

Rationale for the responses we've provided:

Section C

Q1: No.

If MAiD is provided to those who are not dying, the existing safeguards are not sufficient to protect vulnerable Canadians or the equality of persons with disabilities in Canada.

Q2: Intentionally left blank.

We have chosen to abstain from this question. We don't want to convey that these alternative safeguards can compare to an end of life criterion in terms of protecting the equality rights of persons with disabilities including intellectual disabilities.

Q3: I have intentionally left question 2 blank. Canada needs an end of life criterion in its medical assistance in dying legislation in order to protect the equality rights of persons with disabilities. There is no combination of alternative safeguards which can replace an end of life requirement. When medical assistance in dying is provided to those who are not dying, having a disability can become a key reason for access, marking a life with a disability as a life worse than death.

We kept our response to the 500 character limit, but here are some additional things to consider:

- If Canada removes an end of life criterion, they open themselves up to a charter challenge, and will violate the UN CRPD.
- By not asking about alternative ways to restricting medical assistance in dying to end of life (alternatives to the "reasonable foreseeability of natural death criterion) Canada appears to be abandoning its commitment to substantive disability equality.
- In other countries where there is no end of life criterion, access to MAiD has expanded to the point where people with intellectual disabilities are accessing MAiD because of the suffering (including social suffering) associated with their disability.

Section D

Q1 and Q2: No

Medical assistance in dying should not be authorized by a proxy or a substitute decision maker.

Q3: Medical assistance in dying should never be authorized by a proxy or a substitute decision maker. This would be harmful to those with significant intellectual or cognitive disabilities or mental health challenges who are under guardianship or are seen as less capable of making their own decisions. Their consent and autonomy matters. The risks are just too high. Canada is not mandated to resolve questions of advance requests before the March 11th deadline. Please slow down on this piece.

This is again keeping to the 500 character limit. Some other things to consider:

- Research shows that when people acquire a life changing disability or illness, it can take them two years to adapt and rediscover the value in their new lives. It is important that people are always able to change their minds.

Section E

Q1: Changes to Canada's medical assistance in dying legislation should not be determined by public opinion. Minority groups will be more greatly impacted than the general population and their voices must be heard. In this case, the best policy might not be the most popular policy. The Supreme Court of Canada should be given the opportunity to adjudicate on the balancing of autonomy rights with equality rights of persons with disabilities. Please consider a Supreme Court reference.