Honourable Dr. Erik Hoskins,

Minister of Health and Long Term Care

80 Grosvenor St.

10th Floor, Hepburn Block

Toronto, Ontario

M7A 2C4

Dear Dr. Hoskins:

Federal and provincial governments are expected to respond to the Supreme Court of Canada decision ordering the legalization of physician administered euthanasia and physician assisted suicide.

I am concerned about discrimination against dedicated physicians and health care workers who object to euthanasia and assisted suicide for reasons of conscience or religion, or for reasons of professional judgement. I am also concerned about discrimination against caring groups or collectives opposed to the practices, and which operate health care facilities like hospitals and hospices.

The federal parliamentary Special Joint Committee recommends that physicians who refuse to kill patients or help them commit suicide be forced to find someone willing to do so. It also recommends that facilities operated by groups opposed to euthanasia and assisted suicide be forced to kill patients or help them commit suicide on their premises.

The provinces control the operation of health care facilities and the practice of medicine, so the federal government cannot directly force unwilling physicians or hospitals to become parties to euthanasia and assisted suicide.

That is why the federal committee says that you should force unwilling physicians and facilities to kill or arrange for the killing of their patients, and that you should punish those who refuse. This is a dangerous and extremist position. It is far more controversial than simply legalizing euthanasia and assisted suicide. Nothing in the Supreme Court of Canada ruling requires it, and no other country does this.

Please reject these recommendations from the Special Joint Committee. Instead, please make it clear that no one and no institution in this province will be forced to participate directly or indirectly in killing patients or helping them commit suicide, and no one will be punished or disadvantaged for refusing.

Money, time, energy and political capital should not be wasted on the contentious and divisive policy of coerced participation recommended by the federal committee. Resources will be better used to achieve goals that are universally supported, like guaranteed access to palliative care and mental health service, and support for elderly and disabled persons.

Sincerely,

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