Overview

Many countries have grappled with the complex issues around death, and the medical care provided at the end of a person’s life. This has led to many parliamentary attempts at law reform in the area. The first known attempt to decriminalise euthanasia was in the United States’ state of Ohio, where a bill was defeated in 1906.¹ The first jurisdiction to successfully do so was the Northern Territory of Australia between 1995 and 1997.² There is ongoing legislative and judicial action occurring in various jurisdictions (at both national and subnational levels).

This paper examines some of the acts and bills on assisted dying that overseas parliaments have considered. Recent professional and public opinion are also outlined for Commonwealth countries given their relevance to New Zealand.³ An accompanying Research Paper titled Assisted Dying in New Zealand reviews the situation in New Zealand.

Caution is advisable when using surveys as their terminology, questions and nature of polling can influence the outcomes while margins of error and sample sizes vary.

Terminology

There are different terms used to describe assisted dying. The most common include physician-assisted suicide, physician-assisted dying, medically-assisted dying, aid in dying, death with dignity, euthanasia, and voluntary euthanasia. A distinction is commonly made between assisted suicide as “providing another with the knowledge or means to intentionally end his or her own life” and euthanasia as a “deliberate action undertaken by one person with the intention of ending the life of another person to relieve that person’s suffering where that act is the cause of death”.⁴ Although this is a common distinction, it is not universally employed.

The 2017 New Zealand Health Committee report for Petition 2014/18 of Hon Maryan Street and 8,974 others noted the varied use of terminology. Medical professionals, lawyers, and ethicists preferred technical terms (such as physician-assisted suicide and euthanasia) while lay people tended to employ more varied and diverse terms. These often reflected their underlying beliefs on assisted dying.⁵

Policy issues

Assisted dying legislation varies along three policy dimensions.⁶

The first dimension is the types of people who are allowed to provide assistance, and the nature of that assistance. This includes rules around whether medical professionals must be involved, and whether access to fatal doses of medication can be facilitated through prescription or supply, or whether medication can (or must) be administered by the medical professional, the patient, or a third party.

The second dimension is the criteria a person must meet to qualify to access assisted dying. There are frequently limitations on age and citizenship for qualifying patients. The type of medical conditions that make a

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² End-of-Life Decision Making The Royal Society of Canada Expert Panel (November 2011) at 76.
³ Opinions also are not outlined for other case-studies given this paper’s brevity, surveys not necessarily having been undertaken in English, and the complexity of countries such as the United States where laws and opinions can differ significantly across states.
⁴ Assisted Suicide Dalhousie Health Law Institute.
⁵ The Petition 2014/18 of Hon Maryan Street and 8,974 others Health Committee (August 2017) at 7.
⁶ Legislative Background: Medical Assistance in Dying (Bill C-14, as Assented to on June 17, 2016) Government of Canada Department of Justice at Part 2.
person eligible can vary, and generally rules specify whether a person must have a terminal illness, and whether mental health conditions (in the absence of a physical condition) are sufficient.

The third dimension is the specific process around accessing assisted dying, and the safeguards in place to ensure vulnerable people are protected. These processes can include multiple opinions from medical professionals, requiring those involved to be neutral and specifically trained, and monitoring and reporting mechanisms.

Debates on assisted dying often include discussion on the role and nature of palliative care. For example, the 2017 New Zealand Health Committee report for The Petition 2014/18 of Hon Maryan Street and 8,974 others noted that “palliative care services were a common focus in the submissions process”. Similarly, in Australia some submitters to a 2014 Senate inquiry commented on the impact on palliative care of assisted dying legislation. Many jurisdictions that have passed assisted dying legislation have also increased their focus on palliative care. This resulted in a statutory right to palliative care in Belgium and Luxembourg, and improved palliative services in Oregon. In some cases, a middle ground between palliative care and assisted dying has been sought. France legislated in 2016 to allow ‘palliative sedation’, in which terminally-ill patients can be put into a “deep and continued sedation, altering consciousness until death”.

Commonwealth countries

Australia

Assisted dying has been considered in parliament at both the Commonwealth and state/territory level.

The Northern Territory (NT) passed the Rights of the Terminally Ill Act in 1995. Between 1995 and 1997 this meant that assisted suicide and euthanasia were options for competent adult patients with a terminal illness that caused them severe pain and suffering. In 1997 the Commonwealth Parliament passed the Euthanasia Laws Act 1997. This overrode the NT Act, and removed from the Northern and Australian Capital Territories and Norfolk Island the ability to make laws regarding assisted dying. The Commonwealth Parliament is granted the ability to overrule territorial laws by section 122 of the Australian Constitution. Two private senator’s bills to restore the right to make assisted dying legislation to Legislative Assemblies of the two territories and Norfolk Island are currently before the Senate.

In 2014 the Medical Services (Dying with Dignity) Exposure Draft Bill 2014 was prepared by Senator Richard Di Natale, and referred by the Senate to its Legal and Constitutional Affairs Legislation Committee for inquiry. It was reported on in 2014, and the Government's response to the report was tabled on 23 November 2016.

At least three state parliaments are considering (or have recently considered) bills.

Links

Bill – Voluntary Assisted Dying Bill 2017 (New South Wales [NSW])

Introduced 21 September 2017, defeated 16 November 2017

Vote total Ayes 19, Noes 20

Parliamentary Debates – Legislative Council Second Reading (21 Sept, 16 Nov, 16 Nov)

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7 The Petition 2014/18 of Hon Maryan Street and 8,974 others Health Committee (August 2017) at 40.
10 “New French law creates right to terminal sedation” Georgetown University (January 2016).
12 Euthanasia, human rights and the law issues paper at 19-20.
Bill - Voluntary Assisted Dying Bill 2017 (Victoria)

Introduced 20 September 2017, royal assent 5 December 2017 (Act here)

Vote total Ayes 22, Noes 18

Background – Parliamentary Inquiry into end of life choices
Parliamentary Debates – Legislative Assembly and Legislative Council

Bill – Death with Dignity Bill 2016 (168) (South Australia)

Introduced 20 October 2016, defeated 17 November 2016

Parliamentary Debates – House of Assembly

Professional opinion

Various opinions on assisted dying have been expressed by health professionals.

Australian Medical Association (AMA): Doctors should not be involved in interventions that have as their primary intention the ending of a person’s life.14

Australian Nursing Federation: Members have the right to hold their own opinion on voluntary euthanasia, and for this opinion to be respected. In the event that voluntary euthanasia becomes legalised they also have the right to conscientiously object to participating in voluntary euthanasia.15

Palliative Care Australia: Compassion, dignity, respect and participation in decision-making are important to all and integral to delivery of high quality palliative care and end-of-life care. A request for euthanasia or physician assisted suicide requires a respectful and compassionate response.16

It was reported in June 2017 that about 60 percent of doctors supported the NSW Voluntary Assisted Dying Bill, and less than 30 percent opposed. These findings were based on the market research company Ekas emailing a database of 4,000 NSW doctors it deemed “opinion leaders” with about 500 responses. A sample of about 100 nurses found 80 percent in favour of the law reform, and opposition below 10 percent.17

AMA President Michael Gannon in November 2016 said 4,000 members responded to a survey about their views on assisted suicide and voluntary euthanasia. 50 percent said doctors should not be involved in euthanasia or physician-assisted suicide, 38 percent said they should be and 12 percent neither agreed nor disagreed. While most respondents said they did not personally want to provide euthanasia or assist a suicide, the majority said doctors should be the ones to do this work.18 Earlier that year an Australian Doctor poll of approximately 370 medicos found about 65 percent of doctors supported a law change on physician-assisted suicide if strict conditions – such as patients nearing the end of their lives and suffering “intolerable pain” – were met.19

Public opinion

An August 2017 nationwide poll of 1,032 people conducted by Essential Research found that 73 percent of Australians supported voluntary assisted dying with 15 percent opposed. Respondents were asked: “If someone

14 Euthanasia and Physician Assisted Suicide – AMA Position Statement, Australian Medical Association (AMA) (2016). As with all opinions expressed by professional groups, please see the relevant link for that group’s position in full.
16 Euthanasia and Physician Assisted Suicide Position Statement Palliative Care Australia (August 2016).
17 Ibid.
18 “Four in 10 doctors want voluntary euthanasia, Australian Medical Association survey shows” The Sydney Morning Herald (24 November 2016).
19 “Euthanasia survey hints at support from doctors, nurses and division” The Sydney Morning Herald (24 June 2017).
with a terminal illness who is experiencing unrelievable suffering asks to die, should a doctor be allowed to assist them to die?”

Findings based on 201,404 respondents who participated in Vote Compass during May 2016 indicated that 75 percent believed that terminally ill patients should be able to legally end their own lives with medical assistance.

The Australian Election Study in the three months following the 2 July 2016 general election found that 77 percent supported medically-assisted euthanasia. The survey was based on interviews with 2,818 people.

Canada

Historically all forms of euthanasia and assisted suicide were a criminal offence, but the Supreme Court in 2015 found that this prohibition violated section 7 of the Canadian Charter of Rights and Freedoms that “Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice”. The Supreme Court’s declaration was suspended for a period of months so the government could undertake appropriate policy work and propose legislation.

An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) came into force in June 2016. It created a regulatory framework in Canada that allows capable adult patients to request medical assistance in dying (both assisted suicide and voluntary euthanasia). They must have a grievous and irremediable medical condition, and meet additional medical criteria. Foreigners visiting Canada and those not eligible for government-funded healthcare cannot access such assistance. There are various procedural safeguards and requirements that must be satisfied in each case, and a monitoring regime is established. The government is also undertaking additional consultation on allowing further categories of people (such as mature minors) to access medical assistance in dying.

Links

Bill - Medical Assistance in Dying Act (Bill C-14)

Introduced 14 April 2016, Royal assent 17 June 2016 (Act here)

Background – Carter v Canada (Supreme Court of British Colombia), Carter v Canada (Attorney General) (Supreme Court of Canada), Legislative background

Parliamentary Debates – House of Commons and Senate

House of Commons Committee Report – Standing Committee on Justice and Human Rights

Senate Committee Report – Standing Senate Committee on Legal and Constitutional Affairs

Professional opinion

Canadian Medical Association (CMA): Medical aid in dying, within legal constraints, may be appropriate when patients experience such a degree of suffering, even with access to palliative and end of life care, that they request medical aid in dying. The CMA supports patients’ access to the full spectrum of legal end of life care. It supports the right of all physicians, within the bounds of existing legislation, to follow their conscience when deciding whether to provide medical aid in dying.

20 “Voluntary assisted dying supported by 73% of Australians, poll finds” The Guardian (1 September 2017).
21 “Vote Compass: Aussies want it, but euthanasia still a ‘great untouched issue’” ABC News (26 May 2016).
22 “Voter interest hits record low in 2016 - ANU Election Study” Australian National University (20 December 2016).
24 Legislative Background: Medical Assistance in Dying (Bill C-14, as Assented to on June 17, 2016) Government of Canada Department of Justice at Part 1.
25 Ibid.
26 Assisted Suicide Dalhousie Health Law Institute.
It was reported in August 2017 that a straw poll conducted at the CMA annual meeting found 83 percent of delegates supported allowing “advance directives”. For instance, while people with dementia were still competent they could decide they wanted an assisted death at a later time. The informal poll of the 600 delegates also found that 67 percent backed “mature minors” (defined by the poll as those under 18 deemed mature enough to make decisions about their own medical treatment) having access to assisted death. An online survey of 1,407 doctors in June and July 2015 by the CMA found 29 percent said they would consider providing “medical aid in dying” if requested by a patient; 63 percent would refuse.

_Canadian Palliative Care Association:_ The Association opposes legalised euthanasia and assisted suicide.

_College of Family Physicians of Canada:_ The College is aware of the public positions on physician-assisted suicide, and believes that it is important for patients to have these discussions with their family doctor. It “strongly supports a health care system that includes strong resources for palliative care and ensures that we support the dignity and independence of every patient”.

**Public opinion**

In a June 2016 random sampling of public opinion among 2,271 Canadian voters by the Forum Poll, 72 percent favoured the Supreme Court’s ruling in favour of assisted dying.

**United Kingdom**

Several assisted dying bills have been introduced to Parliament in the United Kingdom and Scotland, but none has been successful.

**Links**

Bill (House of Lords) – Assisted Dying 2016-17

Introduced 9 June 2016, no further progress will be made

Bill (House of Commons) – Assisted Dying (No 2 Bill) 2015

Introduced 24 June 2015, defeated 11 September 2015

Parliamentary Debates – Second reading

Briefing paper – House of Commons Library Briefing Paper

Bill (House of Lords) – Assisted Dying 2015-16

Introduced 4 June 2015, no further progress will be made

Bill – Assisted Suicide (Scotland) Bill

Introduced 13 November 2013, defeated 27 May 2015

Parliamentary Debates – Official Report Meeting of the Parliament

Select Committee Report – Stage 1 Report Health and Sport Committee

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28 "CMA poll finds rising support for medically assisted death" _The Globe and Mail_ (23 August 2017).

29 "Majority of doctors opposed to participating in assisted death of patients: CMA survey" _National Post_ (25 August 2015).

30 Canadian Palliative Care Association.

31 Supreme Court of Canada Ruling on Physician-Assisted Suicide in Specific Cases (6 February 2015).

32 "Canadians Favour Advance Consent in Assisted Dying" Forum Research Inc. (8 June 2016).
Professional opinion

**British Medical Association (BMA):** The BMA advocates for all patients to have access to the highest-quality end-of-life care, and opposes assisted dying in all its forms.33

The National Council for Palliative Care, the Association for Palliative Medicine of Great Britain and Ireland, and the National Palliative Care Nurse Consultants Group oppose legalising medically assisted suicide for terminally ill people.34

**Royal College of Nursing (RCN):** The College has a neutral stance on assisted dying for terminally ill people.35

**Royal College of Physicians (RCP):** The RCP opposes a law change on assisted dying.36 The College consulted with members from May to October 2013. 77 percent of members who submitted response forms directly to the College (234 people) supported continued opposition to a change.37

An October 2017 poll asked whether doctors agreed that assisted dying should be made legal in defined circumstances. Of the 733 who participated, 55 percent agreed or strongly agreed with the proposition. 43 percent were against assisted dying and 2 percent had no opinion.38 MedeConnect interviewed 1,000 General Practitioners in England (947) and Wales (53) during May 2015. The poll asked doctors what, if anything, they would be prepared to undertake (from a list of options) if assisted dying became legal. 39 percent would conduct an assessment of the patient’s request, 21 percent would prescribe the life-ending medication if a court had declared the patient eligible, and 11 percent would deliver the medication to the patient’s home and be present when they took it. 49 percent stated they would not want to be involved at all.39

Public opinion

According to the 2016 British Attitudes Survey, majorities believed that the law should definitely or probably allow a doctor to end the life of someone with an incurable and painful illness from which they will die (78 percent), and to allow a doctor to end the life of someone with an incurable and painful illness from which they will not die (51 percent). 50 percent said that the law should definitely or probably allow a doctor to end the life of someone who is dependent on relatives for all of their needs, but not in pain or danger of death, and 39 percent allow a close relative to end the life of someone with an incurable and painful illness from which they will die.40

In March 2015 Populus interviewed a random sample of 5,018 adults online across Great Britain. It found that 82 percent favoured a law change regarding assisted dying.41

Europe

Various European parliaments have been considering legislation on assisted dying. The Portuguese Assembly of the Republic is considering several different and controversial proposals.42 Triggered by a public petition, the Parliament of Finland held a debate in 2017.43 In Germany a 2015 bill allowed assisted suicide conducted for

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33 End-of-life care and physician-assisted dying British Medical Association (21 April 2017).
34 Joint Statement on the Assisted Dying (No. 2) Bill 2015–16 National Council for Palliative Care, the Association for Palliative Medicine of Great Britain and Ireland and National Palliative Care Nurse Consultants Group (September 2015).
35 RCN position statement on assisted dying Royal College of Nursing (6 November 2014).
37 Assisted Dying Consultation Analysis Royal College of Physicians (January 2014) at 1.
38 "Assisted dying case ‘stronger than ever’ with majority of doctors now in support" iNews (7 February 2018).
39 "Patients would trust doctors more if assisted dying was legal" Dignity in Dying (1 June 2015).
42 "Will Portugal pull the plug?" Politico (20 April 2017).
43 "MPs still divided on euthanasia, united on need for universal end of life care" Yie (4 March 2017).
 altruistic motives. However, in 2016 the lower house (Bundestag) of the German Parliament voted to ban assisted suicides when performed by associations on a ‘business’ basis.

Belgium

The Belgian Act on Euthanasia passed in May 2002. It was designed to stop the practice of administering life-ending drugs without an explicit request (a practice known as LAWER), as sometimes occurred. Competent patients can request euthanasia from doctors if they are in a medically hopeless condition of continuous and unbearable physical and mental suffering that cannot be alleviated, and results from a serious and incurable disorder caused by illness or accident.

The law was expanded in 2014 to allow children access to euthanasia, with narrower criteria and stricter safeguards than adults that must be met. The criteria include constant and unbearable physical (but not psychological) pain, likely death in the short-term, and parental permission.

All euthanasia deaths require procedural requirements to be satisfied, and these are more rigorous if the patient is not terminal. All deaths must be reported to the Federal Control and Evaluation Commission (FCEC) which verifies that the correct procedures were followed, and provides statistical reports to the legislature every two years. While the law only refers to euthanasia, the FCEC has determined it also covers suicide where a physician has assisted by prescribing or supplying the drugs.

Luxembourg

The Law on euthanasia and assisted suicide passed in 2009. It provides conditions that give doctors a defence to Article 397 of the Penal Code, which makes euthanasia a form of murder. Capable adult patients suffering constant and unbearable physical or mental suffering without hope of recovery can request euthanasia or assisted suicide from a doctor. Various procedural requirements need to be satisfied, and all deaths must be reported to the Commission Nationale de Controle et d'Evaluation, which monitors compliance.

The passage of the law prompted significant change to Luxembourg’s constitutional arrangements. Monarch Grand Duke Henri refused to sign the bill into law, objecting on grounds of his personal conscience. This prompted the Parliament to amend the constitution and remove the monarch from the legislative process, making the role largely ceremonial.

The Netherlands

The Termination of Life on Request and Assisted Suicide (Review Procedures) Act passed in 2002. It provides conditions that give doctors an exception from Articles 293-294 of the Penal Code, which make euthanasia a form of murder. The Act codified the practice of euthanasia that had developed through judicial decisions and professional guidelines since the 1970s. Patients who suffer unbearably and have no prospect of improvement

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44 “Assisted Suicide Law In Germany Passes Despite Concerns Over Nazi Association” International Business Times (11 June 2015).
45 “Bundestag votes against ‘commercial’ assisted suicides” World Affairs (5 November 2015).
47 Legislative Background: Medical Assistance in Dying (Bill C-14, as Assented to on June 17, 2016) Government of Canada Department of Justice at Part 2.
48 Ibid.
49 Carter v. Canada (Attorney General) 511-515.
50 “Luxembourg is to allow euthanasia from 1 April” BMJ 338 (1248) (2009).
52 Carter v. Canada (Attorney General) at 455.
53 Carter v. Canada (Attorney General) at 457.
may request assistance from a doctor to die. The patients do not have to be terminally ill. The Act does not distinguish between euthanasia and assisted suicide, and applies to both. Various procedural requirements need to be satisfied, and all deaths must be reported to a Regional Review Committee (RRC). The RRCs review and evaluate all cases to ensure that all requirements are met.

**United States**

Assisted dying is an issue that states can legislate on, and five states have done so. In three of these states, the legislative processes were driven by referendums held at election time known as ballot measures. Additionally the Supreme Court in the state of Montana has ruled on the issue (see Avenues of Change section below for details).

**Oregon:** Following a successful ballot measure in 1994, the Death with Dignity Act was enacted in 1997. There were several legal challenges prior to implementation.

**Washington:** Following a successful ballot measure in 2008 the Washington Death with Dignity Act came into effect in 2009.

**Vermont:** The Patient Choice and Control at End of Life Act was passed in 2013.

**California:** The End of Life Option Act was passed in 2015.

**Colorado:** Following the successful passage of Proposition 106 in November 2016 the Colorado End-of-Life Options Act was created.

**District of Columbia:** The Death with Dignity Act was passed in 2016.

**Hawaii:** The Our Care, Our Choice Act was passed in 2018.

The Washington, Vermont, California, and Colorado Acts are modelled on the Oregon Act. Adult patients who are deemed capable and have a terminal diagnosis can request assisted suicide from a doctor if they are a resident of the state in question. Procedural requirements need to be satisfied, and deaths must be reported to the state Department of Health or Public Health, which monitors compliance and issues annual statistical reports.

**Links**

Oregon Health Authority [Death with Dignity Act Annual Reports](#)

Washington State Department of Health [Death with Dignity Act Annual Reports](#)

Vermont Department of Health [Patient Choice and Control at End of Life Statistical Reports](#)

California Department of Public Health [End of Life Option Act Annual Reports](#)

Colorado Department of Public Health & Environment [Medical Aid in Dying Annual Reports](#)

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57 Carter v. Canada (Attorney General) at 462.
58 End-of-Life Decision Making at 78.
59 Carter v. Canada (Attorney General) at 456.
60 Carter v. Canada (Attorney General) at 465.
61 End-of-Life Decision Making at 80.
62 Legislative Background: Medical Assistance in Dying (Bill C-14, as Assented to on June 17, 2016) Government of Canada Department of Justice at Part 2; and Colorado passes medical aid in dying; joining five other states The Denver Post (8 November 2016).
63 Physician Assisted Death (PAD) Vermont Ethics Network: Carter v. Canada (Attorney General) at 393-402; and Legislative Background: Medical Assistance in Dying (Bill C-14, as Assented to on June 17, 2016) Government of Canada Department of Justice at Part 2.
Avenues of change: Courts and existing law

This paper focuses on how various parliaments have approached assisted dying, including parliamentary action as prompted by popular votes in several states of the United States. Change has also occurred through other means. In some places, there have been changes in practice without concurrent changes to law. The implementation of prosecutorial charging guidelines in the United Kingdom has allowed the exercise of discretion with regards to charging those involved in assisted suicide.64

In some jurisdictions, changes to the law have been pursued solely through the courts, without related parliamentary action.

- In South Africa in 2015, a High Court ruling held that a terminally ill patient with intractable suffering was entitled to commit suicide with the assistance of their doctor, whose conduct would not be unlawful.65 In 2016 this was set aside on appeal (Minister of Justice and Correctional Services and Others v Estate Late Stranash-Ford and Others), and the judgment noted that the intervention of Parliament would be welcome.66

- In the United States a 2009 Montana Supreme Court ruling in Baxter v State removed legal obstacles to assisted suicide.67 There is no legislative or regulatory framework in place; no legislation or regulation limits or restricts the use of assisted suicide. There is no reporting mechanism, and no statistics are collected or published.

- A ruling by the Colombian Constitutional Court in 1997 found that ending a life was not a crime where a terminal patient requested it.68 This was reaffirmed in a 2014 Constitutional Court ruling.69 However, there were no explicit statutory or regulatory provisions governing ending a life until 2015, when the Government provided a detailed federal policy through the publication of Resolution 1216. Adults with a short-term prognosis of death because of a serious condition that is progressive and irreversible can request euthanasia from a doctor.70

Switzerland is an unusual case. Article 115 of the Swiss Federal Criminal Code means that, in the absence of selfish motives, assisting another person to commit suicide is not a crime.71 This is not a recent change, as the provision dates back to the first federal penal code, developed in 1918.72 However, euthanasia is considered death on request, and is not permitted and is an offence under Article 114.73 Adults with legal capacity can request assistance to commit suicide and there are no medical requirements.74 Doctors do not have to be involved, and it is reported that the vast majority of deaths are not directly supervised by doctors.75 There are four right-to-die organisations that assist people to commit suicide, and provide the framework under which the majority of assisted suicides occur. Both Swiss citizens and foreigners can seek assistance from these organisations.76

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64 End-of-Life Decision Making at 97.
65 MCQUOID-MAISON, David J. “Assisted suicide and assisted voluntary euthanasia: Stranash-Ford High Court case overruled by the Appeal Court – but the door is left open”, South African Medical Journal 107 (5) (2017) at 381-382.
66 Minister of Justice and Correctional Services and Others v Estate Late James Stranash-Ford and Others (531/2015) [2016] ZASC 197; [2017] 1 All SA 354 (SCA); and 2017 (3) BCLR 364 (SCA); 2017 (3) SA 152 (SCA) (6 December 2016) 101.
67 End-of-Life Decision Making at 72.
69 The English language summary is here.
70 Legislative Background: Medical Assistance in Dying (Bill C-14, as Assented to on June 17, 2016) Government of Canada Department of Justice at Part 2.
71 Carter v. Canada (Attorney General) at 591.
73 Carter v. Canada (Attorney General) at 590.
74 Carter v. Canada (Attorney General) at 591-592.
75 End-of-Life Decision Making at 81.
76 Carter v. Canada (Attorney General) at 594.