

**Submissions of Christian Legal Fellowship
to the UNCHR Committee on the Rights of Persons with Disabilities**

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Executive Summary

As a non-governmental organization in Special Consultative Status with the Economic and Social Council of the United Nations, Christian Legal Fellowship (CLF)¹ is grateful for this opportunity to present these submissions to the UNCHR Committee on the Rights of Persons with Disabilities.

We appreciate the work this Committee is undertaking to examine how to best “build back better” and implement “an inclusive response and recovery of Covid-19 pandemic for persons with disabilities from a human rights perspective.”

As a long-standing advocate for human rights in Canada and abroad, CLF submits that “building back better” from COVID-19 must include addressing threats to disability rights posed by Canada’s medical assistance in dying (“MAiD”) regime, which have been exacerbated even further during the pandemic. Specifically, CLF is deeply concerned that:

- 1) Euthanasia and assisted suicide (collectively, “MAiD”) is increasingly becoming a medical “solution” for suffering that is existential and/or social in nature. Evidence suggests such suffering has increased among marginalized populations throughout the pandemic.**
- 2) MAiD is being provided where alternative supports are needed but not accessible. Accessing healthcare and other services has become more difficult over the course of the pandemic, increasing the likelihood that persons with disabilities and other marginalized communities will accept MAiD out of desperation.**
- 3) Even prior to the pandemic, safeguards in Canada’s MAiD regime were not always being followed. And yet, in March 2021, the Canadian government broadened eligibility to euthanasia and assisted suicide, and removed or relaxed certain key safeguards, thereby increasing the risk that vulnerable persons will accept MAiD against their true wishes.**

¹ Christian Legal Fellowship (“CLF”) is a national charitable association of over 700 lawyers, law students, law professors, retired judges, and others, with members in eleven provinces and territories from more than 40 Christian denominations.

CLF is just one of several Canadian organizations who have sounded the alarm on these issues with Canadian policymakers. Additionally, this Committee,² the former UN Special Rapporteur on the Rights of Persons with Disabilities,³ and several UN experts⁴ have also raised concerns about the impacts of Canada's euthanasia regime on its international obligations, including the *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)*. Even so, to date, the Government of Canada has failed to publicly respond to these UN concerns and to the recommendations that accompanied them.

CLF recommends that this Committee formally and publicly remind the Canadian government of its international obligations, and urge immediate and meaningful responses to those concerns that have already been voiced by CLF and others, as well as several UN actors.

About Christian Legal Fellowship

Christian Legal Fellowship ("CLF") is a national charitable association of over 700 lawyers, law students, law professors, retired judges, and others, with members in eleven provinces and territories from more than 40 Christian denominations. CLF is committed to promoting a national and international legal culture of respect for the dignity of all, especially the most vulnerable and marginalized.

CLF has appeared before Parliamentary committees and made submissions before provincial governments, regulators, and courts, including on end-of-life issues, conscience, religious freedom, human rights, and other issues affecting religious communities and their accommodation in a pluralistic society. CLF's work includes seeking to improve decisionmakers' understanding of Canada's international obligations, monitoring Canada's compliance with these commitments, and reporting on

² Committee on the Rights of Persons with Disabilities, "Concluding observations on the initial report of Canada", CRPD/C/CAN/CO/1 (8 May 2017), online:

<https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhshFUYvCoX405cFaiGbrIbL87R7e4hNB%2fgZKnTAU8BqK7FKCyFSQGUzS4dKwSRSD%2fCpUoSzW7oP9OI5lweGr%2br%2b7wpRzQbCN1rv%2b%2bwMd4F0fZ> [*Concluding Observations*].

³ United Nations, *End of Mission Statement by the United Nations Special Rapporteur on the rights of persons with disabilities, Ms. Catalina Devandas-Aguilar, on her visit to Canada* (Ottawa: 12 April 2019), online:

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24481&LangID=E> [*End of Mission Statement*]; Catalina Devandas-Aguilar, "Visit to Canada: Report of the Special Rapporteur on the rights of persons with disabilities", Human Rights Council, 43rd Sess, A/HRC/43/41/Add.2 (19 December 2019), online: https://www.un.org/en/ga/search/view_doc.asp?symbol=A/HRC/43/41/Add.2 [*Canada Report*]; Catalina Devandas-Aguilar, "Rights of persons with disabilities: Report of the Special Rapporteur on the rights of persons with disabilities", Human Rights Council, 43rd Sess, A/HRC/43/41 (17 December 2019), online: <https://undocs.org/en/A/HRC/43/41> [*Final Report*].

⁴ Gerard Quinn, Claudia Mahler, Olivier De Schutter, "Disability is not a reason to sanction medically assisted dying – UN experts" (25 January 2021), online:

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26687> [*Joint Statement*]; Gerard Quinn, Claudia Mahler, Olivier De Schutter, "Mandates of the Special Rapporteur on the rights of persons with disabilities; the Independent Expert on the enjoyment of all human rights by older persons; and the Special Rapporteur on extreme poverty and human rights", OL CAN 2/2021 (3 February 2021), online: <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=26002> [*Letter to Canada Re: Bill C-7*].

our work to the United Nations every four years. CLF continues to monitor and analyze the domestic and international human rights dimensions of Canada’s expanding MAiD regime, as well as the Canadian government’s response to COVID-19.

As a public interest intervener in *Carter v Canada*, *Lamb v Canada*, and *Truchon v Procureur general du Canada*, CLF is well acquainted with the social and legal complexities surrounding Canada’s legalization of euthanasia and assisted suicide through medical assistance in dying (“MAiD”). By virtue of the combined expertise of our membership and the ongoing efforts of our staff lawyers’ research, scholarship, and advocacy, CLF is well positioned to speak to the negative impacts Canada’s MAiD regime is having on disability rights and how those negative impacts are being exacerbated by the COVID-19 pandemic.

Introduction

Prior to the onset of COVID-19, disability rights advocates expressed concern about the impacts of Canada’s new MAiD regime on its obligations under Canadian law and the *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)*. Many were concerned Canada’s euthanasia regime would reinforce existing stigmas around disability and perpetuate harmful, ableist attitudes. CLF and others expressed concern that state-sanctioned MAiD would normalize euthanasia and assisted suicide as medical responses to disability related suffering and diminish the popular political will to provide adequate care and support services for Canadians living with disabilities. And this, at a time when many Canadians still lacked access to adequate care and supports.

As discussed in more detail below, several of these concerns are borne out in the government data, which shows not only that euthanasia and assisted suicide were already becoming medical “solutions” for existential/social suffering in Canada prior to the onset of COVID-19, but also that euthanasia and assisted suicide are being provided where alternative supports are needed but not available. Perhaps most concerning of all, the available data shows that legal safeguards intended to protect vulnerable persons are not always being adhered to, as discussed below.

COVID-19 has exacerbated these concerns by further interrupting and, in some cases, preventing access to healthcare and other crucial supports, as well as by increasing various forms of social suffering and isolation. Persons with disabilities often bear a disproportionate share of these burdens, which may lead to even greater marginalization, isolation, and despair. Nevertheless, to date, the Canadian government has not publicly taken *any* active steps to specifically address the concerns raised by United Nations experts around its MAiD regime.⁵ On the contrary, in March 2021, the

⁵ *Concluding Observations*, *supra* note 1; *End of Mission Statement*, *supra* note 2; *Canada Report*, *supra* note 2; *Final Report*, *supra* note 2; *Joint Statement*, *supra* note 3; *Letter to Canada Re: Bill C-7*, *supra* note 3.

Government of Canada *expanded* eligibility for MAiD to include those with non-life-threatening disabilities, while also *removing* certain key safeguards designed to protect the vulnerable.⁶

In short, COVID-19 and the expansion of MAiD are exacerbating threats to disability rights in Canada, threats that the former Special Rapporteur and others identified as undermining Canada's UNCRPD obligations even prior to the current pandemic. "Building back better" from this troubling state of affairs requires Canada's renewed commitment to honouring its international obligations through concrete action. CLF believes this Committee's influence could be instrumental in urging Canada to account for its duty to provide meaningful protection and support for persons with disabilities. The first step would be to reiterate the concerns and recommendations raised previously by this Committee, the UN Special Rapporteur, and other UN experts on this issue since 2017.

MAiD in Canada: Concerning Data and Trends

In 2016, the Government of Canada legalized assisted suicide in certain limited circumstances, when carried out by medical professionals within Canada's public health care system. Initially, MAiD eligibility required that one's natural death was "reasonably foreseeable" at the time of the request. In other words, MAiD was only to be available to those already nearing the end of their natural lives.

Even in this limited setting, CLF and others expressed serious reservations about the attitudinal shift Canada's new MAiD regime would trigger within our political and medical institutions and communities, particularly concerning how best to address suffering in society. Aside from diminishing social evaluations of the intrinsic value of human life, CLF was concerned that legalizing MAiD would disincentivize efforts to overcome continuing barriers to accessible palliative care and other critical supports. Further, CLF and others expressed concern that those who could not access the care and supports they need would eventually accept premature death as the best society could offer. CLF was also aware that, once euthanasia and assisted suicide are sanctioned, no amount of safeguards would completely eliminate the risk of vulnerable persons being terminated against their true wishes, whether because they were unduly influenced in a moment of weakness, or lacked capacity to give informed consent, or for a variety of other reasons.

In response to such concerns, the Government of Canada included several administrative safeguards in the first iteration of its MAiD regime, safeguards that were explicitly designed to protect vulnerable persons. However, publicly available data on the regime's operation demonstrates that several of the aforementioned concerns had already become reality prior to the COVID-19 pandemic:

MAiD is becoming a medical "solutions" for cases of existential/social suffering:

⁶ Derek Ross and Garifalia Milousis, "Bill C-7 Is Now Law: What Does That Mean For Canadians?", Christian Legal Fellowship (26 March 2021), online (blog): <https://www.christianlegalfellowship.org/blog/2021/3/26/bill-c-7-is-now-law>.

- Of the reported 5,631 patients who received MAiD in Canada in 2019, the nature of their suffering was characterized as: “loss of dignity” (53.3%); “perceived burden on family, friends, or caregivers” (34.0%); “isolation or loneliness” (13.7%), “emotional distress/anxiety/fear/existential suffering” (4.7%).⁷ Of the 7,384 patients who received MAiD in Canada in 2020, the nature of their suffering was characterized as: “perceived burden on family, friends or caregivers” (35.9% or 2,650 people); “isolation or loneliness” (18.6% or 1,373 people); and “emotional distress/anxiety/fear/existential suffering” (5.6% or 413 people).⁸
- In the province of Quebec, the presence of psychological suffering contributed to 94% of MAiD cases, including: “loss of meaning in life, [...] dependence on others, [and] the perception of being a burden on one’s loved ones”.⁹

MAiD is being provided where alternative supports are needed but not accessible:

- In 2019, at least 87 patients who died by MAiD required disability support services but could not access them.¹⁰ An additional 1,996 patients died by MAiD after they had access to disability support services, but the adequacy of those supports is unknown.¹¹ In 2020, at least 123 patients who died by MAiD required disability support services but could not access them.¹²
- In 2019, at least 91 patients died by MAiD who needed, but had no access to, palliative care.¹³ In 2020, an additional 126 patients who died by MAiD needed palliative care and yet neither received nor were able to access it.¹⁴

Safeguards are not always being followed:

- According to the Chief Coroner of Ontario’s review of 2,000 MAiD cases, “case reviews have demonstrated compliance concerns with both the Criminal Code and regulatory body policy expectations, some of which have recurred over time.”¹⁵
- According to the Quebec end-of-life commission, at least 62 cases in Quebec from 2015-2018 did not fully comply with federal and/or provincial law.¹⁶

⁷ Health Canada, “First Annual Report on Medical Assistance in Dying in Canada, 2019” (July 2020) online: <<https://www.canada.ca/content/dam/hc-sc/documents/services/medical-assistance-dying-annual-report-2019/maid-annual-report-eng.pdf>> at p 32 [2019 MAiD Annual Report]. More than one answer could be selected.

⁸ Health Canada, “Second Annual Report on Medical Assistance in Dying in Canada, 2019” (June 2021) online: https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2020.html#4_3_chart [2020 MAiD Annual Report]. More than one answer could be selected.

⁹ *Truchon c Procureur General du Canada*, 2019 QCCS 3792 at para 210(e) [*Truchon*].

¹⁰ 2019 MAiD Annual Report at p 24.

¹¹ 2019 MAiD Annual Report at p 24.

¹² 2020 MAiD Annual Report.

¹³ 2019 MAiD Annual Report at p 24-25.

¹⁴ 2020 MAiD Annual Report.

¹⁵ Dirk Huyer, “Medical Assistance in Dying Update”, Office of the Chief Coroner (October 9, 2018) online: <<https://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/OfficeChiefCoroner/Publicationsandreports/MedicalAssistanceDyingUpdate.html>> [2018 Chief Coroner of Ontario MAiD Update].

¹⁶ See discussion below.

- The Canadian government’s Second Annual MAiD Report reveals that meaningful safeguards designed to protect the most marginalized and vulnerable—on which rests the Supreme Court of Canada’s entire theory of a permissive regime being possible in Canada, as articulated in *Carter*—are failing to be properly adhered to. For instance, in 2020, when seeking to ascertain whether the MAiD request was voluntary and not the result of external pressure, MAiD providers reported that they did not discuss the MAiD request with the patient directly in at least 59 cases.¹⁷
- In his 2019-2020 Annual Report, Canada’s Chief Correctional Officer reported that there were three known cases of MAiD in Canada’s corrections system, and in each case he “found a series of errors, omissions, inaccuracies, delays, and misapplications of law and policy”, including one case where, having been denied all forms of parole that were available to him, one inmate “‘chose’ MAiD not because that was his ‘wish,’ but rather because every other option had been denied, extinguished or not even contemplated.” The Chief Correctional Officer concluded “that the decision to extend MAiD to federally sentenced individuals was made without adequate deliberation by the legislature.” He noted that “there is no legal or administrative mechanism for ensuring accountability or transparency for MAiD in federal corrections”, which he concluded was “an oversight that demands correction.” Finally, he stated that having Canada’s correctional authority facilitate MAiD in penitentiaries in “exceptional circumstances” is “simply incongruent with [the Correctional Service of Canada’s] obligation to protect and preserve life.”¹⁸

International Concerns, Expanding MAiD, and COVID-19

Even prior to the COVID-19 pandemic, CLF and others advised the Canadian government that these trends were indicative of Canada’s ongoing failure to meet its domestic and international obligations to persons living with disabilities. The former UN Special Rapporteur on the rights of persons with disabilities also called on the Government of Canada at that time to investigate “worrisome information about persons with disabilities in institutions being pressured to seek MAiD” and urged Canada to ensure that viable alternatives are offered.¹⁹

Approximately 27 months have passed since that report and, unfortunately, to the best of our knowledge, there has yet to be any response from the government. In fact, rather than recognizing and responding to these concerns, the Government of Canada arguably further exacerbated the situation by expanding the MAiD regime via Bill C-7.²⁰

¹⁷ 2020 MAiD Annual Report. See also Garifalia Milousis, “[Second Annual Report on Medical Assistance in Dying Reveals Concerning Trends](https://www.christianlegalfellowship.org/blog/2021/7/7/second-annual-report-on-medical-assistance-in-dying-reveals-concerning-trends)”, *Christian Legal Fellowship* (7 July 2021), online (blog): <https://www.christianlegalfellowship.org/blog/2021/7/7/second-annual-report-on-medical-assistance-in-dying-reveals-concerning-trends>.

¹⁸ Ivan Zinger, “2019-2020 Annual Report: Office of the Correctional Investigator”, *The Correctional Investigator, Canada* (October 27, 2020) at 2-4.

¹⁹ *Canada Report*, *supra* note 2 at 13.

²⁰ CLF and others have repeatedly urged the government to respond to these and numerous other concerns raised by UN actors regarding Canada’s MAiD regime. See, for example, CLF’s “Letter to Members of Parliament and Senators” (8 February 2021), online:

The passage of Bill C-7 in March 2021 redefined MAiD and its role in Canadian society by removing the requirement that a patient's natural death be "reasonably foreseeable". As Professor Catherine Frazee has observed, this recent expansion fundamentally reinvents MAiD "so that it is no longer an alternative to a painful death, but for some, instead, an alternative to a painful life". Bill C-7's resulting effect is to "embrace uncritically the notion that suffering associated with disability is a burden greater than death and that termination of such a life is a 'benefit' worthy of protection in law."²¹ Bill C-7 enshrines the notion that terminating a life *is* an appropriate response to the non-life-threatening suffering produced by even a medically manageable condition or disability, at least in certain contexts. Additionally, the Bill removed or diminished several key safeguards that were intended to protect vulnerable persons.

That Canada's MAiD regime now undermines Canada's international legal obligations under the UNCRPD has been identified multiple times by UN experts, most recently in a joint letter issued by the UN's Special Rapporteur on the rights of persons with disabilities, the UN's Independent Expert on the enjoyment of all human rights by older persons, and the UN's Special Rapporteur on extreme poverty and human rights. In their February 2021 letter, these UN experts stated that, if passed, Bill C-7 would:

1. be inconsistent with Article 3 of the *Universal Declaration of Human Rights*, Article 6(1) of the *International Covenant on Civil and Political Rights (ICCPR)*, and Article 10 of the *Convention on the Rights of Persons with Disabilities* (p. 4);
2. "be contrary to Canada's international obligations to respect, protect and fulfil the core right of equality and non-discrimination of persons with disabilities" (p. 4);
3. create and/or reinforce negative, ableist social assumptions, including that "it is better to be dead than to live with a disability" (p. 5);
4. have a discriminatory impact, by "singling out the suffering associated with disability as being of a different quality and kind than any other suffering" and thereby potentially subjecting "persons with disabilities to discrimination on account of such disability" (p. 6); and
5. "result in a two-tiered system in which some would get suicide prevention and others suicide assistance, based on their disability status and specific vulnerabilities" (p. 7).²²

This letter is only the most recent in a long line of UN reports since 2017, all of which express grave concern regarding Canada's implementation of MAiD. As stated above, to date, we know of no

<https://static1.squarespace.com/static/57503f9022482e2aa29ab3af/t/6022d4f0e9663b112557b9bf/1612895472671/CLF+Letter+to+Members+of+Parliament+and+Senators+re+Bill+C-7+-+8+February+2021.pdf>. CLF also released a Joint Lawyers' Statement on this issue, endorsed by over 140 Canadian lawyers and law students. See "Joint Lawyers' Statement: An Open Letter to Parliament Re: Bill C-7", Christian Legal Fellowship (14 October 2020), online: <https://www.christianlegalfellowship.org/billc-7>

²¹ Catherine Frazee, "Remarks for End of Life, Equality & Disability: A National Forum on Medical Assistance in Dying", Council of Canadians with Disabilities and the Canadian Association for Community Living (January 31, 2020) online: <<https://vimeo.com/388515714>>.

²² *Supra* note 3.

specific response from the Government of Canada to these concerns, or to the recommendations proposed in the UN reports, which we summarize below, for your reference:

- In **May 2017**, the [UN Committee on the Rights of Persons with Disabilities](#) expressed concerns about Canada’s “adoption of legislation that provides for medical assistance in dying, including on the grounds of disability” and issued a number of recommendations.
- In **April 2019**, Catalina Devandas-Aguila, former [UN Special Rapporteur on the rights of persons with disabilities](#), completed her visit to Canada and expressed that she was “extremely concerned about the implementation of the legislation on medical assistance in dying from a disability perspective”.
- In **December 2019**, the former UN Special Rapporteur repeated these concerns in her [final report](#) and made numerous recommendations to the Government of Canada to address them; she further expressed concern to the UN Human Rights Council that “[t]he recent [*Truchon*] judgment of the Superior Court of Quebec might put additional pressure on persons with disabilities”.
- In **March 2020**, the UN Human Rights Council [received a report](#) from the UN Special Rapporteur on the rights of persons with disabilities, which expressed concern about ableist stereotypes in debates that impact the rights of persons with disabilities, including those related to assisted dying; the report identified multiple serious risks posed by “legalizing euthanasia and assisted suicide”, especially when “normalized outside the end stage of terminal illness”.
- In **January 2021**, Gerard Quinn (the Special Rapporteur on the rights of persons with disabilities), Olivier De Schutter (the Special Rapporteur on extreme poverty and human rights), and Claudia Mahler (the Independent Expert on the enjoyment of all human rights by older persons) issued a [joint statement](#) expressing “alarm” about legislation that would expand access to assisted dying “based largely on having a disability or disabling condition”, emphasizing that “[d]isability should never be a ground or justification to end someone’s life directly or indirectly”;
- In **February 2021**, these three UN experts [further observed](#) that the concerns expressed in previous UN reports “appear heightened with respect to [Bill C-7] and especially because it appears irremediably entangled in ableist assumptions about persons with disabilities.”

These concerns with Canada’s MAiD regime, which remained unaddressed *before* the onset of COVID-19, have been exacerbated by the pandemic. Many forms of existential suffering that were prompting people to seek MAiD prior to 2020 have increased due to the pandemic.²³ Access to healthcare and community supports have also been interrupted and delayed in many places.²⁴ It is also

²³ “Statement of Catalina Devandas Aguilar” August 10, 2020, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability at paras 17, 29-31, online: https://www.ohchr.org/Documents/Issues/Disability/SR_Disability/20200810_StatementCatalinaDevandas.pdf [*Statement*]; Mental Health Commission of Canada, “COVID-19 and suicide: Potential implications and opportunities to influence trends in Canada”, 2020 at 2, 5-7, online: https://www.mentalhealthcommission.ca/sites/default/files/2020-11/covid19_and_suicide_policy_brief_eng.pdf [*Mental Health*].

²⁴ *Statement, supra* note 14 at paras 23-25; *Mental Health, supra* note 14 at 7.

widely recognized that those with disabilities and members of other marginalized communities are disproportionately burdened by these difficulties.²⁵

In light of these facts, any plans to “build back better” from COVID-19 must include member states’ renewed attention to fulfilling their international obligations to persons with disabilities.

Conclusion & Recommendation

Canada’s MAiD regime is now among the most permissive in the world, creating considerable risk to the wellbeing of persons with disabilities. The initial concerns of the former UN Special Rapporteur have yet to be addressed, and the risks of exploitation, abuse, coercion, and external pressure experienced by persons with disabilities to choose MAiD have now increased significantly due to the passage of Bill C-7 and the onset of the pandemic.

When making changes to Canada’s MAiD regime, the Government of Canada should have meaningfully responded to the End of Mission Statement of the former UN Special Rapporteur on the rights of persons with disabilities, wherein Ms. Catalina Devandas-Aguilar communicated her serious concerns about “significant shortcomings” in the way all levels of Canadian government “respect, protect and fulfill the rights of persons with disabilities”. Specifically, Ms. Devandas-Aguilar noted that there was a lack of protocol to “demonstrate that persons with disabilities have been provided with viable alternatives when eligible for assistive dying” and that she had received “worrisome claims about persons with disabilities in institutions being pressured to seek medical assistance in dying, and practitioners not formally reporting cases involving persons with disabilities.”²⁶

CLF has urged the Canadian government to prioritize addressing these concerns and ensuring that Canadians receive medical assistance in *living* before considering amendments to expand, or remove safeguards around, access to MAiD. Unfortunately, these efforts have not generated meaningful action. Now, we turn to the international community. We call on this Committee to champion the rights of persons with disabilities in Canada by continuing to decry Canada’s shortcomings in fulfilling its international obligations to uphold the rights of persons with disabilities.

²⁵ *Statement, supra* note 14 at paras 11, 19-21; BC Centre for Disease Control, “Impacts of the COVID-19 Pandemic on the Health and Well-Being of Young Adults in British Columbia”, July 2021 at 5 & 31-33, online: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-Impacts/BCCDC_COVID-19_Young_Adult_Health_Well-being_Report.pdf. Experts have observed that persons with disabilities may experience a “traumatic impact” from the sudden isolation; see Cherise Seucharan, “Some people with disabilities have been isolated in their care homes for months. Experts say it could lead to an ‘avalanche’ of mental-health issues”, *The Globe and Mail* (14 September 2020), online: <https://www.theglobeandmail.com/canada/article-some-people-with-disabilities-have-been-isolated-in-their-care-homes/>. Disability rights organizations have also spoken out against the disproportionate impact that policy responses to COVID-19 have had on persons with disabilities, noting especially the heightened risks that these oversights can have when “combined with lasting impacts of isolation”; see Carolyn Abel and Jonathan Lai, “Disabled Canadians ignored in policies on COVID-19”, *Policy Options* (2 October 2020), online: <https://policyoptions.irpp.org/magazines/october-2020/disabled-canadians-ignored-in-policies-on-covid-19/>. These comments about the traumatic impact and lasting effects of isolation—especially on persons with disabilities—are uniquely concerning in light of the rise in patients accessing MAiD due to “isolation/loneliness”.

²⁶ *End of Mission Statement, supra* note 2.

CLF sincerely hopes that this Committee will investigate these matters and call for immediate action from the Government of Canada. The time to act is now. The loss of even one innocent life is one too many.

Thank you for your consideration of these submissions.