to see a better medical system put in place. They want to see better health care provisions put in place. They want to see greater support from society as a whole.

● (1910)

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, I appreciate very much the passion the member shared in her intervention.

I wonder if the member could share with us what she thinks would happen after March 17 if we do not meet this deadline, this really important deadline, which we need to avoid so we can make sure what she has been talking about is protected. Could she explain to us what she thinks would happen with the March 17 deadline if we were not able to meet it without the amendments being made?

Mrs. Rachael Thomas: Madam Speaker, I cannot help but point out the obvious. She is a member of the NDP, which is currently in a coalition with the Liberal government, so in part, it is actually her doing that we are here in this place having this discussion at the eleventh hour.

I would encourage her to perhaps work with her party to act differently and to actually act on behalf of Canadians. That said, she is going to have to enter into a conversation with her coalition government to ask it what is going to happen on March 17.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Madam Speaker, at the outset, I would like to say that I am splitting my time with my hon. colleague from Calgary Rocky Ridge.

This is a weighty issue. Over the course of this debate, I have listened intently to all of our colleagues. I am brought back to when we debated this as new members of Parliament in 2016. I said, at that time, that this is perhaps one of the most important pieces of legislation that our generation would be debating and discussing. I also said, at that time, that there is nothing that prepares someone, as a new member of Parliament, to debate and make choices about that piece of legislation.

I consulted so many of my constituents, as well as friends of mine in the faith community. I consulted my pastor. I was conflicted as to how I was going to vote. I said at that time, too, that it was troubling for me because we were in the eleventh hour on such an important piece of legislation, and here we are again at the eleventh hour on a piece of legislation that is, quite frankly, literally life and death.

I want to make something clear. In the time since MAID became law, I have sat with families who have had loved ones who have chosen MAID. Our family very recently had a loved one who chose MAID, and we are currently dealing with all of the emotions that go along with that. It has been a tough few months for our family, but I now have a greater understanding, I believe, of the complexities of this issue. I do understand both sides of the argument better than I did in 2016.

Nevertheless, I firmly believe that expanding MAID to the mentally ill is giving up on people who could be saved. I have spent my eight and a half years of being elected fighting for those who do not have a voice, fighting for mental health awareness, passing bills with respect to post-traumatic stress disorder, and fighting for us, as a nation, to adopt the simple three-digit suicide hotline 988. I have to ask why.

Why did I fight so hard if all we are going to do is pass a piece of legislation so somebody who is struggling with a mental illness or mental health issues can choose medically assisted death or suicide? It is deeply troubling for me to see how far we have fallen to where we can perpetuate one's addiction, but we cannot get them into recovery. We have fallen so far to where we are saying it is okay if someone is struggling, as we will offer assistance in death if they are struggling with a mental illness. We are giving up on people.

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I am disappointed in how we, as a Parliament, have taken the easy way out. Expanding assisted suicide to include people whose sole condition is mental illness will result in the deaths of Canadians who could have gotten better. We have 12 Canadians who die by suicide every day. A further 200 attempt suicide. That is 73,000 Canadians a year who attempt suicide, and those are just the numbers we know of.

• (1915)

What are we saying? My colleagues spoke very passionately about the statistics and the feedback from experts about mental illness and the irremediability of it. It is like a coin flip as to whether somebody can recover from it or not.

In preparing for this debate, I was reminded of a young man long ago who had enough of the abuse and dysfunction he was growing up with. He had lost a brother in a horrific car crash. He wanted to die and attempted suicide, but was found and saved by a loved one. That same gentleman tried it again, but for the bitterness of the metal of the weapon he chose to use, I dare to think what could have happened.

I think about if that young man, so many years ago, was successful in wanting to die by suicide. That young man would not have married his high school sweetheart, had four amazing children and a beautiful granddaughter, and travelled the world so many times to see and experience things that some will only ever be able to experience through the wonders of the Internet. I think about that young man taking a chance in 2014 to run for office. I think about that young man who was elected in 2015 to represent his hometown riding of Cariboo—Prince George and how he would have missed out on all those opportunities.

I think about that every day when we talk about suicide and doing whatever we can to get the message across that we should always choose life, that hope is always possible. Whatever it is that somebody is going through, it may seem so dark, but light is just a short hand away. That young man is me and, for the first time, I am sharing this. I think about that all the time when we do what we do here in the House, when we are fighting for those who do not have a voice. If somebody had not told me that life is worth living and asked to let them help me at that time, there are so many things I would have missed out on.

I appreciate the debate that we have had in the House, but I am saying that today we should be fighting every minute for those who are struggling, to tell them that hope is always possible and life is worth living. I will continue to fight for that as long as I am elected.

• (1920)

Mr. Joël Lightbound (Louis-Hébert, Lib.): Madam Speaker, the member is a colleague I have always enjoyed working with. I remember one of the very first files I was asked to work on as Parliamentary Secretary to the Minister of Health back in 2017 was his private member's bill, Bill C-211, on post-traumatic stress disorder, so I know it means a great deal to him, and I appreciate his speech.

I voted with our colleague from the other side to completely abandon the idea of opening MAID to people solely affected by mental illness. I have been convinced, through the discussions I have had with psychiatrists from across the country, that we are not

ready nor is it desirable to go down that path for various reasons. One of them is that it is hard to say for certain that a mental illness is irremediable, but another aspect that moved me is that, if someone were to have access to that, theoretically, we would need to exhaust all possible treatment options. As we know, in this country, treatment options are sometimes, depending on the regions, hard to access, so I would like to have his comments on that.

Mr. Todd Doherty: Madam Speaker, my hon. colleague is absolutely right. We do not treat mental illness in parity with physical illness. If I have a broken arm, we can see that injury and will offer all our assistance to it, but if I am struggling with mental illness or mental health challenges, it is an invisible illness and an invisible injury, and we do not do enough as a nation to put those supports in place. That is why I said we are giving up on Canadians when we take the easy way out. We need to put more resources in place so that people can get the help they need when they need it, wherever they need it and for as long as they need it.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I have great deal of compassion for my colleague and want to thank him for so generously sharing his life experience. He says he speaks for those who have no voice, and he is living proof that suicidal ideation is reversible.

I wonder if he could dig a bit deeper and acknowledge that there are people who have no voice, who have yet to find a psychiatric treatment that eases their suffering and who struggle with mental disorders? What solutions does he have for them after 30 years of treatment?

[*English*]

Mr. Todd Doherty: Madam Speaker, I have sat with many people who have struggled for their lives with mental illness and mental health challenges. The greatest issue many of them have is that they do not have adequate access to help and that they constantly are waiting for help. I think we need to first go down the path of doing everything in our power to remove the barriers for care so that we can help those who feel helpless and we can provide hope in their times of despair. I believe life is always worth fighting for. When somebody is struggling, I will always tell them that life is worth fighting for. We do whatever we can to fight for them.

• (1925)

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Madam Speaker, I want to thank my colleague from Cariboo—Prince George for his excellent work in bringing the 988 number, which is now finally implemented and seeing great use. I want to thank my colleague for always being a passionate advocate, not only for his constituents, and for always doing the right thing. I can say that I am going to rest easier tonight knowing that there is somebody who is never going to give up on me. I really do appreciate that from my colleague, and I want to thank him for joining me. We will never give up on those who feel like giving up.

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Mr. Todd Doherty: Madam Speaker, that is my motto. It is “never give up”. In our darkest days and our darkest moments it is easy to find a permanent solution to a temporary problem, and that is suicide. I believe with every fibre in my body that life is worth fighting for. We just have to be able to have those moments of clarity. Sometimes it is hard to find those moments of clarity. Sometimes it is hard to see the light through the trees, but it is there. I am living proof of it.

Mr. Pat Kelly (Calgary Rocky Ridge, CPC): Madam Speaker, it is quite difficult to follow the incredible words we just heard from the member for Cariboo—Prince George. Nevertheless, I am going to give it a try.

I am here tonight of course to speak to Bill C-62 and the self-inflicted debacle that has been unfolding in Parliament since it passed its radical expansion of legal medical assistance in dying to include persons for whom the sole underlying health condition is mental illness.

I will remind members of the House and my constituents that I supported and still support the principles of the 2016 bill, which was a necessary response to a 2015 Supreme Court ruling that struck down the blanket prohibition against MAID. That bill was not perfect, but it was a reasonable response to the Supreme Court's decision and was certainly better than the free-for-all on MAID that would have surely followed had there been no law.

It is my view that people who are suffering intolerably from a terminal disease without any hope of recovery or any prospect for improvement and are spiralling into a certain death as a result of illness or disease ought to be able to seek medical assistance in dying as long as they are not coerced, have received an option of proper palliative care, are not proactively offered MAID as an alternative to treatment, and most importantly, as long as the patient is a mentally competent adult.

Part of the criteria laid out in the original 2016 law was the reasonable foreseeability of death of the applicant. This clause was a problem from the start. It was challenged in court and struck down by the Quebec Superior Court. The Truchon case presented the Liberals with a decision point. The decisions the government has made since then have all been wrong.

The first thing the Liberals could have done, but did not, was defend their own existing law and appeal the Truchon decision to the Supreme Court. If they believed that their 2016 law was charter compliant, like they claimed it was during the debate in 2016, they should have stepped up and defended it. Not doing so was their first mistake.

The second mistake was that the then minister of justice was so eager to expand the law, they used the Truchon case as an opportunity to open up and expand access to medical assistance in dying and tabled Bill C-7 in the fall of 2020. That was their second mistake.

As I said before, I support MAID for competent adults who are grievously and irremediably ill and suffering cruelly from intolerable pain and anguish in the late stages of a terminal illness. I have consistently said there are important conditions for my support for legal access to MAID: the availability of quality palliative care as

an option; the existence of robust safeguards for the vulnerable, especially minors, the disabled and the mentally ill; conscience protection for practitioners who oppose MAID; and any expansion of the availability of eligibility for MAID be well thought out, carefully considered and not rushed.

For these reasons, I voted to send Bill C-7 to committee, but voted against it at third reading because it failed on at least two, maybe three of my four conditions for support. I concluded that access to palliative care is not adequate in Canada. I have also become alarmed by the cracks in what should be the protections for vulnerable Canadians, as we have experienced in my own family. It was my view, even before the Senate amendment, that Bill C-7 was flawed and unworthy of support.

Then the House made a terrible decision when it passed the amendment that came back from the Senate. It was rightly opposed by all of my Conservative colleagues, who knew then that medical professionals cannot, with the certainty required for what is literally a life-and-death decision, determine irremediability of a patient in a case of mental illness. Conservatives opposed it, but it was passed nevertheless, and this expansion, which was not necessary to conform to any court decision, was to come into effect last year. The government had to introduce emergency legislation this time last year to give the medical system more time for this extraordinary change. That was the next mistake it made.

● (1930)

The Liberals could have used that opportunity to deal with this once and for all and simply strike this portion of what was then Bill C-7. However, they did not do it and here we are, another year later, and this country is no more ready for this expansion than it was this time last year. Here we are again in an eleventh-hour panic to kick this further down the road until after the next election; the next mistake.

Now, the Liberals could have tabled a bill that would have removed this from the bill that passed in 2021, but they have chosen not to and so said that the next government will have to deal with. However, the good news is that a Conservative government, which will surely be formed after the next election, will not recklessly expand the application of MAID to include vulnerable Canadians whose sole underlying health condition is a mental illness.

MAID is for people who cannot get better. It is for people who have no reason to hope that they can get better because they are in an irreversible, terminal state. It is for people capable of making a rational decision and not as a means of potentially fulfilling suicidal ideation.

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The impossibility of creating a regime that could determine appropriate MAID for mentally ill but otherwise healthy people who are not in the final stages of a terminal illness seemed intuitive to me, but, of course, I am not a medical professional. However, I can also point to the clear message that was sent from the joint committee that studied this. Its recommendation to Parliament was very simple: Do not do it. It was the shortest list of recommendations I have ever read in a parliamentary report. It just said: Do not do it. That was the recommendation based on months and months of testimony from experts.

My recommendation to this government is to listen to the committee and strike it from the bill that passed. This time last year, the Liberals could have done that, but they kicked it ahead until this year, and nothing has changed. We find ourselves here where a full 80% of members of the Ontario Psychiatric Association do not believe that Canada can safely implement MAID for mental illness. Here we are just pushing this back a couple of years.

I want to share with the House the words of one of my constituents who met with me in November. She said in a letter to me, which I got before I met her, that, “Twenty-three years ago, age nineteen...I made the desperate decision to try and escape what appeared to me to be a dark world.... While taking a course in Pharmacology, I calculated the quantity of poison needed to arrest the heart of an adult male, multiplied it by three, and chose to ingest it.... I felt compassion for the suffering of others and the weight of constant, terrible news...though I formerly had the capacity to deal with this, the ingestion of a single pill coerced upon me by a well-intending physician inadvertently plummeted my thoughts into despair.”

What she told me later was that the side effect of the medication that she had been prescribed caused her to immediately become suicidal, and her survival was described as miraculous by the professionals who attended her.

She is now a wife and a mother and lives a productive, meaningful life. She is convinced that had MAID been available to her earlier in her life, she would have sought it and potentially have been granted it. She told me that the sufferings earlier in her life may well have been thought to be irremediable and thus would have made her eligible.

So, this government has failed to defend its original law. It failed to focus the new law on the narrow constraints of the Truchon decision. It used the Truchon decision in Quebec as an excuse for a reckless expansion of MAID. When it was obvious that it made a mistake, its members dithered instead of acting decisively and they are dithering now by pushing this two more years down the road. That is not leadership. This is just bizarre enthusiasm for the most radical expansion of MAID possible, which has now run amok.

So, I do support swift passage of the bill. Given the extensive debate that has already taken place, I was prepared to let it pass unanimously, but here we are. I had an opportunity to get some of my thoughts on the record, and I am happy to take questions.

• (1935)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam

Speaker, I was encouraged when the member indicated that he supports the swift passage of the legislation and ultimately the motion. I take it that is because he realizes the consequence of the House not having the bill passed before the deadline. I am wondering if he could give an indication of whether that is his personal opinion or if that is the Conservative Party's position.

Mr. Pat Kelly: Madam Speaker, Conservatives know that we cannot allow this bill to fail and thus stumble into a wild, unprepared territory where those whose sole underlying health condition is mental illness are permitted to access MAID, when it is so clear that the country is not ready for it.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, my colleague is claiming that Bill C-14 resulted in good legislation with its reasonably foreseeable natural death criterion. However, that did not even address the Carter ruling, since Ms. Carter did not have a condition that made her terminally ill. The Supreme Court ordered Parliament to regulate situations like those of Ms. Carter and Ms. Taylor. Limiting medical assistance in dying to people who are terminally ill completely ignores people like Ms. Gladu and Mr. Truchon, who had to go to court to assert their constitutional right. People have had to go on hunger strikes to meet the reasonably foreseeable natural death criterion.

Is that what my colleague calls compassion?

[*English*]

Mr. Pat Kelly: Madam Speaker, it is possible that my colleague misunderstood me. What I said in my speech was that I voted for Bill C-14 because it was a reasonable response to what had to be addressed, which was the Carter decision. The reasonable foreseeability of death was a problem clause, and I thought so at the time. I thought it was awkward and perhaps not the best way to put it, so it was not a shock to me that it ended up being challenged on that basis. I think my colleague may have been overestimating my enthusiasm for Bill C-14, but I did support it, because something had to be done.

However, this reckless expansion that came after the Senate amendments to Bill C-7 goes way beyond this. No court was calling upon Parliament or forcing Parliament to expand the eligibility of MAID to those whose sole underlying health condition is mental illness.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, the New Democrats actually also voted against what I thought was an ill-advised Senate amendment to Bill C-7. There is plenty of blame to be thrown around. I understand that. I have done more than my fair share this week against the Liberals, but the fact of the matter is that we are at a moment right now when time is critical. We have about a week and a half left, in terms of sitting weeks, until the March 17 deadline. It is imperative that this bill gets passed through the House this week, so that it can go to the Senate.

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I am glad to hear the member's support for that measure, but I am curious as to why, when we had a vote on time management of this motion, which is programming the bill, the Conservatives voted against it, knowing that it could have actually jeopardized the time we had available to us this week to get Bill C-62 passed.

• (1940)

Mr. Pat Kelly: Madam Speaker, there is no danger of Bill C-62's not passing this House. I think perhaps there has been some failure of the combined party leadership negotiations to come up with an arrangement that would have expedited this.

I am not concerned about the bill's not passing. The programming motion is there. I certainly never had any intention to deliberately delay the passage of this bill. That is not what any Conservative has attempted or is attempting to do.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Madam Speaker, let me start by saying that I am sharing my time with the member for Sarnia—Lambton, which, I have to say, is a little bizarre.

I support this legislation, a further three-year hold on allowing MAID for mental illness, and, in addition, imposing a requirement in two years' time to reform the MAID committee to re-examine this question.

I know there are a lot of people out there who are worried about MAID for mental illness. People are worried about their parents. People are worried about their siblings, and I can most appreciate that people are worried about their children. I have six kids and I, frankly, would be worried if we were to implement this legislation as is, because I do not think there are adequate safeguards. Everyone who is a parent realizes that our children will inevitably, at some time, go through difficult times.

I also know that there are many psychiatrists out there who are worried about this, and the majority of psychiatrists are against this. They are worried that their patients, who would otherwise probably get better, would instead resort to MAID. To all these people, I think their concerns are totally justified. I do not think there are adequate safeguards in place at the moment.

Let me step back a bit and look at the approach of those who are advocating for MAID for mental illness to start right now. For them, it is all about personal autonomy: "It is my body, my choice. Who are you to second-guess whether I want to live or not?" This is not the state dictating to people what to do with their own bodies. It is not criminalizing either suicide or attempted suicide. This is a question of what role, if any, the state should have in assisting people to commit suicide.

I am going to get back to the question: Is MAID for mental illness really the same as suicide? The question of whether the state should be assisting people in committing suicide is closely akin to the question of whether the state should help to prevent people from committing suicide. This is something that I have a bit of experience with, because for a lot of years, as an emergency room doctor, I would see people who were suicidal, and it would be my role, if I thought they were suicidal, to keep them in the hospital, even against their will. People would ask me why I should have this

power. They would ask, "Is it not my right to decide what to do with my own body?"

In thinking about it, I thought, well, the state has two legitimate interests in trying to prevent people from killing themselves. One is to protect people from themselves, because when they are in the depths of depression they do not realize that things will get better. That is partly why they are so depressed and why they want to kill themselves. However, the vast majority of people do get better.

The other legitimate reason for the state to intervene is to protect the loved ones. The person who dies is dead; they are not suffering any more pain. The people who continue to feel the pain are those who have lost their loved one. In addition, they often spend the rest of their lives thinking about whether this had anything to do with something they could or could not have done.

I know there are people who are going to say this is different: MAID for mental illness is different from assisting suicide, and the people they are talking about with respect to MAID for mental illness are people who are chronically, desperately ill, who have tried all forms of treatment and for whom nothing has been effective. They say that it is really cruel and unconstitutional not to help those people. I disagree.

First of all, the Canadian law, unlike the Dutch law, is very permissive as to who meets the requirements. There is absolutely no requirement that the person has tried all forms of therapy and they have failed. In fact, they do not have to have tried any form of treatment at all, because the legislation would require only that there are no other treatments acceptable to the patient. I know, from being a doctor, that people are going to refuse all treatment. They are going to refuse medications. I know those who support MAID for mental illness are going to say, "Okay, it is not in the legislation, but it is up to the medical profession, the doctors, to impose these requirements, like trying all forms of treatment, even if the law does not."

I hate to say it, but as a doctor I do not have the same faith in my own medical profession, and the reason for that is that we ought to have learned from what has happened with MAID for other forms of physical disability. There are a lot of zealous MAID practitioners out there who absolutely believe that personal autonomy is paramount and do not think we ought to be questioning why somebody decides to take their own life.

• (1945)

Let me give some examples from the media. *The Fifth Estate*, a very good show, talked about a 23-year-old diabetic person who was losing sight in one eye, who applied for and was granted MAID. Another story was of a 54-year-old man with back problems, but his real problem seemed to be that he was afraid of losing his apartment and ending up on the street. He too applied for and was granted MAID.

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CTV documented the story of a 51-year-old woman, who applied for and actually received MAID for multiple chemical sensitivities. Another story was of a 31-year-old woman approved for MAID for needing a wheelchair. I do not think she actually really needed it, but she usually used a wheelchair and had multiple environmental allergies. Again, her problem was mostly that she could not find adequate housing. Again, this person was approved for MAID.

To those who have such faith in the medical profession that they say we are going to create the safeguards, they are perhaps a little naive. I would sincerely worry if we were to implement this legislation with the safeguards in it right now. I have six children, and I know, almost inevitably, that life is such that they are going to go through difficult times, such as the breakup of a relationship or hard financial times. I would be worried they would see one of these zealous practitioners who believe in personal autonomy, who would say, “Who am I to question your suffering?”

Part of the problem is that the current legislation would not require the MAID practitioner to talk either to the family or to the treating doctor, so they are not going to find out that the depression was the result of the breakup of a relationship or the person's not taking their medication.

I also want to briefly talk about the problem with allowing MAID for mental illness and the question of irremediability. Part of the problem with allowing it for people who are depressed is the fact they cannot see that things are going to get better, but people are going to say that surely there are people out there who are not going to get better, which is the requirement of the legislation: One needs to have an irremediable illness.

The problem, though, is that doctors are not really good at predicting who is not going to get better, especially with respect to mental illness. With things like cancer, it is different.

A recently published study that looked at clinicians' ability to determine irremediability for treatment-resistant depression concluded, “Our findings support the claim that, as per available evidence, clinicians cannot accurately predict long-term chances of recovery in a particular patient with [treatment-resistant depression]. This means that the objective standard for irremediability cannot be met”.

Furthermore, there are no current evidence-based or established standards of care for determining irremediability of mental illness for the purpose of MAID assessment.

For me, as a long-time doctor, it is almost mind-boggling that there are practitioners out there, psychiatrists, who are not particularly bothered by the fact that they cannot be sure somebody's condition is irremediable. It would be absolutely terrible to take someone's life when they could actually get better.

Lastly, let me address the assertion of some proponents of MAID that it is inevitable that if this was to go to the Supreme Court, it would find it to be unconstitutional, because it discriminates against people who have mental illness rather than physical illness. I do not think it is at all inevitable. Yes, a court would probably find this to be a violation of section 15 or section 7, but the real question, as in a lot of constitutional questions, is the section 1 analysis. Does it

constitute a reasonable limitation “prescribed by law as can be demonstrably justified in a free and democratic society”?

I think that is highly questionable, but never mind my opinion. There was a letter written by 32 law professors to the relevant ministers a year ago, stating the same thing, which is that it was not clear this would be found unconstitutional.

I am not going to say I do not think we should ever allow MAID for mental illnesses. I, in fact, know someone to whom perhaps the only humane thing would have been to offer it. However, we are very far at the moment from being in a position in which I would be willing to advocate for MAID for mental illness.

Let us vote for this legislation. Let us re-examine it in two years' time.

• (1950)

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Madam Speaker, I am encouraged by my colleague across the way's position on this particular issue and his knowledge as a medical practitioner, but for goodness' sake, it was a year ago we were dealing with this issue. The government controls the agenda; he is a member of the government caucus.

Why, instead of just punting this issue and kicking the ball down the road, did the government not put a fork in this with a piece of legislation that would stop us from having to deal with this for the foreseeable future? Did he advocate for that in his caucus? Why is Parliament going to have to deal with this again in a handful of years?

Mr. Marcus Powlowski: Madam Speaker, as the member knows, I am not free to discuss what I did or did not say in caucus. However, we did delay this for one year and a further three years. Obviously there are the considerations of what the Senate is going to do and what the courts are going to do. The issue will come back. Yes, I would have liked to have seen the pause be indefinite, but it is what it is. Let us go one step at a time, and I think in the end we are going to come to the right conclusion.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I have high regard for my colleague. We are both members of the Standing Committee on Health.

However, I am a bit shocked this evening. I say this quite honestly and without being condescending, but, if I were to return to teaching and present a speech to show how much sophistry there can be in one speech, I would take his. It is a perfect example.

On one hand, he says he knows what he is talking about because he is a doctor, and we should believe him. On the other hand, because he is a doctor, he tells us we should not trust doctors. Then who should we trust? He tells us he is a doctor, he knows what he is talking about, but he is concerned for his children. Then he gives examples of people feeling suicidal when we know full well, and it has been established beyond a shadow of a doubt, that suicidal states can be reversed.

What is he afraid of?

Mr. Marcus Powlowski: Madam Speaker, I thank my colleague from Montcalm, who sits with me on the Standing Committee on Health.

[*English*]

I am worried about something. I was a doctor and I still practise medicine, but now I am here in the legislature. We make the rules, and I think one of our responsibilities when we make rules is, like a doctor, to do no harm. If we implement this legislation, I am genuinely concerned that, although I know my colleague from Montcalm is a great individual, and I trust him, there are a lot of zealous MAID practitioners who are very cavalier in allowing MAID for various forms of illness. I do worry that my kids and the kids of my constituents are going to go through hard times and see one of these zealous practitioners, who will say, "Well, it is your decision to make."

It is our job to protect those people. That is why I am here.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, it has been reported in the media that some senators have been openly musing about blocking Bill C-62. Given that we are dealing with such a short timeline, I am just wondering whether my colleague has any thoughts about the unelected Senate's openly voicing blocking the democratic will of the House of Commons on such an important issue. What does he think the government should be doing to try to prevent that from happening when the bill makes its way to the red chamber?

• (1955)

Mr. Marcus Powlowski: Madam Speaker, I absolutely have comments on that. Sometimes court decisions deal with difficult ethical problems that involve balancing competing interests. They say these sorts of difficult decisions should be left to the elected representatives who are held accountable to the people, not left to the non-elected courts. That is absolutely right, and with respect to this issue, it ought to be us in the House, who are the elected people, who make the decisions, not the Senate.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, here we are again at the eleventh hour. The government has waited on something that it has to put in place; otherwise, on March 17, people whose only condition is a mental illness will be able to apply for medical assistance in dying.

The Liberals are not virgins in the parliamentary process. They understand very well that, typically, for a bill to go through three readings in the House and through committee meetings, and then go to the red chamber, where a similar number of readings and committee meetings take place, takes about 18 months. If there is goodwill among all parties and we agree, it may be six months. It is

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ludicrous to me that less than two months before the deadline, the government put forward this legislation. It is really putting a gun to the head of opposition members, because if we decide not to pass the bill, on March 17 people who suffer only from a mental illness will be able to receive medical assistance in dying.

I have a lot of compassion for people suffering from mental illness. In many cases, they have suicidal thoughts and are not full of hope for the future, so it is easy for them to say in despair that there is no way out. However, a lot of people get better and go on to live full lives. They are not in a place where they can really take that decision.

It is not the first time the government has waited until the last minute. I remember when the medical assistance in dying legislation in Bill C-14 was introduced, there was a lot of pressure for us to get along and pass the bill. I would have more confidence if it were not for the fact that the government continually brings forward legislation that is unconstitutional. Then it goes through the courts to the Supreme Court and, like Bill C-69, is declared unconstitutional. The bill for the welfare of indigenous children was also declared unconstitutional. It is our job to give due process to bills and to make sure they are a good idea, rather than just rubber-stamping them and passing them along.

I do not want to have the consequence that people who are mentally ill would receive MAID if we do not pass this legislation in time, but we have no guarantee that the Senate is not going to delay the bill. There was a question for the member who gave the last speech about how the Senate may choose to block the bill. That would delay it even further and we would not make the timeline. It is not a sure thing that the bill is going to get across the line.

We have to look back to the Carter decision. We spent a lot of time talking about what the response would be, and it was the court's order that the criteria be an irremediable condition with imminent death. That is the path we started on. I was very concerned at the time because every recommendation from the special committee that studied this said that without good-quality palliative care, one really does not have a choice.

At that point in time, I found out that only 30% of Canadians had access to palliative care. That is what prompted me to bring forward my private member's bill to get consistent access to palliative care for all Canadians. That bill unanimously passed in the House. Since then, we have doubled access, from 30% to almost 60%, which is a great thing, but there is more to go. If people do not have good-quality palliative care, they really do not have a real choice.

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The government needs to refocus itself. I saw in the report that after five years of progress on palliative care, there are still identified gaps. The government needs to pursue that with passion and aggressiveness because that is the answer. If people have good-quality palliative care, they do not choose medical assistance in dying, and that applies everywhere. I met today with some of the representatives from palliative care, and they informed me that when people go to hospice, nine out of 10 of them are asking for medical assistance in dying, but very few of them actually take advantage of it once they experience palliative care.

● (2000)

Why are nine out of 10 of them asking for medical assistance in dying? It is because the doctors are recommending it, and I do not have any confidence that the safeguards that were supposed to be in place are actually being adhered to. A doctor from the Liberal Party who spoke before me cited five examples that he is aware of where clearly people did not meet the conditions but were given medical assistance in dying.

Canada is on a very slippery slope. If we look at the history of countries that have implemented medical assistance in dying, the Netherlands was sort of at the forefront, and it took a while for it to experience a rise in the percentage of people who were dying from medical assistance in dying. However, last year in Canada, 4% of people who died did so by medical assistance in dying. We set a world record. We are top of the charts on killing people with medical assistance in dying.

I think this is absolutely the wrong direction, so to broaden medical assistance in dying to include people who are mentally ill is absolutely ill-informed, at the very least. I would say, without being insensitive, that people who are mentally ill are actually able to kill themselves. Sadly, in their despair, many of them are taking their lives every day. They do not need the government to enable them.

The Conservatives warned the government, when this ill-advised amendment came from the Senate, that this would happen. Instead of realizing the mistake and backing off, the Liberal government is kicking the can down the road for another three years, where the next government will deal with it, instead of recognizing that this is not a good idea.

Doctors are saying that 50% of the time they cannot even identify whether somebody's condition, when they suffer from mental illness, is irremediable. If that is the case, then half of the time, they are going to kill someone who might have gotten better. This is a totally bad idea. The government should stand up, say it realizes the mistake it has made and that it should have introduced legislation to eliminate that mistake. However, that is not where we are today. Today, here we are: If we do not make a decision and pass the bill in a hurry, people with mental illness are going to start dying from MAID on March 17.

I would say that there is a lot of scope creep that has been suggested. Where do we stop? There has been a suggestion that if we approve those with mental illness, maybe minors should be added, or maybe the option of advance directive should be added. It looks like the solution to all of these things is death. We hear that homeless people are requesting medical assistance in dying. We hear that veterans are being advised to take medical assistance in dying. This

is just scope creep and broadening who is dying in this way, without having proper controls in place. I do not think that is acceptable.

One of the things that has been totally ignored is the conscience rights of doctors. The federal government will always say it did not preclude that in its bill, but the fact is that provinces are forcing medical doctors and nurses to participate, even if it is against their religion and their conscience rights, and the federal government has done nothing to correct that situation. That is a problem.

The other thing I would say is that in the creep that is happening, they have created an express lane for the disabled. It is disgusting to the disabled community and disgusting to me that they would say that if someone is disabled, they should go to the front of the line. For the vulnerable, the mentally ill and the disabled, we need to protect those people; we need to stand up for their rights and know that we can give them hope.

I do not agree with the way this was brought forward. I think the government should have appealed the Truchon decision. When Quebec decided this needed to happen, the government should have said no, that it had thought about it, studied it and spent a long time on it. It should have said it was going to appeal that decision, because what it brought in at the beginning was at least better than the scope creep we are seeing now.

I have talked about the many examples of things that are not good with the legislation. Obviously, I do not want to see anymore people die. I will definitely work with the government to see the legislation pass as speedily as possible, and I encourage it to use the same leverage it used on Bill C-234 to help its Liberal-appointed senators do what it wants. I hope it does the same on this bill and that it receives speedy passage, and that we do not have people with mental illness being killed by the government.

● (2005)

The Deputy Speaker: It being 8:06 p.m., pursuant to order made earlier today, it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of Motion No. 34 under Government Business, which is now before the House.

The question is on the amendment.

May I dispense?

Some hon. members: No.

[*Chair read text of amendment to House*]

The Deputy Speaker: If a member participating in person wishes that the amendment be carried or carried on division, or if a member of a recognized party participating in person wishes to request a recorded division, I invite them to rise and indicate it to the Chair.

Mr. Kevin Lamoureux: Mr. Speaker, we request a recorded division.

The Deputy Speaker: Call in the members.

Government Orders

● (2050)

[*Translation*]

(The House divided on the amendment, which was negated on the following division:)

*(Division No. 638)***YEAS**

Members

Barsalou-Duval	Beaulieu
Bergeron	Berthold
Bérubé	Blanchet
Blanchette-Joncas	Brunelle-Duceppe
Chabot	Champoux
DeBellefeuille	Deltell
Desbiens	Desilets
Fortin	Garon
Gaudreau	Généreux
Gill	Godin
Gourde	Larouche
Lemire	Martel
McLean	Michaud
Normandin	Paul-Hus
Pauzé	Perron
Plamondon	Rayes
Savard-Tremblay	Simard
Sinclair-Desgagné	Ste-Marie
Thériault	Therrien
Trudel	Vecchio
Vien	Vignola
Villemure— 43	

NAYS

Members

Aboultaif	Aitchison
Albas	Aldag
Alghabra	Ali
Allison	Anand
Anandasangaree	Angus
Arnold	Arseneault
Arya	Ashton
Atwin	Bachrach
Badawey	Bains
Baker	Baldinelli
Barlow	Barrett
Barron	Battiste
Beech	Bezan
Bibeau	Bittle
Blaikie	Blaney
Block	Blois
Boissonnault	Bradford
Bragdon	Brassard
Brière	Brock
Calkins	Cannings
Caputo	Carrie
Casey	Chagger
Chahal	Chambers
Champagne	Chatel
Chen	Chiang
Chong	Collins (Hamilton East—Stoney Creek)
Collins (Victoria)	Cooper
Cormier	Coteau
Dabrusin	Damoff
Dancho	Davidson
Desjarlais	Dhaliwal
Dhillon	Diab
Doherty	Dong
Dowdall	Dreeshen
Drouin	Dubourg
Duclos	Duguid

Duncan (Stormont—Dundas—South Glengarry)	Dzerowicz
Ehsassi	El-Khoury
Ellis	Epp
Erskine-Smith	Falk (Battlefords—Lloydminster)
Falk (Provencher)	Fast
Ferreri	Fillmore
Fisher	Fonseca
Fortier	Fragiskatos
Fraser	Freeland
Fry	Gaheer
Gainey	Gallant
Garrison	Gazan
Genius	Gerretsen
Gladu	Goodridge
Gould	Gray
Green	Guilbeault
Hallan	Hanley
Hardie	Hepfiner
Hoback	Holland
Housefather	Hughes
Hussen	Hutchings
Iacono	Idlout
Ien	Jaczek
Jeneroux	Johns
Jones	Jowhari
Julian	Kayabaga
Kelloway	Kelly
Khalid	Khanna
Khera	Kitchen
Koutrakis	Kram
Kurek	Kusie
Kusmierczyk	Kwan
Lake	Lalonde
Lambropoulos	Lamoureux
Lantsman	Lapointe
Lattanzio	Lauzon
Lawrence	LeBlanc
Lebouthillier	Lehoux
Leslie	Lewis (Essex)
Lewis (Haldimand—Norfolk)	Lightbound
Lloyd	Lobb
Long	Louis (Kitchener—Conestoga)
MacAulay (Cardigan)	MacDonald (Malpeque)
MacGregor	MacKinnon (Gatineau)
Maguire	Majumdar
Maloney	Martinez Ferrada
Masse	Mathysen
May (Cambridge)	May (Saanich—Gulf Islands)
Mazier	McCauley (Edmonton West)
McDonald (Avalon)	McGuinty
McKay	McKinnon (Coquitlam—Port Coquitlam)
McLeod	McPherson
Melillo	Mendès
Mendicino	Miao
Miller	Moore
Morantz	Morrice
Morrison	Morrissey
Motz	Murray
Muys	Naqvi
Nater	Ng
Noormohamed	O'Connell
Oliphant	O'Regan
Patzer	Petitpas Taylor
Poilievre	Powlowski
Qualtrough	Redekopp
Reid	Rempel Garner
Richards	Roberts
Robillard	Rodriguez
Rogers	Romanado
Rood	Ruff
Sahota	Sajjan
Saks	Samson
Sarai	Scarpaleggia

Government Orders

Scheer	Schieffe	Bragdon	Brassard
Schmale	Seeback	Brière	Brock
Serré	Sgro	Calkins	Cannings
Shanahan	Sheehan	Caputo	Carrie
Shields	Shiple	Casey	Chagger
Sidhu (Brampton East)	Sidhu (Brampton South)	Chahal	Chambers
Singh	Small	Champagne	Chatel
Sorbara	Soroka	Chen	Chiang
Sousa	Steinley	Chong	Collins (Hamilton East—Stoney Creek)
Stewart	St-Onge	Collins (Victoria)	Cooper
Strahl	Stubbs	Cormier	Coteau
Sudds	Tassi	Dabrusin	Dalton
Taylor Roy	Thomas	Damoff	Dancho
Thompson	Tolmie	Davidson	Delteil
Trudeau	Turnbull	Desjarlais	Dhaliwal
Uppal	Valdez	Dhillon	Diab
Van Bynen	van Koeverden	Doherty	Dong
Van Popta	Vandal	Dowdall	Dreeshen
Vandenbeld	Vidal	Drouin	Dubourg
Virani	Vis	Duclos	Duguid
Vuong	Wagantall	Duncan (Stormont—Dundas—South Glengarry)	Dzerowicz
Warkentin	Waugh	Ehsassi	El-Khoury
Webber	Weiler	Ellis	Epp
Williams	Williamson	Erskine-Smith	Falk (Battlefords—Lloydminster)
Zahid	Zarrillo	Falk (Provencher)	Fast
Zimmer	Zuberi — 270	Ferreri	Fillmore
		Findlay	Fisher
		Fonseca	Fortier
		Fragiskatos	Fraser
		Freeland	Fry
		Gaheer	Gainey
		Gallant	Garrison
		Gazan	Généreux
		Genuis	Gerretsen
		Gladu	Godin
		Goodridge	Gould
		Gourde	Gray
		Green	Guilbeault
		Hallan	Hanley
		Hardie	Hepfner
		Hoback	Housefather
		Hughes	Hussen
		Hutchings	Iacono
		Idlout	Ien
		Jaczek	Jeneroux
		Johns	Jones
		Jowhari	Julian
		Kayabaga	Kelloway
		Kelly	Khalid
		Khanna	Khera
		Kitchen	Kmiec
		Koutrakis	Kram
		Kurek	Kusie
		Kusmierczyk	Kwan
		Lake	Lalonde
		Lambropoulos	Lamoureux
		Lantsman	Lapointe
		Lattanzio	Lauzon
		Lawrence	LeBlanc
		Lebouthillier	Lehoux
		Leslie	Lewis (Essex)
		Lewis (Haldimand—Norfolk)	Lightbound
		Lloyd	Lobb
		Long	Louis (Kitchener—Conestoga)
		MacAulay (Cardigan)	MacDonald (Malpeque)
		MacGregor	MacKinnon (Gatineau)
		Maguire	Majumdar
		Maloney	Martel
		Martinez Ferrada	Masse
		Mathysen	May (Cambridge)
		May (Saanich—Gulf Islands)	Mazier
		McCauley (Edmonton West)	McDonald (Avalon)
		McGuinty	McKay

PAIRED

Members

Blair Liepert — 2

The Deputy Speaker: I declare the amendment lost.

[*English*]

The next question is on the main motion.

If a member participating in person wishes that the motion be carried or carried on division, or if a member of a recognized party participating in person wishes to request a recorded division, I would invite them to rise and indicate it to the Chair.

[*Translation*]

Mr. Luc Thériault: Mr. Speaker, I request a recorded division.

● (2100)

(The House divided on the motion, which was agreed to on the following division:)

(*Division No. 639*)

YEAS

Members

Aboultouf	Aitchison
Albas	Aldag
Alghabra	Ali
Allison	Anand
Anandasangaree	Angus
Arnold	Arseneault
Arya	Ashton
Atwin	Bachrach
Badawey	Bains
Baker	Baldinelli
Barlow	Barrett
Barron	Battiste
Beech	Berthold
Bezan	Bibeau
Brittle	Blaikie
Blaney	Block
Blois	Boissonnault
Boulerice	Bradford

Government Orders

PAIRED

Members

Blair

Liepert— 2

The Deputy Speaker: I declare the motion carried.

* * *

CRIMINAL CODE

The House resumed from February 7 consideration of the motion that Bill C-62, An Act to amend An Act to amend the Criminal Code (medical assistance in dying), No. 2, be read the second time and referred to a committee.

Mrs. Élisabeth Brière (Parliamentary Secretary to the Minister of Families, Children and Social Development and to the Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Mr. Speaker, I am pleased to have the opportunity to rise in the House this evening in support of Bill C-62.

I will note, in particular, the government's commitment to respecting people's autonomy and personal choices, while supporting and protecting Canadians living with mental illness who may be vulnerable. I will also talk about the major investments that our government has made to improve access to mental health services for all Canadians.

● (2105)

[English]

We recognize that mental illness can cause suffering that is on par with suffering that results from a physical illness. That is not up for debate. We also know that persons with a mental illness are capable of making decisions with respect to their own health, unless individualized assessment suggests this capacity is lacking.

[Translation]

However, while we respect the autonomy of those who choose MAID in response to severe and irremediable suffering, we have an equally important responsibility to protect Canadians who may be vulnerable, including those suffering from mental illness or who are in crisis. That is why federal legislation provides rigorous safeguards and criteria that must be applied to all MAID assessments.

The experts who made up the expert panel on MAID and mental illness were of the opinion that the existing legal safeguards provide an adequate structure for assessing cases where a mental disorder is the sole underlying medical condition, provided those safeguards are interpreted correctly and applied appropriately. In its final report, the group made 19 recommendations, including the development of model MAID practice standards and training for clinicians.

[English]

Our government has made significant progress, in collaboration with the provinces and territories and other health care stakeholders, to implement the recommendations of the expert panel and to prepare for the expansion of MAID eligibility. However, the provinces and territories have expressed concerns regarding the current March 2024 timeline and are asking for more time.

McKinnon (Coquitlam—Port Coquitlam)
McLeod
Melillo
Mendicino
Miller
Morantz
Morrison
Motz
Muys
Nater
Noormohamed
Oliphant
Patzner
Perkins
Poilievre
Qualtrough
Redekopp
Rempel Garner
Roberts
Rodriguez
Romanado
Ruff
Sajjan
Samson
Scarpaleggia
Schiefke
Seeback
Sgro
Sheehan
Shipley
Sidhu (Brampton South)
Small
Soroka
Steinley
St-Onge
Stubbs
Tassi
Thomas
Tochor
Trudeau
Uppal
Van Bynen
Van Popta
Vandenbeld
Vidal
Virani
Vuong
Warkentin
Webber
Williams
Yip
Zarrillo
Zuberi— 287

McLean
McPherson
Mendès
Miao
Moore
Morrice
Morrisey
Murray
Naqvi
Ng
O'Connell
O'Regan
Paul-Hus
Petipas Taylor
Powlowski
Rayes
Reid
Richards
Robillard
Rogers
Rood
Sahota
Saks
Sarai
Scheer
Schmale
Serré
Shanahan
Shields
Sidhu (Brampton East)
Singh
Sorbara
Sousa
Stewart
Strahl
Sudds
Taylor Roy
Thompson
Tolmie
Turnbull
Valdez
van Koeverden
Vandal
Vecchio
Vien
Vis
Wagantall
Waugh
Weiler
Williamson
Zahid
Zimmer

NAYS

Members

Barsalou-Duval
Bergeron
Blanchet
Brunelle-Duceppe
Champoux
Desbiens
Fortin
Gaudreau
Larouche
Michaud
Pauzé
Plamondon
Simard
Ste-Marie
Therrien
Vignola

Beaulieu
Bérubé
Blanchette-Joncas
Chabot
DeBellefeuille
Desilets
Garon
Gill
Lemire
Normandin
Perron
Savard-Tremblay
Sinclair-Desgagné
Thériault
Trudel
Villemure— 32

*Government Orders**[Translation]*

The Special Joint Committee on Medical Assistance in Dying also recognized the progress made in preparing for the expansion of eligibility for MAID. However, as noted in the committee's recent report, it is recommended that additional time be provided to ensure that eligibility for medical assistance in dying can be safely assessed for individuals whose sole medical condition is a mental illness.

The three-year extension we are proposing in this bill will allow more time for the adoption and integration of the necessary resources, such as the model MAID practice standards and the training program recommended by the expert panel. This will ensure that MAID assessments for people with complex conditions, such as people suffering solely from mental illness, are conducted with the appropriate level of rigour.

I believe that any Canadian who is suffering grievously and wishes to consider MAID as an end-of-life option should be free to do so. I also think that, in parallel with the implementation of MAID for those who are assessed and deemed eligible, we also need to commit to improving our mental health care system.

[English]

As such, it is important for all Canadians who are struggling with mental illness and/or thoughts of suicide to have timely access to critical mental health resources. As parliamentary secretary, I am pleased to speak about our ongoing and future investments as well as progress being made on key interventions to support the needs of Canadians with regard to mental health and substance use care.

[Translation]

Budget 2023 confirmed the government's commitment to invest more than \$200 billion over 10 years starting in 2023-24 to improve Canadians' health care. Of that amount, \$25 billion will go to the provinces and territories through adapted bilateral agreements that will focus on four key pillars, including improving access to mental health services and addictions-related services. Other key investment include \$598 million for a mental health and well-being strategy with distinction-based funding for indigenous communities, and \$350 million for the substance use and addictions program since 2020.

Thanks to the mental health promotion innovation fund, the Public Health Agency of Canada is investing \$4.9 million a year in community-based programs for mental health promotion focused on reducing systemic obstacles.

- (2110)

[English]

I am also very proud to recall that we have recently taken an important step to provide suicide prevention support for people who need it, when they need it most. Canada's new three-digit suicide crisis helpline, 988, launched on November 30, 2023. It is available to call or text, in English and in French, 24 hours a day and seven days a week across Canada. An experienced network of partners, as trained responders, are ready to answer 988 calls and texts. Responders provide support and compassion without judgment. They are

here to help callers and texters explore ways to keep themselves safe when things are overwhelming.

[Translation]

We understand that the past few years have been hard and that many people have been struggling to cope. There is still a lot more to do, and we are committed to continuing to work with our partners to address Canadians' needs in the areas of mental health and substance use. In the future, we remain determined to improve access to mental health care services and to help those with substance use issues.

To that end, the Minister of Mental Health and Addictions and I met with a wide range of partners and stakeholders, including the provincial and territorial ministers responsible for mental health and addiction, to discuss their priorities and needs. This commitment will ensure that mental health and substance use services and programs are based on core expertise.

[English]

We have been listening to Canadians with lived and living experiences, to health care professionals on the front lines and to experts to make evidence-based investments and interventions to support timely access to mental health care needs. However, we recognize that no matter what treatments and services are available, sometimes they are not able to relieve intolerable suffering in a manner acceptable to an individual. That is when MAID may be an option for individuals who make a request and who are deemed eligible by two independent medical practitioners.

[Translation]

Ultimately, we are committed to respecting the personal autonomy of each and every Canadian, while protecting the interests of those who may need more care. The three-year extension we are proposing will enable us to do all we can to train and support clinicians who will assess complex cases, including those in which mental illness is the sole medical condition. In the meantime, we will continue to invest in resources and support for mental health and substance use problems.

[English]

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, the fact the government had to put forward this legislation is a demonstration of its profound repeated failure on this file. Conservatives put forward a private member's bill, which was voted on in the fall, that would have forever killed this terrible idea of medically facilitated suicide for those with mental health challenges.

Government members, in the main, voted against that bill, and now they are coming back to the House. They have not learned the error of their ways. They do not recognize that, fundamentally, the medical system facilitating the suicide of those with depression and other mental health challenges is inconscionable. They have not realized that. Instead, they said that they just want a little more time to figure it out.

This is a terrible idea. It is never going to be a good idea, and they should have voted for the Conservative private member's bill to kill it when they had a chance. Nonetheless, we are ready to, after the next election, pass the legislation required to make sure this horrible idea never becomes a reality in Canada.

[*Translation*]

Mrs. Élisabeth Brière: Mr. Speaker, with all due respect, this question demonstrates that the Conservatives are clearly not here to listen to Canadians.

I think it makes sense for our laws to adapt to the population's needs. That is particularly true in Quebec, which is even prepared to open up the right to advance requests. MAID has come a long way, both legislatively and in the opinion of the entire population, since the first iteration of the law came into force in 2016.

In contrast to the Conservatives, we are demonstrating that we are capable of adapting, that we listen to everyone's opinions and comments and that we ensure we take them into account while protecting those with additional needs.

• (2115)

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, I have two questions for the member for Sherbrooke.

First, her minister acknowledged that Quebec's interdepartmental action plan for 2022-26 was excellent. We have heard a number of people here say that services need to be improved. What is she waiting for to transfer the money to Quebec?

Second, given what our Conservative colleagues have said, does she realize that by postponing the decision until 2027, the Liberals are passing the buck to a potential future Conservative government that will put an end to any hope of relief for people suffering from mental disorders?

Mrs. Élisabeth Brière: Mr. Speaker, I thank my colleague for his two questions. I would also like to acknowledge his exemplary and always highly professional work on this issue. Having sat in on several meetings of the Special Joint Committee on Medical Assistance in Dying, I have personally witnessed his passion for this subject.

As far as mental health transfers are concerned, we continue to make very significant investments. We are always working with Quebec to ensure that the money flows and is put to good use.

With regard to the second question, I would say that I truly and sincerely hope that the next government will be a Liberal government and that we can continue to move forward with the implementation of Bill C-62 and medical assistance in dying, both for advance requests and for people whose sole medical condition is a mental illness.

Government Orders

I agree with him that Quebec is truly one step ahead.

Mr. Joël Lightbound (Louis-Hébert, Lib.): Mr. Speaker, it is a gripping topic. I think that very reasonable people can have different views.

My colleague just talked about Quebec, which is indeed one step ahead. However, let us not forget that in June 2023, the National Assembly voted in legislation that completely excluded medical assistance in dying for persons suffering solely from a mental illness, following testimony from psychiatrists from throughout Quebec. Psychiatrists from Université Laval in my riding shared with me their reservations about moving forward on this issue. In my view, what the government is suggesting today is to slow down because we are clearly not ready. There are so many questions that still need to be answered about opening up MAID for this specific category of patient.

Without being against MAID in general, I would like to know what she thinks about comparing what the government is doing and what the National Assembly of Quebec has decided.

Mrs. Élisabeth Brière: Mr. Speaker, I thank my colleague for the great discussion that we had on this subject recently.

I agree with him. That is what Bill C-62 is for. This is a very controversial subject. Like my other colleagues, I get letters from various institutions and groups that show that there are differing opinions in our society about people whose only underlying medical condition is mental illness. We need to make sure that everything is in place, including standards, tools and practitioner training, so that patients' eligibility is properly assessed and practitioners are comfortable applying this measure.

[*English*]

Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC): Mr. Speaker, for a lot of us in the House, this feels like a case of *déjà vu*. It was pretty much a year ago that we were dealing with the exact same issue, and the government is doing the same thing, making the play to just punt the ball down the field yet again. Of course, it is talking about the issue of expanding assisted suicide to make it available for people suffering from mental illness. However, after the Liberals decided to open the door to that, they took a tiny step back and said, "We should wait for a year to go by before it can really begin."

At that time, we Conservatives said, during the debate, that there was no possible way for one year to ever be enough time. For one thing, the Liberals rushed to expand MAID without carefully and thoroughly reviewing the concerns that already existed under the original program. That turned out to be another empty promise, and they recklessly pushed ahead with making assisted suicide more widely available. It became clearer than ever that they were not going to make any serious effort to protect vulnerable Canadians from all the harm that this new government decision will inflict.

Government Orders

One year is a very short amount of time, especially when the slow speed of bureaucracy is involved. At least now, the Liberals seem to finally realize that it was ridiculous for them to act as though this could just be delayed for a year and then everything would be fine. That year flew by quickly, and now we are back where we started. This time, they want to postpone it for three years instead of one.

When we hear the Liberals talk about this new bill, it is clear that they still have not learned the more important lesson from their terrible mistake. After the bill before us passes, the sad reality is that the Liberals have not closed the door that they opened a few years ago. They never should have opened it. In fact, it is quite the opposite: They are choosing to leave it open, despite all the red flags and the public outcry. It is the same game they were playing last year, except for one major difference: The Liberal plan to offer MAID for mental illness will come into effect after the next election. They have already indicated that this is what they want to happen eventually, if they get their way. However, they also know that they have pushed things way too far and that they cannot get away with it anymore. Enough is enough.

Canadians do not support the Liberals' out-of-touch agenda. This decision, like so many others, will make it harder for them to win another election. An Angus Reid poll discovered that three in 10 Canadians, fewer than the number who voted for the current government, support expanding MAID to those suffering exclusively with mental illness. Therefore, once again, the government will try to cover up its failure. While it tries to do that, Conservatives proudly stand on the side of common sense for the common people. We will reverse the government's terrible decision to expand assisted suicide. As the official opposition, we have already started to work on it.

Conservatives introduced Bill C-314 to repeal the Liberal plan to offer assisted suicide for mental illness once and for all. However, as expected, last fall, the Liberal government broke ranks with its coalition partner and voted it down. Even though it did not pass, it called the government's bluff. Liberals showed their true colours that day and made it absolutely clear where they stood. They are not interested in doing what it takes to protect the lives of Canadians who struggle with their mental health. The real reason for their delay is to use it as a stalling tactic for a government that is clearly in decline; despite that, we are glad to see that the bill will prevent tragic deaths from occurring before a Conservative government can bring in permanent protection for Canadians. We know that it needs to happen. There have been many troubling stories, which the government apparently chooses to ignore.

Last summer, a woman in Vancouver went to a hospital looking for support. She was experiencing suicidal thoughts and did not feel safe at home. During assessment, a clinician told her that there were not enough hospital beds and that the system was overwhelmed. Then she was asked: "Have you considered MAID?" She felt shocked and told her story, and I will read something she said in the Global News article. It reads: "No matter how much you struggle with mental illness or disability or chronic illness, no one should make a judgment about the value of your life or if it's worth living." That should not be a controversial thing to say, but the Prime Minister and his government have brought us to a dark place.

Only a couple of months ago, a 52-year-old grandfather who had cancer was waiting for chemotherapy and treatment. He was told there was a backlog, and the wait was taking longer than it should have. With worsening health complications, he applied for MAID and it went through. As members can imagine, the family was devastated by their experience.

There was also Corporal Christine Gauthier, a veteran and Paralympian, who called Veterans Affairs Canada to get a ramp installed. She was also asked to consider MAID. How did we get to the point where a veteran who served our country was told to consider ending her life instead of receiving the help she was seeking, something as simple as adding a ramp, for her own personal mobility? This is not the only time such a thing happened.

● (2120)

When something like that happens, it creates a situation that makes it more difficult for people to trust government services. When someone has these experiences or hears about them, it erodes their trust. Actually, it destroys their trust. During a personal crisis or a moment of weakness, they cannot help but worry that they will die because they simply spoke with the wrong person at the wrong time. That is a serious problem, and we should be working to fix it instead of making things worse.

We are heading down the wrong path, because the government's approach to this issue sends people a message of despair: that they should give up because their life is not worth living. With respect to that point, I hope everyone here will take heart in the story of Tyler Dunlop from Orillia, Ontario. At 37 years old, he had been homeless for years. He felt suicidal and planned to apply for MAID, but then he received some help in his life. Over time, he had a major shift in his thinking and experienced a spiritual transformation. After changing his mind to no longer seek assisted suicide, he released a new book, called *Therefore Choose Life: My Journey from Hopelessness to Hope*. We should all be glad that he is still here with us and can tell his story.

I want to share some of what he says in his book. He writes, "Though I had resigned myself to the fact that I'd be dead soon, my conscience—what has been called the voice of God—began to trouble me, the more I thought about MAID." He goes on, "Around this time, much to my chagrin, I learned that the Liberal Party decided to postpone for one year the expansion of medically assisted death to Canadians with mental illness, so, like it or not, my appointment with death would have to wait."

Government Orders

If not for the previous postponement, then, there is a good chance that Tyler would not be alive today. What if he had died so young, instead of simply receiving the help he needed and the compassion he was looking for? He has found a renewed sense of purpose and a new life through his Christian faith, thankfully escaping being yet another victim to a culture of death in which some people are considered more worthy of life than others. Now, he is able to share his story and his conviction that government can never replace God as the moral authority over right and wrong.

This is an encouraging story of survival, but there are more people out there who need our support. According to Statistics Canada, 4,500 Canadians die by suicide each year. That is 12 per day. That means 4,000 people struggling with mental disorders. What message will we send to those people who are at risk?

Then, there is the ongoing epidemic of addiction and substance abuse, which can officially be considered mental disorders. Will we allow assisted suicide to expand to the point that addiction makes somebody eligible? Where will it end? Life is precious and something that must be defended, especially when it is vulnerable Canadians who think that the only way out of the situation that they are in is death.

However, we are losing sight of that. The Liberals and their ideological allies blatantly ignored alarm after alarm raised by witnesses and community members at the Special Joint Committee on Medical Assistance in Dying, which is why Conservatives on the committee had to publish their dissenting reports. Despite attempts by the expert panel, which the government selected, to block key stakeholders or ignore committee testimony, we are working as hard as we can to represent these voices. Expert after expert and story after story have raised alarms, but the Liberals remain committed to their agenda, no matter what.

Canadians cannot trust them to fix what they have broken, but they can count on Conservatives to continue bringing hope and provide real help for those who are suffering. That is what our country needs right now. Our country needs hope.

• (2125)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I listened to the member and I wonder, if he were to apply the same principles that he talks about with regard to Bill C-62 to MAID as a whole, whether he would actually support the legislation with that particular amendment, even if it were taken out. Would he apply those same principles that he was talking about to the MAID legislation as a whole?

Mr. Jeremy Patzer: Mr. Speaker, there are a few important points that we need to talk about first.

First of all, the Liberals did not actually complete the mandatory review that the original legislation had. If that review had happened properly, I would be willing to bet that we would not be where we are today.

The next point I want to make is that a couple of years ago the government promised \$4.5 billion or maybe \$6 billion for mental health. I do not remember the exact amount. I stand to be corrected, but as far as I am aware, so far, it is zero dollars. The government

talks about making sure there are supports there for people with mental health, but the only support I am aware of right now is the 988 hotline that my Conservative colleague has been able to get in place.

• (2130)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, what the parliamentary secretary fails to acknowledge is the many ways in which the government's policies on euthanasia have been a profound failure.

In fact, it has been repeatedly called out, not only by those who are concerned about the impact on those struggling with mental health challenges, but also by those within the disability community, which has been nearly unanimous in their criticism of the government's approach. The disability community has identified how the approach the government is taking is undermining the services that they wish to access, and it is in fact devaluing the lives and contributions of people living with disabilities. The Liberal government and the parliamentary secretary need to acknowledge that.

I want to ask the member a question. There were some very specific constructive proposals around this in the last Conservative election platform, things such as how a doctor should not be bringing up and proposing MAID to someone who has not asked for it. At a minimum, if there is going to be a conversation about euthanasia, it should be initiated by the patient. It should not be something a doctor, someone in the health care system or someone who works for a government department, such as veterans affairs, is suggesting to them.

Does the member agree that one reasonable reform would be to say that it should be the patient bringing up the conversation, if it is a conversation they want to have, not somebody else bringing it up and suggesting death to them?

Mr. Jeremy Patzer: Mr. Speaker, absolutely, if the euthanasia framework is going to be in place, to me, that is the only way that it should be in place. The patient needs to be the one who is initiating the conversation.

The fact that multiple government departments are on record as asking people or offering people medical assistance in dying is absolutely absurd. That speaks to all kinds of levels of failure from the Liberal government. There are people who cannot find a home who are looking for medical assistance in dying. Veterans have been offered medical assistance in dying. For somebody who could not receive health care to treat cancer, and it is not like cancer is some rare disease in this country, but this person could not receive treatment for cancer, and he chose MAID instead, even though he did not necessarily want it but because he was unable to get treatment that should normally be readily available for him.

That is ridiculous. The number of failures by the Liberal government is absolutely ridiculous.

Government Orders

[Translation]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, some Conservatives seem to think the Criminal Code no longer exists. We have had these debates before. When someone nefarious is working in the health care system, they simply need to be fired and reported to the police. That can happen. The provisions are there.

I therefore invite my colleagues who know of cases like this, which are always very specific cases, to report these people to the police. Are we going to generalize to such an extent that we are going to prevent any suffering person from asserting their right to self-determination and deciding what is good for them when it comes to something as intimate as their own death?

It is odd that Conservatives are libertarians when it comes to economics, yet when it comes to moral issues, they think the government needs to be in charge.

[English]

Mr. Jeremy Patzer: Mr. Speaker, I would certainly hope that anybody who is found to be pushing MAID on somebody when they do not actually want it would be charged. They should be charged because that is absolutely ridiculous.

I do not have any faith that that would actually happen. I think there are so many ways that people can get around that, or just say that they were simply initiating a conversation, that it was just a kind of a comment or that they thought they had consent from them to be able to talk about it. There are so many vagaries that could be introduced for people who are offered that.

At the end of the day, it comes down to this main point: The government exists, in part, to protect Canadians. It should be offering hope, not death.

[Translation]

Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Mr. Speaker, I am going to try to recover from that. It is a good thing I wrote down a few words, because I have a lot to say tonight. My goal is for those who do not want to listen to me to leave the chamber. They can listen to my speech again tomorrow morning when they are feeling good and ready to hear about the beauty of life and something that is part of life.

I will start with this. As we have said many times this evening, Quebec is ahead of the curve when it comes to these matters. It has been 10 years since the Quebec National Assembly passed medical assistance in dying, based on the work of the Select Committee on Dying with Dignity.

Dignity is about respect for the individual. Dignity is the foundation of the issue we are talking about. Neither partisanship nor any creation dictates who we are. We are talking about human dignity.

I hope that my colleague who just left and who had another point of view on the issue will have the opportunity to listen to the interpretation of my speech. This is a very sensitive issue. It is a social issue with serious consequences. That is why it is important. That is why the work that my colleague did and that the entire special joint committee did is important. They realized that there was a little something missing to ensure that there are no flaws in the process

concerning the choice of our lives. We are talking about dying, but it is our life. Who can make decisions about our life?

It is vital to understand that society as it is today is moving forward much more quickly than legislators are. That is a fact, so we have to have the courage to act. We took an extra year. What concerns me is that we cannot know where we will be in three years. Can we get a guarantee on that promise? When my constituents talk to me about promises, they say that they will believe it when they see it. People are suffering now. We need to act now.

I am addressing all of my colleagues. Let us get this straight.

I am sorry to bother my colleagues, but what I am saying is very important. It is late and we are all going to bed soon. I am sorry, but this issue affects me deeply.

An hon. member: It is a matter of respect.

Ms. Marie-Hélène Gaudreau: Yes, Mr. Speaker, it is a matter of dignity and respect.

The role of the government is not to claim to know better than an individual what is good for that individual concerning something as personal as their own death. We are talking about people enduring intolerable suffering, sometimes for decades. I am not talking about a headache. Who are we to know what is good for them? If we could agree on that at least, we could probably make a lot of progress. Maybe partisanship would be set aside for once.

Dying is part of life. The only thing a human being knows when they are born is that they are going to die. Am I telling my colleagues anything new? The answer is no.

Having the right to choose for oneself, based on one's values and level of suffering, is that possible in a free country, or in any case a very free Quebec? It is essential. In Quebec, we have a consensus. Quebec society is ready. Quebecers have been looking at this for decades.

● (2135)

Just because other provinces want to intervene on this issue does not mean we have to infringe on the rights of people who are ceaselessly crying out to us for help.

My father said, "I can't live in this coffin any longer". He had ALS. I think MPs are familiar with this disease, as one of the members suffered from it a few years ago. "My body can't take it anymore. I want to live, but I can't stand the suffering anymore." That is the crux of the issue. There are still certain pieces missing, particularly when it comes to expertise. There are still pieces missing when it comes to ensuring there is no bias when the choice is made.

In 2015, when my father requested MAID, he was not eligible. ALS is a death sentence, but no one knows when the disease will progress to the terminal stage. His death was a long, drawn-out process.

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My father always said that human beings must be respected throughout their journey. How does it feel to see someone suffer? We want to help and support them, but when we know there is no way out, no treatment, no hope, what do we do? Some will say that these people must continue to suffer and simply wait for death to come. My father used to say that he was living in his coffin. My father's illness changed my life because I witnessed it for 20 years.

I agree that we need to address the process. What is left to do? We need a few more meetings. That is what we have been hearing for the past few days. I invite members of the House to reach out to someone who has experienced this process first-hand with a loved one. That is what I went through with my father. Above all, we must avoid talking drivel. I often hear remarks that I will not repeat. Who are they to say such unbelievable things?

I will conclude my speech with the following. When people are suffering unbearably, when science does not allow them to have any hope, they must have a choice. It is a matter of solidarity, humanity, altruism and compassion. That is why, this evening, in light of everything I have just said, I move the following amendment:

That the motion be amended by deleting all the words after the word "That" and substituting the following: "the House decline to give second reading to Bill C-62, An Act to amend An Act to amend the Criminal Code (medical assistance in dying), No. 2, as no clause addresses the call for the Government of Canada, adopted unanimously by the Quebec National Assembly, to amend the Criminal Code to align with the Quebec legislation on end-of-life care by allowing advance consent requests."

• (2140)

The Deputy Speaker: The amendment is in order.

Questions and comments.

The member for Louis-Hébert.

• (2145)

Mr. Joël Lightbound (Louis-Hébert, Lib.): Mr. Speaker, I sincerely want to thank my colleague for her speech. I believe that this is an issue where the debates are particularly instructive for members. We have been dealing with these matters in the House of Commons since 2016 and my position has changed over time, including on advance requests.

I think I still need to study the issue, but I understand that this can be useful in some cases. I have met people who could have used this. I have heard some very touching stories, even from people close to me, about people who could use this. However, on the subject of mental illness, my position has also crystallized. Many psychiatrists have told me that this track was not necessarily desirable, that it was far too difficult to gauge the irremediability of a mental illness.

My colleague mentioned the consensus in Quebec. Yes, there is one on advance requests. However, as far as mental illness as a sole reason for opening the door to medical assistance in dying goes, the National Assembly of Quebec did vote in Bill 11, in June 2023, as my colleague mentioned. It excludes mental illness because there is in fact no consensus within the medical community. Some members of that community shared their deep concerns with me about opening up MAID for this.

I would like my colleague's thoughts on that.

Ms. Marie-Hélène Gaudreau: Mr. Speaker, as for that vote, I want my colleague to know that it came out to 57%. Also, the member should be careful when talking about provisions that exclude mental disorders. It is time to get educated. Tomorrow morning, I am going to talk about advance requests.

Let us imagine that I have been diagnosed with Alzheimer's disease and I choose not to put my loved ones through that. The day I am no longer able to recognize my children or I act a certain way because I do not recognize myself and have no awareness of my situation, a whole host of specialists will come on the scene. I experienced that with my father, who, incidentally, had no dementia whatsoever. Falling through all those safety nets means far more exclusion than acceptance.

When it comes to mental health, again, what we might need to do is dig a little deeper and ensure we have all the tools to reassure people. They need to know that this is not a slippery slope to culling the herd, as some people are saying.

[English]

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, there have been a lot of presumptive comments made in the House about what the people think or want. I do think it is important to just say, at the outset, that every poll that has been done, that I have ever seen, shows that a substantial majority of people in this country do not support the expansion of euthanasia to include those for whom mental health is the sole underlying condition.

I do want to ask the member about advance directives. I think there is a lot of misinformation and confusion around the issue of advance directives. The idea of advance directives implies that I could know how my future self would feel under the conditions of a particular disease or challenge. Garnett Genuis today, at age 37, could know for sure what a future version of himself would want, in terms of life or death, if he were to experience dementia, Alzheimer's or something like that.

The reality is I have no idea what that future person would want in that situation. The idea that a present person could bind a future self under different circumstances to die in a particular situation is a radical denial of autonomy. It makes my present self the dictator over my future self. A position of autonomy emphasizes the legitimacy of consent in the moment, but not the denial of autonomy in which a prior version of self binds the future self.

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• (2150)

[*Translation*]

Ms. Marie-Hélène Gaudreau: Mr. Speaker, when members talk, they should at least have a basic knowledge of the medical context, of what is happening on the ground. Unfortunately, it is pretty clear that we do not all have the same basic knowledge. I therefore cannot answer my colleague. Does he even know what an advance request is?

I hear them talking about euthanasia. We are not talking about the same thing. We need to be on the same planet to have a dialogue. I think we need to look at this in committee. At the same time, given that Quebec is ready, we need to be allowed to do as we see fit.

All the Conservatives have to do is mind their own business. When they form government 10 years from now, they will say no. As for us, we will be free.

[*English*]

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Mr. Speaker, we are here today because without immediate intervention by Parliament, the expansion of medical assistance in dying to individuals whose sole underlying medical condition is a mental disorder will come into force on March 17. That is only a few weeks away, at a time when this country is experiencing a mental health crisis, the isolation of seniors, toxic drugs poisoning people in communities across Canada, inadequate OAS increases and still, unfortunately, and hard to imagine, no Canada disability benefit in place for people living with disabilities who are also living in poverty. The necessary safety social nets are missing, yet we are having a debate about an extension to medical assistance in dying.

Why is the fact that the social safety net not in place so important? People in Canada deserve the dignity to live healthy lives and to live lives where they are not in poverty.

I want to talk about the Canada disability benefit because the budget is coming. The next budget is coming very soon, and it is the expectation of the NDP and the expectation of Canadians that the Liberal government will live up to its commitment, its promise made in 2015, that there would be a Canada disability benefit. Too many people in the disability community are waiting for this disability benefit to lift them out of poverty. When I say too many, even one is too many.

I am encouraging the Liberal government, which I know is listening closely to this debate, to actually do something and to get the Canada disability benefit into the pockets of the people who need it in this country so that we can start to have serious conversations about how to advance medical assistance in dying. We certainly cannot do it in the middle of a mental health crisis, while our communities are being poisoned by toxic drugs and while people living in poverty with a disability have no social safety net and no reliable income.

I also think it is a disgrace, at this point in time, that the Liberal government is not considering the impacts of these clawbacks on persons with disabilities and anyone who is living on the poverty line, who are relying on social benefits, which they are entitled to, from the federal government, which are being rolled back. I think

specifically about CERB at this point in time. We know that many Canadians, in good faith, applied for the CERB and got the CERB. We now have a federal government that has decided it is a good idea to start targeting people already living in poverty to get their CERB back.

They know these people are living in poverty. They know the incomes of these people and they continue to go after them. At the same time, they are giving free rides to corporate CEOs who are taking home millions of dollars a year in salaries and bonuses, and not looking at the way they took wage subsidies and gave them away to their shareholders and in their own bonus packages.

I think about Air Canada specifically. The government decided to give it a bailout during the pandemic. Air Canada said that the government could have it back because the government is not allowing it to give it to its executives as bonuses. These are the choices that the federal government is making. It is giving CEOs and large corporations the regular free ride while targeting people living in poverty.

Today, I was reading the report from the federal housing advocate. Human rights are being violated right now. We are talking about the expansion of MAID for mental illness as the sole condition, and I put a big blame on the Conservatives here because I have been sitting in a number of studies in HUMA, on housing. We know that the Conservatives walked away and lost 800,000 units of affordable housing in this country.

• (2155)

Conservatives are the instigators of the problem that is manifesting on the ground right now that the Liberals did not fix when they came into power. The housing advocate said that Canadians' human rights are being violated because they do not have access to housing. It is despicable. If our country cannot use our natural resources to make sure that people are not living in tents outside the airport in Vancouver, that is totally unacceptable. I blame both the Conservatives and the Liberals because they know what has been happening, that it has been happening for decades and they have done nothing about it.

The housing advocate told the government that a national encampment response plan needs to be in place by August 31. I am sorry to say that, based on the speed at which the Liberal government moves, that is highly unlikely. I hope it takes up the challenge from the federal housing advocate, because no one should have to live in an encampment without access to clean water, waste removal and garbage pickup. We would think the federal government could at least support cities with respect to garbage pickup so people have access to clean spaces when they are forced into a tent encampment. I would ask the Prime Minister and any of the Liberal MPs to walk down Wellington Street, the ByWard Market or Sparks Street. They walk by these people every single day and do nothing.

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We know that the health ministers across the country are concerned about this bill before us today. We also know the Liberal government is playing snail mail on pharmacare, the pharmacare that can help people with their mental health and help people take their medication properly so they can be healthy. The Liberal government has decided that is something that is going to snail along. Again, the deadline is very short on that.

We are talking about these social safety net pieces the Liberal government is moving at a snail's pace on, and the Conservatives are to blame for the conditions of the housing market and housing for people in this country right now. I want to highlight that Conservatives also voted against every single social program and initiative that came out in the fall economic statement and the budget. They say that they care about people; meanwhile, they are voting against everything that would help people, including food. They have decided they do not want to support a national school food program. How do we expect to have debates that matter to people in Canada when we cannot make sure that kids are fed and people live in homes? That is what the Liberals and Conservatives have done.

I want to read something that I received from a mental health worker in my riding who reached out to me. She said, "I implore the government to reconsider this expansion...and to engage in a meaningful dialogue with mental health professionals to safeguard the well-being of...Canadians, especially the most vulnerable".

I implore the Liberal government, and the Conservatives who continue to try to stall social programs and initiatives the NDP is working to advance in this House, to take this seriously. We know that, as we stand here in this House today having this debate, we have a toxic drug supply in this country that people are reaching out to because they do not have the medications they can afford as there is not a national pharmacare program in this country.

• (2200)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I agree with the member that many Canadians are struggling right now. I would challenge her to reconsider her participation in the confidence and supply agreement with the government as a result. Maybe we will have to agree to disagree on whether more federal spending on federal bureaucracy, sticking its nose into provincial jurisdiction, is actually going to improve the lives of, for instance, kids who are hungry in schools.

I want to ask the member about the bill before us, Bill C-62, and the situation around euthanasia and facilitated suicide in Canada. Because of the challenges we are seeing, with people facing pressure and people being offered or having euthanasia pushed on them, in our last election platform, Conservatives proposed that we would protect the right of patients to choose to receive care in a MAID-free environment. That is, by protecting the conscience rights of physicians and health care institutions, we would preserve the right of patients to choose to be in a hospice or a health care facility where they know they would be offered life-affirming care.

There are many Canadians, I think, who want that. They do not appreciate being in a situation where government bureaucrats, health care officials or bureaucrats in other departments are push-

ing, promoting or encouraging them to choose a path they do not want to take.

Does the NDP support our proposal to protect the right of patients to choose to receive care in euthanasia-free or MAID-free spaces?

Ms. Bonita Zarrillo: Mr. Speaker, as the member of Parliament for Port Moody—Coquitlam, Anmore and Belcarra, I can tell colleagues that, every day, when I come to this House, I work for the residents of my community. Just last week, there was an announcement of \$25 million from the housing accelerator fund that came into my riding. I worked on that in conjunction with the HUMA committee and as a part of the confidence and supply agreement. It would not have happened if the NDP were not working and forcing the government.

What the Conservatives did was to have a peaceful protester physically assaulted, roughed up, when the Leader of the Opposition, the leader of the Conservative Party, came to my riding. It was totally unacceptable for their leader to come to my riding and physically have their people manhandle someone.

I did not appreciate it and—

Mr. Damien Kurek: Mr. Speaker, I rise on a point of order. That is an outrageous accusation. I would urge you, Mr. Speaker, to ensure that we maintain the respect and decorum that should be accorded this place. For the member to make accusations as she just did not only demeans the Leader of the Opposition but also discourages members in this place from being able to—

The Deputy Speaker: I appreciate the help, but that is descending into debate. I would also suggest to people here this evening to stick to the bill at hand, Bill C-62, which we are counting down to really quickly.

Questions and comments, the hon. member for Louis-Hébert.

[*Translation*]

Mr. Joël Lightbound (Louis-Hébert, Lib.): Mr. Speaker, I apologize to the parliamentary secretary. He is used to this, but I think he can make room for others.

I fully agree with my colleague on many things. We need more mental health resources and more access to care. There are several socio-economic factors that can exacerbate mental illness.

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As far as today's bill is concerned, I would like us to look at things from another angle. Let us look at the genesis of what brought us to include mental illness as grounds to request medical assistance in dying. It came from a Senate amendment that, in my opinion, should not have been accepted by the government. I do not want to make any assumptions, but we are hearing rumours that senators might try to block what could be the will of the House to delay this for three years, as Bill C-62 seeks to do.

What is my colleague's opinion about the role the Senate should play with respect to the House, whose members are duly elected to make decisions?

• (2205)

[English]

Ms. Bonita Zarrillo: Mr. Speaker, what we need to do here is to start thinking about the future and start reacting to what needs to be done now. We have a very small window to save people from this expansion.

We need to get social programs in place before we do any more expansions on this type of program.

[Translation]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, we need to move quickly to save people. I am all in favour of implementing social programs to save people, but does the member have a different point of view from the Conservatives right now? If we invest in social programs, will people all of a sudden get relief after 30 years of suffering and inadequate treatment?

The accessibility of frontline services is another debate. How can we shut down debate today by claiming that, if ever we move forward with expanding MAID eligibility to people with mental disorders, then that would be an affront to people's integrity, when the fact is that MAID is voluntary? What is more, there are people who are going to examine the request and, if a person is suicidal or receiving care for the first time, then they will not have access to medical assistance in dying.

I am trying hard to make people understand that just because a person makes a request does not mean that they will be eligible. When the member says things like that, how does she think that her point of view differs from what we have been hearing from the Conservatives today?

[English]

Ms. Bonita Zarrillo: Mr. Speaker, I will just go back to the comment from one of my residents who said that they are imploring “the government to reconsider this expansion...and to engage in a meaningful dialogue with the mental health professionals to safeguard the well-being of...Canadians, especially the most vulnerable”.

The Deputy Speaker: There being no further members rising for debate, pursuant to order made earlier today, it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the second reading stage of the bill now before the House.

[Translation]

The question is on the amendment.

[English]

If a member participating in person wishes that the amendment be carried or carried on division, or if a member of a recognized party participating in person wishes to request a recorded division, I would invite them to rise and indicate it to the Chair.

Mr. Richard Bragdon: Mr. Speaker, we request a recorded division.

The Deputy Speaker: Pursuant to order made earlier today, the division stands deferred until Wednesday, February 14, at the expiry of the time provided for Oral Questions.

It being 10:09, pursuant to an order made earlier today, the House stands adjourned until tomorrow at 2 p.m. pursuant to Standing Order 24(1).

(The House adjourned at 10:09 p.m.)

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