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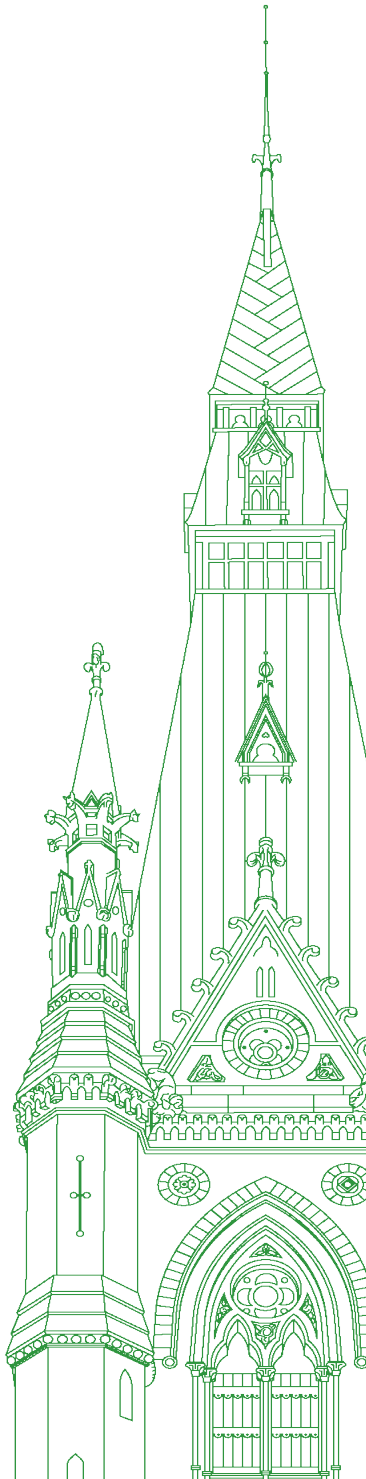
House of Commons Debates

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Speaker: The Honourable Francis Scarpaleggia

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HOUSE OF COMMONS

Monday, November 16, 2026

The House met at 11 a.m.

Prayer

● (1100)

[*Translation*]

Hon. François-Philippe Champagne (Minister of Finance and National Revenue, Lib.): Mr. Speaker, pursuant to Standing Order 32(2), I am tabling a copy of a bill that the government intends to table in the House in the coming days.

PRIVATE MEMBERS' BUSINESS

[*English*]

YOUTH CRIMINAL JUSTICE ACT

The House resumed from October 6 consideration of the motion that Bill C-231, An Act to amend the Youth Criminal Justice Act, be read the third time and passed.

Brad Vis (Mission—Matsqui—Abbotsford, CPC): Mr. Speaker, I rise today in support of Bill C-231, David's law, which recognizes the serious risks young Canadians face as our country continues to confront a devastating opioid and toxic drug crisis. Bill C-231 would strengthen the ability of police and courts to direct youth toward treatment programs early, before situations escalate. It would expand the use of extrajudicial measures so that intervention could happen outside the courtroom, where appropriate and in a way that prioritizes rehabilitation.

Four months ago in the city of Abbotsford, the RCMP issued a statement regarding an investigation of a website that sold drugs. Through this investigation, three individuals were arrested, and numerous packages of drugs were seized. While the existence of these sites is not new, what troubled me most was that the site targeted minors specifically. That should concern every parent in our country. In British Colombia, unregulated drug toxicity was the leading cause of unnatural death among youth from 2019 to 2023, and in 67% of these cases, these youth had a mental health diagnosis or evidence of a mental health disorder.

We know that these are not just statistics and numbers. These are young people who were struggling with something long before they encountered the criminal justice system: peer pressure, trauma, escapism, mental health challenges, addiction or, in many cases, a combination of circumstances that can be difficult for a young person to navigate on their own.

We cannot ignore the offence. Public safety matters, and there must be accountability for criminal behaviour. With this bill, there would be no automatic amnesty. The young person would remain accountable for their actions, and the courts would retain their decision-making authority. However, accountability must also include asking a difficult question: Why did the young person end up where they are in the first place? We must address more than the crime. We must address the pain behind it.

While Bill C-231's scope focuses on what would happen after a crime occurs, it is not just a path to recovery. It is a promise to our youth that they will not be abandoned because they use drugs and that they will not be written off because they were arrested due to those drugs.

What happened in Abbotsford is not an isolated incident. Across British Columbia and Canada at large, the toxic drug crisis continues to claim lives. While British Columbia has taken steps to reverse the disastrous impacts of the NDP's drug legalization pilot project, the crisis does not appear to be ending any time soon. Just recently, the B.C. Supreme Court ruled that banning the possession of drugs for trafficking purposes is unconstitutional. This ruling comes after the opioid deaths among youth in B.C. tripled between 2017 and 2021.

B.C. paramedics responded to nearly 40,000 overdose calls in 2025. In 2026, one in every three drug deaths in B.C. involved someone under the age of 30. One in nine of those involved a child. Dr. Jennifer Charlesworth, British Columbia's representative for children and youth, noted that young people experiencing brain injuries following non-fatal drug poisonings are often being exploited when seeking or using illicit substances.

These heartbreaking trends cannot continue. In the words of my hon. colleague who introduced this bill, we must do “everything we can...to improve the lives of our children” and “show young people in this country that the House [,their House,] cares for them.”

Bill C-231 had unanimous support at second reading and has since undergone amendments that would improve the bill's effectiveness. The committee process strengthened Bill C-231 by proposing expanded access to treatment at every stage of the youth justice process. It clarified that police and prosecutors should consider referring young people to treatment, it would formally add treatment as an option to extrajudicial sanctions, and it would allow courts to delay sentencing so a young person could complete a treatment program with consent. It would also ensure that treatment could be included as a condition of probation and supervision orders, while aligning the bill with related legislation and adding a clear coming-into-force timeline.

These are practical tools that would give our justice system greater flexibility. These changes sharpen Bill C-231 and should only encourage the House to pass the legislation with unanimous consent once again. Public trust in our laws is being tested. Canadians need clarity, accountability and confidence that our laws can both protect public safety and address addiction. Instead, years of Liberal mismanagement have produced confusion about how drug laws should be enforced and what tools the justice system has in order to confront this crisis. If a young person can overcome addiction, re-enter their community and avoid reoffending, that is a win for them and a win for society. Conservatives have always maintained that compassion and accountability must go hand in hand.

● (1105)

At the same time, we must never lose sight of the fact that other people profit from suffering. Those who traffic dangerous drugs should face meaningful consequences for the harm they cause in our communities. That is why Bill C-231 is so important. It recognizes that addiction is not solved by incarceration alone and that intervention, treatment and rehabilitation must be available to our youth so they can rebuild their lives and avoid a future marked by substance abuse and crime. It is a way forward. It would give young people an opportunity to confront addiction, receive treatment and change the course of their lives before it is too late. This is why I support Bill C-231, and I encourage all my colleagues of the House to support it as well.

Kent MacDonald (Cardigan, Lib.): Mr. Speaker, it is always a pleasure to rise in the House and represent the people of Cardigan, and I am pleased to rise today at third reading to speak in support of private member's bill, Bill C-231, a bill that has benefited from thoughtful consideration and study at the Standing Committee on Justice and Human Rights. I am proud to speak in support of Bill C-231, which proposes specific amendments to the Youth Criminal Justice Act. For the sake of brevity, I will refer to the act by its acronym, the YCJA.

Bill C-231 proposes to amend the YCJA to help youth with substance use disorders who come in contact with the criminal justice system to access treatment programs that would assist them in meaningfully rehabilitating and in reintegrating into their communities. More specifically, the bill proposes to clarify the instances when a young person in contact with the youth criminal justice system can be referred to or ordered to participate in a treatment program and to enable, in certain cases, a youth justice court to defer sentencing to allow that young person to participate in treatment programs. In addition, the bill proposes to amend the YCJA to enable the youth justice court to include in certain orders the condition of attending a treatment program.

The objectives of the bill align well with the objectives of the YCJA and the overall youth criminal justice system. The preamble to the bill calls on communities, families, parents and others concerned with the development of young persons to be active participants in the youth criminal justice system. The bill would invite their involvement to prevent youth crime by addressing its underlying causes, to respond to the needs of young persons and to provide guidance and support to those at risk of committing crimes. Bill C-231 would enhance the YCJA's multipronged approach to problematic substance use and seek to improve outcomes for young people with substance use disorders who come in contact with the criminal justice system.

At second reading of the bill, some members shared personal stories, as well as stories from their constituents. These stories remind us that problematic substance use and mental health issues affect all of us, whether directly or indirectly. These heartfelt and informative discussions continued during the committee study of Bill C-231. I want to thank the committee members for their interest and their active participation during the study of Bill C-231. Their candid and at times personal interventions help nourish the committee's discussions regarding potential amendments. I also want to thank the witnesses who came forward and shared touching stories, as well as insightful views on topics related to problematic substance use.

We had the privilege to hear from the member for Mégantic—L'Érable—Lotbinière, who tragically lost his son David last year. We heard from Caroline Levesque, who is David's mother and an early childhood educator, and Justine, who is David's younger sister and a nurse. During their testimony, they mentioned that, too often, the criminal justice system focuses on the offences and the punishments without looking into the underlying causes of a young person's offending behaviour. They spoke about the importance for the youth criminal justice system of having the right tools and said that enabling decision-makers to use those tools at the right time would improve the YCJA's ability to support meaningful rehabilitation and reintegration.

The committee also heard from Angy Riendeau, a criminologist who has highlighted the importance of early interventions when it comes to preventing and addressing the risk factors that can eventually lead to persistent criminality in adulthood. She noted that the amendments in Bill C-231 would add to the intervention mechanisms already available under the YCJA to better help young people access treatment, specialized assessments, care and appropriate resources in a timely manner.

The amendments that were made during the clause-by-clause study of Bill C-231 are consistent with the views that were shared during the witnesses' testimonies. All the amendments proposed were adopted unanimously by committee members. This showcases the close co-operation that the bill has cultivated among members.

To further the bill's objective of improving the YCJA's public health approach to problematic substance use, many of the amendments that were made to Bill C-231 at committee relate to the language used in the bill. For example, the term "addiction" was replaced by "problematic substance use" to align with the more modern and less stigmatizing language used in the Controlled Drugs and Substances Act.

● (1110)

Certain clauses of the bill were also amended to refer to "problematic substance use treatment program or any other treatment program". This is to avoid unintended interpretations which may restrict access to other types of treatment programs, including programs focused on mental health or on behaviour modification and skills development. This broader terminology allows the YCJA to remain flexible and relevant should the types of treatment available to young people evolve over time.

Furthermore, multiple amendments were made to Bill C-231 at committee seeking to clarify, and at times broaden, the instances where decision-makers under the YCJA can refer to or order youth to participate in the treatment program. For example, a coordinating amendment was added to ensure that prosecutors, in addition to police officers, must consider whether it would be appropriate to refer a young person to a problematic substance use treatment program before starting or continuing judicial proceedings against the young person.

Moreover, amendments were made to clarify the situations when attendance at a problematic substance use treatment program, or any other treatment program, may be ordered as a sentence or as a condition to an order. For example, an amendment was made to explicitly mention that attendance to such treatment programs can be ordered as a condition of probation and conditional supervision. These amendments would ensure greater consistency in the YCJA sentencing framework.

When it comes to problematic substance abuse, especially in the context of Canada's overdose crisis and the toxic illegal drug supply, the federal government is committed to a comprehensive public health and safety approach that focuses on connecting people to vital services and supporting prevention, treatment and recovery, as well as destigmatization.

This bill aligns with many other actions the federal government has taken to address the overdose crisis in Canada. Bill C-231 would improve and clarify the tools available to police, prosecutors and judges so they can make timely referrals and orders to treatment programs that would address the underlying causes of their offending behaviour. This would help youth receive the support they need to properly rehabilitate and reintegrate into their families and communities.

In closing, I believe significant improvements were made to this bill during its clause-by-clause study and it is ready for passage in this chamber. I urge all members to support this bill at third reading.

● (1115)

[*Translation*]

Christine Normandin (Saint-Jean, BQ): Mr. Speaker, I would be remiss if I did not start my speech on Bill C-231 by praising the member for Mégantic—L'Érable—Lotbinière for his courage and strength, as well as that of his entire family. I hope that, by tabling this bill, he will find some relief to the tragedy they experienced. In the natural order of things, our parents die before us, we die before our children, and so on. There cannot be a greater tragedy than a disruption in this natural order of things. I would like to congratulate the member for his work on this bill and I hope that it will save the lives of others in the future.

That is why I am honoured and delighted to rise today. People often casually say that at the start of a speech, but in this case I hope people realize that I genuinely mean it. What is especially gratifying about this bill is the way it has evolved, both in the House and in committee. It has earned the unanimous support of all members of Parliament. In a place where relationships are sometimes strained and exchanges can be acrimonious, it is encouraging to see that when a cause is greater than any one of us, we are capable of working together in a coordinated, collaborative and collegial way to achieve a common goal.

As we know, the fundamental principles that guide sentencing in criminal law are well established. These include, among other things, protecting society and holding offenders accountable. Sentencing also seeks to deter both the offender and others from committing similar crimes. At the same time, it aims to strike a balance between rehabilitating offenders and ensuring that any sentence imposed is proportionate.

However, even if those broad principles are applied with the best balance imaginable, David's situation unfortunately fell somewhat outside the system. Bill C-231 is our attempt to correct that. We are addressing the issue of addiction and the crimes committed as a result of that addiction. In fact, the bill is not limited to drugs alone; this was one of the amendments made in committee, and I will return to that. We are approaching the problem from a public health perspective, rather than solely through the lens of criminal law, and in doing so we are restoring a balance that may unfortunately have been lacking.

The bill aims precisely to tackle not only the consequences of addiction or problematic substance use, but its underlying cause. When we focus only on the consequences, the problem remains. We do not address the real cause, the very source of the problem, nor do we treat the individual. We merely punish behaviours that may stem from an illness, an addiction or some other pathology. Addiction to substances is an obvious example, but other forms of dependency also come to mind. We see this, for example, with Internet addiction, which is becoming increasingly prevalent among young people. All of these issues are linked to broader social problems.

The bill passed first reading and second reading before being adopted unanimously in committee. I would also like to highlight the work that was done there. The committee did not simply make cosmetic changes to the bill; it genuinely sought to broaden its scope so that it could apply in a wider range of circumstances and have a real impact on the ground. I will speak to those changes because they are, in fact, quite significant.

One of the changes made was to replace the concept of drug addiction, the premise on which the bill was originally based. Parliamentarians replaced it with the concept of "problematic substance use". The terminology itself is considered somewhat less stigmatizing, and its application does not require a medical diagnosis of addiction. As soon as there is problematic substance use, intervention can generally occur. We are, of course, talking about drugs, but this can also include legal substances such as cannabis or alcohol. As a result, the measure allows for broader intervention because of the way the issue it seeks to address is defined.

● (1120)

We are therefore talking about broadening the scope of the bill so that, rather than including only addiction treatment programs, it now includes a wider range of programs, which could include mental health treatment programs or even skills development programs.

Another amendment that was made in committee clarifies how interventions can take place at different stages of a young person's involvement with the criminal justice system. Take, for example, a young person who is approached by the police before they actually enter the criminal justice system or one who is suspected of drug or cannabis possession offences or other crimes that may be related to drug use. The crimes that are being committed are not limited to drug use or possession. Young people may be fencing goods because they need money to support their habit. The bill covers this type of incident. When a police officer realizes that they are dealing with a young person who has a drug problem and who is not a criminal in the strictest sense of the term, that officer can look into various options for referring the young person to a treatment program, with the young person's consent, before laying charges.

There is also the issue of extrajudicial sanctions. When charges are laid, the case can be kept out of the courts if the young person agrees to receive treatment.

In committee, we also broadened the scope of the bill so that it could apply after a conviction. For example, a court might find a young person guilty but delay sentencing to give the individual the opportunity to attend a treatment program. This must be done with the consent of the individual and the Attorney General. Where appropriate, custodial sentences should be avoided so that young people can adjust their behaviour and work on themselves. Under this legislation, sentences do not necessarily have to be imposed and certain young people do not have to be dragged through the courts when they do not deserve it.

Another important change is that the conditions for supervision have been broadened. For example, in the case of a young person who has been convicted and has served their sentence, when they are released, they may be required to undergo treatment as part of their release conditions. This ensures that the young person is not abandoned once they have served their sentence, that they have a real rehabilitation plan that is being followed, and that they are supported in their efforts.

This is an excellent bill, but it will only be truly effective if young people have access to the various treatment programs and specialists. That may be where the problem lies. Bills that do not include funding provisions may be excellent, but ultimately there needs to be funding in place to support their actual implementation.

That is why I would like to make a brief aside. We recently debated the government's 2026 budget. We noted that the Canada health transfer is set to increase by 5% in 2027-28. After that, however, the escalation factor will be 3%. We know that a minimum annual escalator of 6% is needed to prevent the health care system from buckling under the strain.

I would therefore like to remind the government that, even though the measure addressed by Bill C-231 is excellent, it can only be truly effective with funding. That is the key to success. The provinces and Quebec are the ones responsible for implementing treatments for various substance use disorders, addictions, and other conditions, and they will not be able to do so without a meaningful increase in health transfers. I call on the government to take responsibility in this area and to ensure that, going forward, everyone has the resources to achieve their goals, including the completion and implementation of Bill C-231.

● (1125)

[*English*]

Jamil Jivani (Bowmanville—Oshawa North, CPC): Mr. Speaker, I rise today in support of Bill C-231. I want to thank all the members who have risen so far this morning in support of this very important legislation and the amendments to the Youth Criminal Justice Act.

When our colleague, the member for Mégantic—L'Érable—Lotbinière, first rose to introduce this bill and share his family's personal story, his experience and his son's experience, it was one of the most powerful moments in this chamber since I have had the privilege of serving in the House. I commend him for his advocacy work and for all the effort he has put into bringing this change forward. I know that many of my constituents, and many Canadians across the country, believe this is a really important change to the way our system currently works.

This bill is called the for the friends of David law. In every community across our country, there are friends of David. There are people who are going through the exact same challenges and are in need of the exact same help and support that David was in need of.

I want to share a story about a particular young man from my community of Oshawa, one of our star football players who was picked for team Ontario three times. I will not share his name out of respect for the family, but the family did an interview with Maclean's magazine where some of these details can be found if anyone would like to read more about it. One of the important parts of their story, as they detailed what it was like as a mother and father to watch their son, a very talented young man who played football in our community, deal with his addiction issues and challenges, is how difficult it was for them to get help.

There is a quote from his mother in the Maclean's magazine article where she said, "All I kept hearing was: 'Our hands are tied.'" Every time she would go to the police or social services to seek out help for her son, she kept being told their hands were tied and there was nothing they could do about it. It is a very heartbreaking story knowing all the talent that was lost when that young man passed away from an overdose several years ago. The parents spoke of the ups and downs they experienced as hope was presented to them and then hope was lost, as there was the possibility of their son getting help and then that possibility going away.

It is a very emotionally, psychologically and spiritually taxing experience. I wish there was a perfect solution for it so we could cure people of the illness they are experiencing with just the stroke of a pen. However, what we can do is make it easier for people to get help when they interact with governmental systems and processes. What this bill would do, and why I think it is so important, is that, just like with the young man in Oshawa, where people could see he needed help and were struggling to match him with the help that he needed, it would give the system an opportunity, when there are young men and young women in that same situation, to give them the help they need.

This is especially true for young people when they first interact with the justice system. Many of those young men and young women are in some of the most difficult circumstances that one could imagine. Many of them are looking for help, but until someone puts it right in front of their faces or until someone really pushes them and encourages them to take that help, it can often be an opportunity lost. This bill would make it easier for police and prosecutors to refer youth to treatment. That is a really important step in the process of changing how our system works and making sure that help is more readily available to more people.

In Durham region, the part of Ontario where I am from, we have seen a massive increase in opioid addiction in particular, with the number of people who have suffered an opioid overdose death tripling since 2015. ER visits have also gone up more than 100% since 2015. Suspected overdose paramedic calls have also increased over 100%, which is a real demand for our local services. People are constantly, whether they are paramedics, police officers, prosecutors or youth outreach workers, trying to find every opportunity they can to get people help.

In Ontario, we have seen opioid deaths for those aged 15 to 24 triple from 2014 to 2021. A very important detail is that this is all while treatment medications have fallen 50%. We have seen a change in how much legal drugs are being given out by the system, but it has not changed the amount of overdoses we are seeing in our communities, which is an important proof point for the availability of illicit drugs to young people.

● (1130)

I also want to point out that it is important to create these imperatives in the system for people to be able to say they are entitled to treatment. That is one of the things this legislation is able to do. Because people would know their children can be referred to youth treatment, it would create an opportunity for parents and young people to ask for it themselves.

In Ontario, we see massive wait times for people to get access to treatment. The Ontario auditor general found that an average wait for live-in youth treatment is 105 days. That number is from 2024. I am sure it has only gone up since that research was made available. We have heard from parents who have said on the record publicly, and also in some of the reports we have reviewed, that there are hundreds of kids on wait-lists waiting for treatment who have not gotten it yet.

There is no withdrawal management services specifically for youth in Ontario either. That means it is up to adult services to accept youth, which is often limited to those who are 16 and older. There is a bottleneck in the system, even if someone is willing to accept treatment, for the system to actually guarantee it is available. This was an important point made by one of the witnesses before the justice committee.

I want to read some of the words from this witness because I think they put into perspective that, once we all support this bill, and I hope it will be unanimous, there is a lot more work to do to make sure the young people who are affected by this bill also receive the treatment they need.

Angy Riendeau, a criminologist from Quebec who appeared as a witness before the justice committee in May 2026, stated, "The question, then, may not be solely how to compel a youth to undergo treatment, but rather how to ensure that, upon the first offence, a youth has rapid access to specialized assessment, care and appropriate resources."

As we vote on this bill, and as we think about what the next steps would be after this bill becomes law, it is important to go back to the question of the resources available to young people, families and, in particular, parents.

There are two opportunities before the government right now to follow through on the sentiment behind this legislation with actual resources. One of those opportunities is a budget that we have yet to vote on in the House. That budget has a very paltry amount of resources dedicated to those of all age groups who are fighting addictions, and very little new spending is being contributed to help solve that problem. Perhaps if it would like to continue on with the sentiment behind this legislation, it may consider adding more funding for addiction services in the budget, particularly for young men and young women, before it goes to a vote. I think that would be a fantastic change to what has been presented in it thus far.

Another important opportunity before the government to follow through on the sentiment behind this legislation is in its forthcoming national strategy for men and boys' health. We have seen a lot of changes in the initial plan for that national strategy. Just over a year ago, the government first announced that it was going to produce that strategy in 2026. We have since learned it has been delayed to 2027, with no specific dates.

We were also told the government was going to do detailed and comprehensive consultations as part of its gathering of information about what should be in that national strategy. We saw it release a report that, quite frankly, omits a tremendous amount of feedback that was given by the Canadian people that should have been included. One of the most important points of feedback that I myself submitted, and also hosted town halls on, and I know the government received this feedback from organizations and individuals across the country, was on how to help young men and boys with addiction issues. That was a specific thing that was raised, and it is not adequately addressed in the report the government put forward outlining the feedback it received on its national strategy.

One of the most important things missing in there is any acknowledgement of the government's failed safe supply drug policies, which put taxpayer dollars behind drugs, making it easier, as police departments across this country have reported, for taxpayer-supplied drugs to make their way into the illicit drug market.

There are opportunities for the government to do more than just support the bill, but I am very glad to see all parties rise in the House today in support of this legislation. I look forward to voting for it.

● (1135)

[*Translation*]

The Assistant Deputy Speaker (John Nater): The hon. member for Mégantic—L'Érable—Lotbinière has five minutes for his right of reply.

Luc Berthold (Mégantic—L'Érable—Lotbinière, CPC): Mr. Speaker, if I may, I would like to say the next few words directly to my son, David.

Happy birthday, David. Today, you would have been 30 years old. Your mother Caroline, your sisters Marie-Soleil and Justine, your children Clovis and Éloi, your partner Audrey, and your grandmother Viviane all want you to know that we love you and wish you a happy birthday. Today, David, the House of Commons is unanimous. Your life, your experiences, your joys, your pain: all that was not in vain. Your life will serve as an example so that other young people will not have to go through all the hardships that you went through. Perhaps young people will be able to make different choices and choose a path that leads to them being alive on their 30th birthday.

David, you and I wanted to change things together. When things started going well, we wanted to use your youth, your adolescence, to prevent young people from going down that path. We said we would give talks and make a difference. Unfortunately, because of the reality of substance use and life itself, we were not able to achieve that dream together.

I wanted to tell you today that life was still good to us, because we shared some wonderful moments together. When you were young, we had fun. We played together and enjoyed ourselves. We went on outings and trips with your mother, your sisters, our family. We laughed. We did not cry very often, it is true, but we did cry nonetheless. Especially at the end, we cried. We cried a lot. We cried because you left us too soon.

Today, we are trying to turn all of that into something meaningful. We are trying to make the inexplicable understandable, make the unacceptable acceptable and bring something good out of what happened. We introduced a bill to help your friends. I am not talking about the friends who were around you, but about all those who, like you, went through some rough times and decided to take a puff or a sniff, only to find themselves dependent on that puff or sniff and unable to break free, leading them into a justice system that was unable to help them because the law did not provide the right tools.

Today, we will be creating some tools, but we need you, David. We need you to talk to all these young people, from where you are today, and tell them that they should not hesitate to use the resources offered to them, when it is possible, once everything gets passed, once the friends of David bill comes into force, so that young people will agree to seek treatment.

I know that it is not easy for a young person to say that they need help. There are many young people who will not need it. They will take that quick puff and move on with their lives. They will go on to have great careers. However, for others who are struggling with mental health issues, or who may not know that they are suffering from mental health issues, that quick puff can completely change their lives, like it changed yours and the lives of many people around you.

David, I want you to see, from where you are today, that the House of Commons, all the members of the House of Commons, want to do something so that David's story becomes a positive story in the future, so that you will be remembered for something good, for truly making a difference, and for helping young people find a way out.

Thank you. We are doing it for your friends, for all those with whom you spent your wonderful childhood and who miss you, for all those you do not know but will be able to help from above. Your mother, your sisters and I are doing this for you, for our little family. We are going to change lives.

David, for your birthday gift, today, I am going to ask for the unanimous consent of the House to officially add your name to Bill C-231.

Mr. Speaker, if you seek it, I think you will find unanimous consent for the following motion:

That, notwithstanding any standing order or usual practice of the House, Bill C-231, An Act to amend the Youth Criminal Justice Act, be amended by adding the following alternate title "For the Friends of David Law", and that the Law Clerk and Parliamentary Counsel be authorized to make any technical changes or corrections to the bill as may be necessary to give effect to this motion.

● (1140)

David, thank you and happy birthday.

I want to thank all my colleagues in the House of Commons who made this bill possible. I would invite my colleagues in the other chamber to pass this bill as quickly as possible in order to make it a reality.

The Assistant Deputy Speaker (John Nater): All those opposed to the hon. member's moving the motion will please say nay.

It is agreed.

The House has heard the terms of the motion. All those opposed to the motion will please say nay.

(Motion agreed to)

The Assistant Deputy Speaker (John Nater): The question is on the motion that Bill C-231 be read a third time and passed.

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 invite them to rise and indicate it to the Chair.

Luc Berthold: Mr. Speaker, I request that the bill be carried.

The Assistant Deputy Speaker (John Nater): Is it agreed?

Some hon. members: Agreed.

(Motion agreed to, bill read the third time and passed)

[*English*]

SITTING SUSPENDED

The Assistant Deputy Speaker (John Nater): The sitting is suspended to the call of the Chair.

(The sitting of the House was suspended at 11:43 a.m.)

SITTING RESUMED

(The House resumed at 12:00 p.m.)

GOVERNMENT ORDERS

● (1200)

[*English*]

MEDICAL ASSISTANCE IN DYING SAFEGUARDS ACT

BILL C-41—TIME ALLOCATION MOTION

Hon. Sean Fraser (Minister of Justice and Attorney General of Canada and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.) moved:

Government Orders

That, in relation to Bill C-41, An Act to amend the Criminal Code and An Act to amend the Criminal Code (medical assistance in dying) and to make related amendments to other Acts, not more than one further sitting day shall be allotted to the consideration at second reading stage of the Bill; and

That, 15 minutes before the expiry of the time provided for Government Orders on the day allotted to the consideration at second reading stage of the said Bill, any proceedings before the House shall be interrupted, if required for the purpose of this Order, and, in turn, every question necessary for the disposal of the said stage of the Bill shall be put forthwith and successively, without further debate or amendment.

The Assistant Deputy Speaker (John Nater): Pursuant to Standing Order 67.1, there will now be a 30-minute question period. I invite members who wish to ask questions to rise or use the raise hand function so the Chair has some idea of the number of members who wish to participate in the question period.

The hon. member for Sherwood Park—Fort Saskatchewan.

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, what the government is doing today is deeply cynical, and I think it is evidently so, shutting down debate this early, but I do want to ask a very specific policy question to the minister about the advance request framework in this bill.

Is it the minister's view that a person whose life is being ended on the basis of an advance request should be told what is about to happen to them and asked if they agree in the moment when it is taking place? That is, should they be given the opportunity to give or withdraw contemporaneous consent? A clear answer would be very helpful from the minister on what he thinks about what should happen in that moment.

Hon. Sean Fraser: Mr. Speaker, the strategy we have chosen to deal with the very complicated situation where we know a person loses the capacity to make decisions for themselves is to give them the agency to make that decision at the moment when they still do have capacity, and when we are dealing with grievous and irremediable illnesses that are going to lead to intolerable suffering, to do so on behalf of a vulnerable person.

Of course, we have built safeguards into this legislation to ensure they have the ability to withdraw or revoke their consent through an advance directive at any time. In addition to the safeguards we put into the criminal legislation, I expect, as provinces move forward with their own legislation that will dictate the health policy and how circumstances play out as this particular service is delivered, there will be additional conversations about the moment that medical assistance in dying is administered. However, for our part, the goal was to decriminalize the practice in circumstances when we are dealing with a vulnerable patient losing capacity.

Andrew Lawton (Elgin—St. Thomas—London South, CPC): Mr. Speaker, regardless of one's perspective on MAID, surely everyone in the House can realize and accept that this is a life-and-death issue that deserves proper consideration and scrutiny.

The Liberal government has invoked time allocation after one full day of debate. It is playing politics with people's lives and forcing this through on an accelerated timeline because of the incoming deadline for stopping the mental health expansion, while adding in the unrelated question of whether to allow advance requests. This is cynical and people's lives are affected very directly by this.

I have a very simple question for the minister. Why would the Liberals not proceed with these two things separately so we could focus on what we agree on, which is stopping the mental health expansion, while dealing with the question of advance requests and their necessary scrutiny and attention separately?

● (1205)

Hon. Sean Fraser: Mr. Speaker, before I answer the question, let me say that, having had the opportunity to discuss some issues relating to medical assistance in dying with the hon. member, I was moved by some of his perspectives he shared with me personally and in public as well.

These are complex issues, but it is not as though they have not been studied at length. We have seen Parliament debate these issues in 2016 and 2021. We have seen special committees study these issues in 2023, as well as the Department of Health in 2025.

One of the things that I have taken from my own engagement is that there are very real people who are suffering today as a result of the lack of access to a regime that pertains to advance directives. They are people who do not have the choice or the agency because of the certainty with which they are going to lose capacity.

In addition, the reasons we would normally have to divide a bill do not exist given the fact that there are multiple experts who can testify to both of these issues. I hope to address more in follow-up questions.

[*Translation*]

Christine Normandin (Saint-Jean, BQ): Mr. Speaker, the minister received a copy of the Special Joint Committee on Medical Assistance in Dying's report in June. Bill C-41 was introduced at the end of October. He had approximately five months to review the committee's report and draft a bill in line with its recommendations, yet he gave the House only about two weeks to debate this bill at second reading.

Given the highly sensitive nature of this legislation and the many complex technical issues it raises, does the minister believe that this is a fair and reasonable timeline?

Could parliamentarians not also be given more time, as the minister was?

Hon. Sean Fraser: Mr. Speaker, we agree that this is a very serious and important issue. That said, it is not an issue that has gone unexamined, so we have a solid foundation for determining the next steps.

[*English*]

This debate is playing out at a time when provincial governments are considering, or have already adopted, regimes that would be in contravention of the Criminal Code. We want to move forward with some of the lessons that we have taken from previous parliamentary debates, the significant debate that has taken place, and to invite further testimony before the committee to study whether this legislation has gotten the issue right.

Fundamentally, after a rigorous study that has taken place over years in Parliament and across Canada, we are of the view that moving forward with the regime on advance directives is appropriate and warranted given the mountain of evidence that we have seen.

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I would like to quote directly from the legislation first:

> A medical practitioner or nurse practitioner must not administer a substance to a person to cause their death on the basis of an advance request if the person demonstrates, by words, sounds or gestures, refusal or resistance to have the substance administered to them.

The concern that I have is that, even in the hours of debate that we have had thus far, there tends to be a lot of misinformation coming from the opposition benches with respect to the legislation. Is the minister concerned about that?

Hon. Sean Fraser: Mr. Speaker, just before I address the question, though I have some concern about some confusion that I have seen play out in the debate, I believe members who have expressed different points of view in this debate have done so only with the best of intentions, following their deeply held convictions. I think that is an appropriate place to have debates where people feel strongly about these issues.

On the item that the member mentioned, of course some of the safeguards that we put in place ensure, where there is a revocation of consent, that ends the validity of an advance directive. However, if there is ambiguity as to whether that consent continues, in the view of either of the medical professionals who are mandated under the Criminal Code, it would be put on hold and the process would demand a reassessment at a subsequent point in time.

Tamara Jansen (Cloverdale—Langley City, CPC): Mr. Speaker, it is absolutely shameful that the Liberal government is shutting down debate on a bill that deals with life and death.

Let us think about this for a minute. The Liberals had all summer, and now it has been nearly three weeks since Bill C-41 was introduced. We still have not seen the government's own analysis of how this bill could affect Canadians' charter rights and yet, they are already shutting down debate. This bill would allow someone to be euthanized years after making a request, when they can no longer consent and can no longer tell us if they have changed their mind, and other people who do not know them will be making that final decision for them. We are talking about ending the life of someone who can no longer speak for themselves.

Surely, if there was ever a bill that deserves careful scrutiny, this is it. Instead, the Liberals are rushing it through, without even giving MPs the information we need to do our jobs. How can the government possibly justify shutting down debate on Canadians' fundamental rights when it has not even given Parliament its own charter analysis?

● (1210)

Hon. Sean Fraser: Mr. Speaker, with enormous respect to all members of this House, the motivation to move forward is born out of the strong desire to give agency to people who are losing capacity to make decisions for themselves, so we no longer condemn people to a death that is certain and that will involve, by definition, intolerable suffering.

I would remind the member, as well, that what we are talking about here is not a new health care regime, but a change to Canada's criminal laws. The alternative to supporting this legislation is to maintain the fact that medical practitioners who abide by provincial standards and who follow, to the letter, the requirements of health laws developed by provincial governments, are to be treated as criminals. I do not think that is the right path forward. We should protect them from criminal liability and extend compassion to those who are suffering.

[*Translation*]

Martin Champoux (Drummond, BQ): Mr. Speaker, it is always very disturbing when the government decides to muzzle the House of Commons, stifle debate and silence people who are genuinely interested in having their say on a topic as delicate and divisive as the one addressed by Bill C-41.

I am at a loss for words to describe how I feel about the government employing this manoeuvre, especially on such a sensitive topic. I understand that the government wants to move forward quickly, and I understand that it wants to avoid the possibility of ideological filibustering by the Conservatives, but a public conversation is called for. I think that the government is wrong to impose time allocation on this debate.

I would like to know whether my colleague, the Minister of Justice, is comfortable with the fact that the government is going to unilaterally make a decision that called for a public conversation. It should have engaged in a discussion with the people, elected officials and experts, rather than use a time allocation motion to do as it pleases, with no regard for democracy.

[*English*]

Hon. Sean Fraser: Mr. Speaker, at the risk of stating the obvious, I take a different view.

I think there has been ample opportunity through various debates in Parliament, through the joint study by various committees of Parliament, and through debate that has taken place so far in this chamber and that will take place subsequently, during the committee study of this bill. We stand on firm ground to understand the reasons that underpin the suggested path forward.

It is also not lost on me that we are dealing with a set of circumstances in which if we do not adopt this law expeditiously, we are going to come up against a mandated timeline that exists in the Criminal Code with another issue for which there is a greater consensus. That, of course, is dealing with circumstances involving mental illness as a sole underlying medical condition.

I welcome differing points of view. I have heard many of them in my personal engagement and the engagement in my department. I think there has been ample opportunity in the House to air different positions—

The Assistant Deputy Speaker (John Nater): Questions and comments, the hon. member for Battlefords—Lloydminster—Meadow Lake.

Rosemarie Falk (Battlefords—Lloydminster—Meadow Lake, CPC): Mr. Speaker, it is very difficult to take anything the minister is saying seriously.

If the Liberals truly cared about the well-being of Canadians, especially those who, once this deadline passes, would be prevented from accessing medical assistance in dying based on mental illness as the sole condition, they would have voted for Bill C-218. Instead, they stood in this place, and they voted against it. They could have voted for Bill C-218, and they could have brought forward advance directive policy if they had wanted to.

Honestly, how can we even take seriously that the Liberals actually care about the well-being of Canadians when they should have voted for Bill C-218?

Hon. Sean Fraser: Mr. Speaker, one point of difference is that regardless of another member's position, I do my best to take it seriously, even when I do not agree.

With respect to Bill C-218, it was motivated by strong convictions and good intentions. That bill had a challenge with some of the wording, which we took issue with, that dealt with neurological conditions that could have excluded people who are currently eligible. Even in the face of that, which we may have been able to work through, we wanted to benefit from the deep policy expertise and lengthy study that went into the preparation of Bill C-41.

Also, based on our engagement on multiple issues, we wanted to move forward with a bill that included both the indeterminate exclusion of the mental illness issue as well as the steps we put in place to deal with advance directives.

● (1215)

Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, the hon. Minister of Justice will not be surprised to hear that I object to pushing this bill through quickly. He will probably recall from many previous debates such as this that I always oppose pushing bills through quickly.

This one has some particular concerns that are doubled by my experience of this new version of what is still, apparently, called a Liberal government, which says that once we push it through quickly at this stage, we are also likely to have it pushed through quickly in committee. We are also likely to not have enough witnesses, study or amendments at committee with adequate time to study.

My pleading with the minister is this. I think the official opposition has a good point, that this bill could be split in two, but I still have problems with the first part of the bill, as do Canadian civil liberties organizations. We need to have proper and full debate.

Also, while I have the floor, I object to the idea that there is a patchwork here. In the first versions of medical assistance in dying, when Jody Wilson-Raybould and Jane Philpott brought it forward, it was the same law across the country.

Hon. Sean Fraser: Mr. Speaker, I would remind the member that I have great respect for her, as always, and appreciate her point of view in this instance and in others as well.

On the issue she raised with respect to a patchwork, I would remind the House that we are amending the Criminal Code, which necessitates a conversation about very specific safeguards that we want to insist are in place, which would delve into provincial governments' authorities should we do it in a way that would be uniform in nature across the country from day one, particularly the requirement that a repository is created in order to avoid criminal liability under the bill.

More specifically, on the issue of splitting the bill and the time allocated for debate, we have seen substantial debate play out on these issues across Canada, in Parliament, not only during the present debate but during previous studies as well.

At its core, I am uncomfortable delaying further the implementation of these rules knowing that there are people who are suffering and who deserve to have their agency recognized at a time when there is a deadly disease taking their capacity.

Connie Cody (Cambridge, CPC): Mr. Speaker, under the bill, a Canadian whose death is not reasonably foreseeable can be assessed for MAID in a very short time. They can sign up for an advance request, fast-tracking their request for death instead of fast-tracking it to care. Currently, this leads provinces to deliver advance requests through their own health systems, and those are the same systems in which Canadians are already waiting half a year, a year or two years for surgery. People who might be able to recover very quickly are suffering more of an impact from the weight of the health care system.

Before someone signs up for MAID to actually die, what assurances would the government give to make sure they receive the care they need in ample time?

Hon. Sean Fraser: Mr. Speaker, I take issue with the characterization of this being about fast-tracking people's death. I keep in mind that we are dealing with sets of circumstances that involve, by definition in the legislation, intolerable suffering that is recognized by multiple medical assessors, where there is an irremediable condition. We are trying to respect the wishes of people, people I have sat down with who have told me what it is like to watch their parents lose who they were and become violent toward their children and their caregivers and then to have themselves be diagnosed with the same condition.

In those circumstances, it is my judgment, and the position of the government, that we should not characterize this as fast-tracking someone's death. I find that to be without taste. Instead, we should recognize that they deserve agency over the quality of life that they should enjoy as they deal with the worst possible diagnosis.

[*Translation*]

Rhéal Éloi Fortin (Rivière-du-Nord, BQ): Mr. Speaker, I have a question for the minister about his proposal to fast-track this bill.

I believe, like him, like all of his Liberal colleagues, the Bloc Québécois, the Conservatives and everyone else, that this is an important bill. We do not all agree on everything about the bill, but we all agree that this bill is very important.

Is democracy no longer important for the minister? In my opinion, the more important we consider an issue to be, the more we must use the best tools at our disposal and the more our work should be guided by fundamental values. That is the case here with this important bill.

How can the minister justify the fact that he is now disregarding the rules of democracy, cutting short debate and fast-tracking a bill that he said himself was very important?

Faster is not always better.

● (1220)

Hon. Sean Fraser: Mr. Speaker, I appreciate my Bloc Québécois colleague, but I disagree, given the circumstances surrounding this debate. Parliament has conducted a few studies on these issues, we have debated them in the House and the Senate, and the government has produced many reports.

Now it is time to implement the changes, which are informed by the expertise of medical professionals and which reflect the need to address this disease for those who suffer from it.

[*English*]

We have had many opportunities to debate this issue in public, in the chamber in this instance and in various parliamentary studies over the past number of years. In my view, we have the information we need to make decisions and have provided opportunity for various perspectives to be put forward on these important issues.

Michael Cooper (St. Albert—Sturgeon River, CPC): Mr. Speaker, the time allocation motion is nothing short of outrageous. We have had one day of debate on a bill that significantly expands MAID with the introduction of advance requests. The last time advance requests were meaningfully studied was back in 2018, when the Council of Canadian Academies' expert panel recommended against them. Since then, there has been no meaningful consultation and no meaningful study.

The minister spoke of the special joint committee. I sat on that special joint committee. At best, the committee did a cursory review of advance requests. Advance requests raise profound legal, ethical and practical issues and present significant risks, including the very real risk that MAID could be administered against a patient's wishes, absent contemporaneous consent.

Given all of that, how can the minister possibly justify shutting down debate?

Hon. Sean Fraser: Mr. Speaker, one element of the question was directed at a central issue. It is about respecting a patient's wishes. We clearly hold a different view. We wish to move forward with a regime that provides for advance requests. In fact, the legislation would not create the regime in provincial health systems but would simply decriminalize the practice where there is a provincial regime in place. The reason we want to move forward is about giving agency and respecting the patient's request.

To do otherwise would be to condemn them to experience a death that is intolerable, in the level of suffering they would experience, with a known result and a continued deterioration. We want to do what we can to give agency to those individuals. We have, at a government level, with the Department of Health, and as a Parliament, been able to study these and related issues. The time to move forward is now.

Doly Begum (Scarborough Southwest, Lib.): Mr. Speaker, in my time here, just over the last month, I have heard from my constituents on this very important bill. We have heard many personal and deeply emotional stories throughout this debate. I would like to give the minister an opportunity to share some of his experiences. What has he heard, and why is it so important to move forward efficiently and effectively with this legislation?

Hon. Sean Fraser: Mr. Speaker, the stories capture the human element behind these very difficult debates, and I appreciate the member giving me this opportunity. Perhaps one that stands out for me more than others was from a member of my community. He is a stand-up citizen whose partner is a wonderful and beloved artist in our community. He shared with me the experience of living through a terrible set of circumstances when his mother was diagnosed with a condition that caused her to forget her family, that caused her to become unknown and a very different version of herself, which was hard not only on her as a patient but of course on the family as well. Upon being diagnosed with the same condition, he expressed to me a strong desire to ensure that he had the ability to not make his family go through what he went through.

These human experiences have become all too common in my conversations with people who now treat this legislation as an opportunity to minimize the suffering they experience as well as the suffering their families are required to live through.

Alex Ruff (Bruce—Grey—Owen Sound, CPC): Mr. Speaker, my question to the Minister of Justice is very simple. We understand there is a legal timeline or deadline with respect to the part of the bill that deals with the exclusion of MAID for mental illness alone. Is there a legal requirement or deadline tied to advance requests, yes or no?

Hon. Sean Fraser: Mr. Speaker, the motivation we have to deal with the advance request issue is to prevent the extraordinary human suffering that exists every day. I wish to extend protections to people who are living with a diagnosis today where there is intolerable suffering of an irremediable nature so that they know what is coming, which would give them an opportunity to transition from this life in a way that minimizes the pain and suffering they and their families live through.

● (1225)

[*Translation*]

Martin Champoux: Mr. Speaker, I agree with what my colleague from Rivière-du-Nord said earlier.

These are such important issues, because they affect our society so profoundly and will change it drastically, change our approach to dealing with illness at the end of life.

These are extremely sensitive and extremely important issues, and we need to take our time and debate them thoroughly. The government cannot simply say that it is the government and that it has enough information to make a decision, so it does not need Parliament anymore because it is going to move forward and do whatever it wants.

Other aspects of this bill are very important. There is the issue of mental illness, which we have not finished debating. Yes, Quebec has already taken the lead on advance requests since 2023, but there are still other matters we should debate and discuss.

It is truly troubling to see this minister, who is generally known for working collaboratively with others, show up today with a time allocation motion on such a delicate and sensitive issue, when our constituents are asking us to explore it and debate it further to clarify these points, which, I repeat, are extremely sensitive.

[*English*]

Hon. Sean Fraser: Mr. Speaker, I agree with my colleague that these issues are important. I take a different point of view as to the opportunity that parliamentarians have had or will have to put their perspectives on the record, to vote with their conscience and to represent the folks who have elected them to serve in this particular chamber. We are not dismissing different points of view. In fact, taking together considerations from different parties, different perspectives and different communities of expertise and advocacy is how we arrived at the conclusion we did.

We have had eight hours of debate in this chamber. We will have an opportunity at committee to hear more. We are standing on the shoulders of studies, both joint studies between the Senate and Parliament, as well as previous debates that included proposed amendments on these issues. We believe we have identified the path forward. I welcome continued consideration of this through the parliamentary process that remains.

Costas Menegakis (Aurora—Oak Ridges—Richmond Hill, CPC): Mr. Speaker, it took the government two years to discuss and debate changing two words in Canada's national anthem. The bill before us, which deals with life or death, was introduced by the minister on October 27, just 20 days ago. In the past 20 days, for one full week Parliament was not sitting. Today the minister is asking us to shut down debate and shut down any further discussion. He is refusing to split the bill, with no discussion whatsoever on a matter as important as life or death.

Why the urgency? Why not split the bill? Why not discuss it further? Why not debate it further? Why not hear from stakeholders across the country? Why not hear from Canadians? Why rush it through the House at warp speed?

Hon. Sean Fraser: Mr. Speaker, a repeated theme from members of the Conservative Party has been to split the bill. Although unanimity would be preferred, it is not the goal. Preventing the real suffering people are living through is the goal.

As we have this debate in Parliament, there are people living with deadly diagnoses that have or will steal their capacity to make decisions for themselves and result in a certain and painful death characterized by intolerable suffering. We have an opportunity to prevent the suffering that many vulnerable Canadians and their families will live through.

In addition, it makes sense to study multiple issues together when dealing with the same community of advocates and experts who will have perspectives on the two issues that are the central themes of this bill.

Ellis Ross (Skeena—Bulkley Valley, CPC): Mr. Speaker, we are talking about two issues here. One is about accessing MAID for mental health, which everybody agrees with. That could have been approved through Bill C-218. The minister talks about there being an issue with it. It could have been amended and would be a done deal.

We are talking about advance consent. Parliamentarians are expected to debate this within eight hours, but the minister keeps going back to studies that were done 10 years ago. Our job as MPs is to represent the people's wishes and feelings. Eight hours is not enough time.

Does the minister agree that Parliament's job is to assess and debate important bills like this one, which deal with life and death?

Hon. Sean Fraser: Mr. Speaker, the Conservatives are making two arguments that are mutually exclusive. On the one hand, they say they need more time to study it. On the other hand, they say it could have been done through a Conservative private member's bill. They take the abbreviated process with less debate than has been taking place already.

We have had substantive issues with the proposed private member's bill. We thought it was best to benefit from the deep policy work that went on at the Department of Justice and the Department of Health to move forward with multiple issues that are a very serious concern. If the member is concerned that there has not been enough debate so far, we are moving that this bill go to the next stage of proceedings, which involves an in-depth study before the parliamentary committee, to be returned to this House for debate.

● (1230)

Andrew Lawton (Elgin—St. Thomas—London South, CPC): Mr. Speaker, the Special Joint Committee on Medical Assistance in Dying heard of the case of Kiano Vafaeian, a 26-year-old denied MAID in Ontario but given it in British Columbia when he was struggling with mental illness even before that was allowed as a primary request. It heard of the case of Donna Duncan, where there was ambiguity about whether she actually wanted it. Then, in St. Thomas, a man was assessed for MAID in the parking lot of a Tim Hortons and driven by his doctor to a funeral home, where he received MAID the same day.

I would like a yes or no. Does the minister believe existing MAID safeguards are working?

Hon. Sean Fraser: Mr. Speaker, through this legislation, the safeguards would be strengthened, specifically including the indeterminate exclusion of medical assistance in dying under the Criminal Code where mental illness is the sole underlying medical condition.

I know the member cares deeply about this issue. I respect his position. It helped inform the government's decision when we landed on our conclusion on the issue solely dealing with mental illness. For each of the people that he has mentioned, I can tell him that there are real people living in real communities who are diagnosed with illnesses that are going to take their capacity and agency and condemn them to a death that is characterized by intolerable suffering. I do not think that is an outcome I am comfortable with. We should change Canada's Criminal Code to ensure that the medical practitioners who minimize suffering are not treated as criminals.

Garnett Genuis: Mr. Speaker, what is considered intolerable suffering is supposed to be relative to the subjective assessment of the patients themselves, yet the minister did not answer my question. Will the patient be told what is about to happen to them when it is about to happen to them?

I will ask it again. If a patient's life is being ended based on an advance request, will they be told what is about to happen to them and asked for their contemporaneous consent before it happens, regardless of capacity? Will they be told, yes or no?

Hon. Sean Fraser: Mr. Speaker, there are clearly going to be some specific details on provincial safeguards that will be legislated subsequent to the adoption of this legislation. This legislation would create an opportunity for that patient to determine the conditions under which they would access medical assistance in dying before they lose their capacity, with an opportunity to withdraw or revoke that consent at any time. It will be administered only when multiple medical professionals agree that the level of suffering the patient is living through is intolerable. The conditions they decide for themselves must be met.

The Assistant Deputy Speaker (John Nater): 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 to the Chair.

Andrew Lawton: We request a recorded division.

The Assistant Deputy Speaker (John Nater): Call in the members.

● (1315)

[*Translation*]

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

(Division No. 191)

YEAS

Members

Acan
Ali
Anandasangaree
Bains
Bardeesy
Begum
Bendayan
Brière
Carr
Chagger
Chang
Chatel
Chi
Clark
Cormier
Dabrusin
Danko
Deschênes-Thériault
Dhaliwal
Diab
Duguid
Earle
El-Khoury
Fancy
Fergus
Fonseca
Fraser
Fuhr
Gainey
Gerretsen
Gobeil
Grant
Guay
Hajdu
Harrison
Hirtle
Hogan
Hussen
Idlout
Jeneroux
Kayabaga
Khalid
Koutrakis
Lamoureux
Lapointe (Sudbury)
Lauzon
Lavoie
Leitão
Long
Ma
MacDonald (Cardigan)
Malette (Bay of Quinte)
Martin
McKinnon (Coquitlam—Port Coquitlam)
McLean (Esquimalt—Saanich—Sooke)
Mendès
Miedema
Mingarelli
Myles
Nathan
Noormohamed
Oliphant
O'Rourke
Petitpas Taylor
Provost
Rana
Rochefort
Sahota
Sarai
Sawatzky
Sgro
Sheehan
Sidhu (Brampton South)
Solomon
St-Pierre
Tesser Derksen
Turnbull
van Koeverden
Villeneuve
Weiler
Zahid
Zuberi– — 163

Al Soud
Alty
Auguste
Baker
Beech
Belanger (Desnethé—Missinippi—Churchill River)
Bittle
Caley
Casey
Champagne
Chartrand
Chenette
Church
Connors
Coteau
Dandurand
d'Entremont
Desrochers
Dhillon
Duclos
Dzerowicz
Ehsassi
Eyolfson
Fanjoy
Fisher
Fragiskatos
Fry
Gaheer
Gasparro
Gladu
Gould
Greaves
Gull-Masty
Hanley
Hepfner
Hodgson
Housefather
Iacono
Jaczek
Joseph
Kelloway
Klassen
Lambropoulos
Lapointe (Rivière-des-Mille-Îles)
Lattanzio
Lavack
LeBlanc
Lightbound
Louis (Kitchener—Conestoga)
MacDonald (Malpeque)
MacKinnon (Gatineau)
Maloney
McKelvie
McKnight
Ménard
Michel
Miller
Morrissey
Naqvi
Nguyen
Ntumba
Olszewski
Osborne
Powlowski
Ramsay
Robertson
Romanado
Saini
Sari
Schiefke
Shahnawaz
Sidhu (Brampton East)
Sodhi
Sousa
Sudds
Thompson
Valdez
Vandenbeld
Watchorn
Yip
Zerucelli

NAYS

Members

Aboultaif
Albas
Anderson
Arnold
Bailey
Barlow
Barsalou-Duval
Bélanger (Sudbury East—Manitoulin—Nickel Belt)
Bexte
Blanchet
Block
Borrelli
Brassard
Calkins
Chambers
Chong
Cody
Dalton
Davidson
Dawson
Deltell
Deschênes
Doherty
Epp
Falk (Provencher)
Garon
Gazan
Gill (Brampton West)
Gill (Windsor West)
Goodridge
Groleau
Gunn
Aitchison
Allison
Anstey
Baber
Baldinelli
Barrett
Beaulieu
Berthold
Bezan
Blanchette-Joncas
Bonk
Bragdon
Brunelle-Duceppe
Caputo
Champoux
Cobena
Cooper
Dancho
Davies (Niagara South)
DeBellefeuille
DeRidder
Diotte
Dowdall
Falk (Battlefords—Lloydminster—Meadow Lake)
Fortin
Gaudreau
Genuis
Gill (Calgary McKnight)
Gill (Abbotsford—South Langley)
Gourde
Guglielmin
Hallan

Hardy	Ho
Hoback	Holman
Jackson	Jansen
Jivani	Johns
Kelly	Khanna
Kibble	Kirkland
Kmiec	Konanz
Kram	Kramp-Neuman
Kronis	Kuruc
Kwan	Lake
Lantsman	Larouche
Lawrence	Lawton
Lemire	Leslie
Lewis (Essex)	Lewis (Haldimand—Norfolk)
Lloyd	Lobb
Mahal	Majumdar
Mantle	May
Mazier	McCauley
McKenzie	McLean (Calgary Centre)
McPherson	Melillo
Menegakis	Moore
Morrison	Motz
Muys	Nater
Normandin	Patzer
Paul-Hus	Perron
Poilievre	Redekopp
Reid	Reynolds
Richards	Roberts
Rood	Ross
Rowe	Ruff
Scheer	Schmale
Seeback	Shipley
Simard	Small
Steinley	Ste-Marie
Stevenson	Strahl
Strauss	Stubbs
Thériault	Thomas
Tochor	Tolmie
Uppal	Van Popta
Vien	Viersen
Vis	Warkentin
Waugh	Williamson
Zimmer– — 149	

PAIRED

Members

Anand	Au
Battiste	Blois
Bonin	Duncan
Fortier	Gallant
Généreux	Godin
Joly	Lalonde
Malette (Kapuskasing—Timmins—Mushkegowuk)	McGuinty
Plamondon	Royer– — 16

The Speaker: I declare the motion carried.

[*English*]

I wish to inform the House that because of the proceedings on the time allocation motion, the time provided for Government Orders will be extended by 30 minutes.

SECOND READING

The House resumed from November 4 consideration of the motion that Bill C-41, An Act to amend the Criminal Code and An Act to amend the Criminal Code (medical assistance in dying) and to make related amendments to other Acts, be read the second time and referred to a committee.

Ned Kuruc (Hamilton East—Stoney Creek, CPC): Mr. Speaker, I rise today to speak to Bill C-41, the medical assistance in dying safeguards act. This is not an easy subject to discuss. We are talking about some of the most vulnerable Canadians in our country: people living with mental illness, people suffering from serious medical conditions and families facing some of the most difficult decisions imaginable. The decisions we make in the House will have real, irreversible consequences for these Canadians. That is why we have a responsibility to get it right and to treat the bill with care.

Bill C-41 proposes two very different changes to Canada's laws on medical assistance in dying. The first would permanently exclude mental illness as the sole underlying medical condition for MAID. The second would allow certain Canadians to make advance requests for MAID, which could be carried out after they have lost the ability to provide informed consent. I strongly support the first part of the legislation. However, the second part raises very serious concerns about consent, patient autonomy and the protection of vulnerable Canadians. I believe that these two issues deserve to be considered separately.

Mental illness affects families in every community across this country, including right at home in Hamilton East—Stoney Creek. Whether someone is struggling with depression, post-traumatic stress disorder or other serious mental health conditions, their suffering is very real. However, what troubles me deeply is the idea that someone struggling with their mental health could see medically assisted death presented as an alternative to getting the treatment and support they desperately need. Canadians struggling with mental illness need treatment, resources, support and, above all, hope.

Unfortunately, we have already seen deeply troubling examples of MAID's being proposed to Canadians who are simply trying to get help. In 2022, Canadians learned that a Veterans Affairs employee had inappropriately discussed medical assistance in dying with veterans. One veteran seeking treatment for post-traumatic stress disorder and traumatic brain injury reported that MAID was brought up during his dealings with Veterans Affairs. He was not asking for assistance in dying; he was asking for help. A subsequent Veterans Affairs investigation confirmed four inappropriate MAID discussions. I find it absolutely heartbreaking that even one veteran had to experience something like this. When a veteran reaches out for help, our response should be to provide that help, not to suggest ending their life.

This issue also extends beyond our veterans. In 2023, a woman named Kathrin Mentler went to the Vancouver General Hospital while experiencing a serious mental health crisis. She was struggling with depression and suicidal thoughts. According to her account, during her assessment, a physician asked her whether she had considered medical assistance in dying. The health authority later characterized the discussion is part of a clinical risk assessment rather than an offer of MAID. Regardless of how that conversation was intended, we must recognize the distress it caused someone who had come looking for help. Imagine the courage it takes for someone struggling with suicidal thoughts to reach out and ask for help. Now imagine how devastating it would be to hear MAID raised during that conversation.

When someone is struggling, our job is not to give up on them. Our job is to help them get better. That means improving access to psychiatrists, psychologists, counselling, crisis intervention and long-term mental health support. It means making sure Canadians are not left waiting months to receive treatment when they need help today. That is why I support permanently excluding mental illness as the sole underlying condition for MAID.

That brings me to the second part of the bill, and this is where I have very serious concerns. Bill C-41 would allow someone diagnosed with a qualifying serious and incurable illness such as Alzheimer's disease to make an advance request for MAID. That request could potentially be carried out after the person has lost the mental capacity to consent. I understand why this is being proposed. I understand that there are Canadians who fear losing their independence, their memories and eventually the ability to make decisions themselves. I recognize that this bill includes eligibility requirements, medical assessments and safeguards, as well as requirements for provincial or territorial legislation, but the existence of safeguards would not mean every ethical question has been answered.

● (1320)

Should consent that was given months or years in advance remain valid when the individual is no longer mentally capable of consenting? There is something particularly concerning about this legislation. Bill C-41 establishes no federal maximum time limit between the signing of the advance request and when it could eventually be carried out. That means a request signed 10, 15 or even 20 years earlier could potentially still be considered, provided the patient meets the eligibility criteria and applicable provincial requirements. Members can think about what that means.

Imagine someone diagnosed with early onset Alzheimer's disease at the age of 50. They make an advance request fearing what their future might look like, but 15 years later, their condition has progressed and they can no longer provide informed consent. Should a decision made 15 years earlier be enough to authorize ending that person's life today? How can we know their wishes have not changed? How can we know the life they are living today is the life they imagined when they signed that request?

People change. Their circumstances change. Their perspectives change. Someone diagnosed with dementia may initially fear that their life will no longer be worth living once their condition progresses, but years later, despite their cognitive decline, they may still experience happiness, comfort, connection and, most importantly, love. How can we be certain that the decision they made years earlier is still the decision they would make today? We are talking about an irreversible decision, and it deserves extreme caution.

Another major concern is the responsibility this legislation would place on medical professionals. Ultimately, it would not be members of Parliament administering these advance requests. It would be doctors and nurse practitioners. I recognize that the bill would protect medical professionals from being compelled to participate, but for those who do, the responsibility is enormous. How does a medical professional determine whether someone who can no longer communicate clearly is experiencing intolerable suffering? How do they distinguish between an involuntary reaction and an attempt to resist?

The bill says that, if a patient clearly demonstrates refusal or resistance, the doctor cannot proceed with MAID, but what happens when their behaviour is unclear? The legislation requires a delay of at least 30 days when the medical professional is uncertain whether the patient is refusing or resisting, but what would waiting 30 days necessarily resolve? Will that resolve that uncertainty? How can we expect doctors and nurse practitioners to interpret someone's final wishes when that individual can no longer provide informed consent?

These are enormous ethical and professional responsibilities. Before Parliament moves forward, we must hear directly from those who would be responsible for administering the legislation. We need to consult doctors, nurses, psychiatrists, palliative care specialists and those who work directly with patients experiencing cognitive decline. We need to understand whether they believe these safeguards are sufficient. We need to understand the consequences if an irreversible mistake were to be made. We cannot simply pass legislation in Ottawa and leave medical professionals to wrestle with these questions on their own.

That is why I believe these two parts of Bill C-41 must be separated. We should move forward with permanently excluding mental illness as the sole underlying condition for MAID, but advance requests deserve their own legislation, their own debate and a thorough examination. There should be no rush when the consequences are irreversible.

I want to finish with this: Behind every discussion about medical assistance in dying is a real person, a father, a mother, a son, a daughter, a grandparent, someone who is loved, someone whose life matters, someone who may be facing the darkest and most frightening chapter of their life. I think about the veteran struggling with PTSD who simply wants treatment.

We must never allow the lack of resources, the lack of treatment or the lack of support to leave vulnerable Canadians feeling that death is their only option. We must be a country that offers hope to those who are struggling, care to those who are suffering and protection to those who are vulnerable. That is the responsibility we have been entrusted with, and that is the responsibility we must uphold.

I urge the Liberals to consider making these two issues their own separate bills, so we can give both the attention they deserve.

● (1325)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, first, I appreciate the comments the member made.

I want to amplify the fact that, virtually since 2015, there has been a tremendous amount of debate and discussion on a wide spectrum of issues with respect to MAID. When we get down to what the federal government is doing through the passage of this legislation, which was ultimately dictated because of a superior court decision back in 2014, we would be establishing through criminal law who qualifies for MAID. We also then put in guardrails, and that is something this legislation continues to do. The provinces, on the other hand, have a responsibility in how it would be administered.

I wonder if the member can provide his thoughts on the role provinces have to play.

Ned Kuruc: Mr. Speaker, for me it is a very difficult topic to talk about because I have a very good friend who at one point had a very terrible surgery and lost his life on the table. He subsequently had massive heart attacks and was left in a coma for months and months. When he came to, he came out of the coma and was on every single piece of life support that was possible. He tried to commit suicide once he could get the use of his right hand, and then after that, he tried to commit suicide again.

If he had been able, at that point, to sign a piece of paper or talk about what would happen if he took a turn for the worse, his life surely would have ended, but today he has made a full recovery. He has a beautiful four-year-old daughter Irina, a successful business and a wonderful family, so this is a little difficult for me to answer.

● (1330)

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, earlier today the justice minister was talking about people facing intolerable suffering. The problem with this advance request structure is that it would involve somebody else, a third party, determining what is intolerable to them without even a requirement that the person be asked or consulted in the moment about the state of their suffering. It would involve an external third party assessment, according to a document that was signed potentially years or decades before, about what is intolerable to an individual who is not being consulted.

That is obviously absurd. We cannot assess what is intolerable to a person without at least asking them about their own present subjective experience, yet Bill C-41 would allow someone to be killed without them even being told what is about to happen to them.

I want to thank the member for highlighting the concerns he has about this framework and just ask if he has anything else he wants to add.

Ned Kuruc: Mr. Speaker, there is.

I had a very difficult conversation with a member of my community who suffers from schizophrenia. She called me, and an announcement that she had seen on what we are doing up here in Parliament was a very traumatic experience for her, because she admitted that, when she is off her meds, she does not know what is going to happen to her. She said her fear is that, when she goes off of her meds, somebody, whether that is a third party, a family member or even she herself, could sign something without her knowing. She could then not get help and possibly be killed. She was just hysterical on the phone with me, sobbing and crying. She just wants to be in control of her own decisions, and her fear is that, if we do not separate these bills, that could be lost.

Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, these are clearly difficult issues. I have always been very honoured to debate issues of medical assistance in dying in this place. Despite differences across the aisles, this is one of those discussions we have that is almost devoid of cheap shots and snide partisanship because these are life-and-death questions.

To my hon. colleague, I ask what we would say. Within my community, I can say for sure that the majority of my constituents are begging for advance directives to be able to say that, if they are diagnosed with ALS, or if they are diagnosed with dementia, they want the ability to choose death with dignity while they are in their right mind. What would we say to those people?

Ned Kuruc: Mr. Speaker, the logical solution is to separate these bills. Let us move forward on the bill that we all agree on, but let us really debate, scrutinize and hear from everybody, possibly that colleague or any colleague in the House, to debate that second part. It needs more thorough investigation.

Roman Baber (North York, CPC): Mr. Speaker, medical assistance in dying in Canada is now a disaster. In 2024, 16,499 Canadians died by MAID, which was 5.1% of all deaths in Canada in 2024. That is one in 20 Canadians dying by medical assistance in dying. It is an unthinkable number. Compared to other countries, Canada has the highest mortality rate by MAID, followed by the Netherlands and Belgium. How did we get here? We were not supposed to.

In the 2015 Carter versus Attorney General decision, the Supreme Court of Canada ruled that Canada's prohibition on physician-assisted suicide violated section 7 of the charter. Attempting suicide has not been a crime in Canada since 1972, but counselling or aiding suicide is still an offence under section 241 of the Criminal Code and carries a maximum penalty of 14 years. In the Carter decision, the Supreme Court held that a blanket prohibition on physician-assisted suicide is contrary to the charter's right to life, liberty and security of a person. The court ruled that medical assistance in dying is permitted for competent adults, and I stress "competent", who are experiencing enduring and intolerable suffering from a grievous incurable condition, which was the second stipulation. Again, the key phrase was "competent adults".

Competence requires consent. There are two basic elements to competence. A person must be the age of majority, otherwise they cannot consent, and they must be of sound mind. That is the key. That is why it was so outrageous that the Liberals sought to expand, at some point, MAID to teenagers, and equally repugnant was their attempt to expand MAID to those whose sole underlying condition was mental illness. How can someone who is not of sound mind consent to die? How could we entertain such cruelty that we would administer a lethal injection to someone who may not be able to consent to a lethal injection?

I am blessed in my role as shadow minister for civil liberties. I have a unique perspective on civil liberties, having been born and lived the first eight years of my life in the communist Soviet Union. Section 7, the right to life, liberty and security, is perhaps the most precious right in the Canadian Charter of Rights and Freedoms. What else could be more important than life, liberty and security of a person? These are the most primal instincts we have as human beings, and I will not second-guess the Supreme Court in Carter. I agree that a consenting individual of sound mind should be able to say, under the right circumstances, "I don't want to suffer anymore. I don't want to lose my dignity. I don't want to subject my loved ones to pain." It is their life, their liberty and their security, which is often interpreted as a right to their own body, but that is because it is their decision. It is their decision because they are competent to make such a decision and they can grant consent, but if a person is not an adult, or is suffering from mental illness, then how can they grant consent? If there is no consent, then it is no longer medical assistance in dying.

What MAID turned into in Canada is not what it was meant to be. In response to the Carter decision, Canada legalized MAID in 2016, which is for adults who are able to consent and who are experiencing intolerable suffering from a terminal condition that is irreversible. At the time, the law required that death was reasonably foreseeable. That requirement of death being reasonably foreseeable was struck down by the courts, forcing Parliament to expand eligibility further, except the Liberals were liberal, and eligibility was considered for people whose sole underlying condition was mental illness. Thankfully, through Bill C-7, the Criminal Code was amended to include a two-year prohibition on availability of MAID for individuals whose sole underlying condition was mental illness. Then, twice more, in 2023 and 2024, the mental illness exclusion was extended again, moving the deadline to March 2027.

Conservatives have always been on the right side of this question. We fought tooth and nail against the expansion of MAID to teenagers. We fought tooth and nail against MAID for those whose sole medical condition was mental illness, and now we have finally won. We can think about how much worry the emotional roller coaster of the Liberals has put so many families through, worrying that a loved one may not be able to hold on and, god forbid, take their own life.

● (1335)

We have a mental health epidemic in our country. CAMH estimates that 20% of Canadians are suffering from mental illness. That is significantly higher than the global average and puts us in the top tier of countries experiencing mental illness. Twenty-six per cent of Canadians aged 16 to 21 report suffering from poor mental health. That is a catastrophe.

I still maintain that it was our pandemic response, the fact that Canada, and my province of Ontario, had the longest lockdown in the world, that sparked this mental health epidemic that we cannot seem to get out of. I was the only one in this building to publicly oppose the lockdown of 2020-21, albeit that I was in the provincial legislature at the time.

The Liberals wanted to expand MAID to people suffering from mental illness. Thankfully, with this legislation, Bill C-41, they are rolling it back. There are material concerns with respect to the second portion of the bill, which is advance requests, but on mental illness, the Liberals could have just voted for Conservative bills.

They could have voted for Bill C-218, brought by the Conservative member for Cloverdale—Langley City. Her bill would have permanently blocked the expansion of MAID to individuals whose sole medical condition is mental illness, but they voted against it.

What happened to MAID in Canada? In my province, Ontario, patients can wait for more than two years to get an appointment with a psychiatrist. There are cities such as Kingston, where at some point it was three years to get an appointment with a psychiatrist, but they could get track 2 MAID in as little as 90 days. In some cases, for track 1 MAID, there was no wait time at all. This is not what the Supreme Court had in mind in Carter.

We hear horror stories of veterans being told that they are eligible for MAID when all they asked for was basic disability benefits and mental health supports. People are known to be considering MAID in food banks. That is the Prime Minister's economy.

This is why I support my friend's bill, Bill C-260, by the Conservative member for Sherwood Park—Fort Saskatchewan. Bill C-260 would preclude anyone who is not a health care practitioner from offering MAID.

We have a MAID factory in this country, not as an act of compassion, as it was meant to be, but as a standard operating procedure that is not health care or compassion. We have a crisis in mental health and addictions. Imagine the result of this crisis perpetuating itself and extending onto MAID.

We need to rethink the entire MAID regime. I pray for the lives that will be saved because MAID will not be available to individuals whose sole condition is mental illness.

Let us invest in mental health treatment and supports. Let us invest in more doctors, nurses and hospital beds. Let us not allow people who cannot consent to MAID to consent to MAID.

● (1340)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I think it is important to recognize the whole issue and debate. I could go back to the early 1990s, with Sue Rodriguez and the impact of that Supreme Court decision back then. It evolved in 2015, when the then Harper government refused to deal with the issue. We brought forward legislation that set the framework in terms of changing the Criminal Code. What we have seen is that it has evolved to where it is today.

In fact, if we go back to 2015, there might have been a half dozen other countries. Since we passed MAID, I can tell that other countries have been watching what Canada has been doing on this very sensitive issue. Now there are a number of countries that are following suit, because it is the right way to go.

I am wondering if the member could provide his thoughts on what seems to be an evolving issue.

Roman Baber: Mr. Speaker, I think it is shameful that the member, and in fact, the government, continually refer to the Harper government, which has not sat in this building for 11 years.

The Carter decision came down in 2015, which is the same year that the member's government was elected, and it is the same old Liberal government.

On the issue, yes, it has evolved. It has evolved such that in 2024, 5% of total deaths in Canada were by virtue of medical assistance in dying. One in 20 Canadians who die are choosing MAID. It was never supposed to evolve to this, and that is thanks to the member and the Liberal government.

Costas Menegakis (Aurora—Oak Ridges—Richmond Hill, CPC): Mr. Speaker, we are talking about a bill that deals with life and death in this country. It took six months for Parliament to debate and discuss the Canadian flag. It took almost two years for the House to discuss changing just two words in the national anthem.

Can the member share with us why he thinks the Liberal government is so hell-bent on passing this bill, which deals with life and death, so quickly, without proper debate in this place?

● (1345)

Roman Baber: Mr. Speaker, it is worth pointing out that I rose not during ordinary debate at second reading, but during time allocation of this bill. The Liberals just passed a motion cutting off debate on this key piece of legislation, which would not only cease to limit MAID to people whose sole underlying condition is mental illness but also deal with advance requests, where one could ask for MAID in advance. It is on this piece of legislation that the Liberals will allow only one House sitting day of debate, and that is shameful.

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I want to thank my colleague both for an excellent speech and for his kind words about my bill, Bill C-260. The bill is aimed at addressing the issue of MAID coercion, when people are trying to access support from authority figures and are pressured or pushed to consider MAID, oftentimes by professionals who are not even supposed to be involved in MAID, like bureaucrats at Veterans Affairs, social workers and other such people, even outside of the medical system.

With Bill C-41, I see a potential toxic combination of advance requests with coercion, where a person gets a diagnosis and is not very familiar with what the implications are. They feel a lot of pressure and fear, because they do not have any lived experience with what that is actually going to be like. They then sign a piece of paper and effectively sign away their future autonomy. Bill C-41 would allow someone to be killed at a future point without even being asked, based on a piece of paper they signed in the past.

Can the member comment on how this combination of factors could impact people?

Roman Baber: Mr. Speaker, I commend my friend's bill, Bill C-260. It is unconscionable and unthinkable that anyone other than a regulated health professional would offer MAID or explain to someone that there is an option for MAID. Most often, these are people who are seeking help from a government bureaucrat or potentially seeking help from a social worker. They are often people who attend food banks.

We have a crisis vis-à-vis MAID in country, and I appreciate my friend's attempt to narrow the scope of those who are able to offer MAID to health practitioners only.

Kent MacDonald (Cardigan, Lib.): Mr. Speaker, I welcome the opportunity to speak to Bill C-41, the medical assistance in dying safeguards act. This is a deeply sensitive and personal topic for many Canadians, including myself. It involves complex medical, legal and ethical considerations. I have heard from many of my constituents and taken their viewpoints under consideration in forming my own position.

To address these considerations, this legislation would make two critical changes. It would, first of all, permit individuals diagnosed with degenerative illnesses such as Alzheimer's and dementia to make an advance MAID request following provincial and territorial health protocols. It would also end the expansion of MAID where mental illness is the sole underlying condition.

We recognize that mental illness can cause suffering just as profound as physical illness. At the same time, there are differing views on whether eligibility for MAID can be reliably assessed and provided safely. Our decision-making has been guided by the need to carefully balance respect for personal autonomy with the need to protect those who may be vulnerable. It carefully responds to public concern, parliamentary study and expert testimony, holistically reflecting Canada's readiness for MAID expansion. Bill C-41 also aims to improve data collection and reporting practices for MAID, allowing Canadians to better understand how MAID is provided throughout the country. This legislation focuses its approach on compassion, caution and respect, taking the time to scrutinize MAID readiness for mental illness eligibility.

Bill C-41 would maintain the exclusion for people whose sole underlying mental condition is a mental illness. This issue has been the subject of substantial study and debate for the past decade, yet no real consensus has emerged. We know that mental illness can cause profound and intolerable suffering, equal to the suffering that a physical illness can cause. At the same time, experts continue to raise serious questions about whether requests for MAID based solely on mental illness can be assessed safely and consistently. They have identified challenges in determining whether a mental illness can be treated. They have also questioned whether practitioners can reliably assess a request for MAID that is based on recent decision-making rather than suicidal intention.

Parliament's very own Special Joint Committee on Medical Assistance in Dying has studied the issue multiple times, issuing reports in 2023, 2024 and, most recently, 2026. It concluded that the scheduled expansion should not proceed. Canadians expect us to carefully consider and weigh the right approach, including balancing competing rights around personal autonomy with the need to protect those who may be vulnerable.

I recognize that this decision will be difficult for some people. It also underscores the importance of ensuring that people living with mental illness have access to the care and support they need. There are people across our country who have suffered from mental illness for many years without finding relief. Some have considered MAID seriously. After deep reflection, I recognize that this decision may be very distressing for them.

The suffering caused by a mental illness is just as real and serious as the suffering caused by a physical illness. Severe mental illness can have a devastating impact on one's quality of life. People living with mental illness need timely, appropriate support, no matter where they live. This is especially important in rural and remote areas like the one I represent, where it can be difficult to access quality care.

Since 2017, the Government of Canada has been working with provinces and territories to improve access to quality mental health services. In 2023, the government announced the working together to improve health care for Canadians plan, providing $200 billion over 10 years to provinces and territories, including $25 billion for shared priorities, such as mental health. We are also working with provinces and territories to renew these agreements, providing more stable, longer-term funding while allowing them to respond to the needs of their communities.

Building on this work, earlier this month, the health minister met with provincial and territorial health ministers in Winnipeg. They reaffirmed a shared commitment to improve access to mental health services. At that meeting, the Government of Canada announced an additional $1.2-billion extension for 2027-28. The investment includes federal support to provinces and territories for mental health services, while federal, provincial and territorial governments continue discussions on long-term health funding, sustainability and finding better ways to deliver high-quality care for Canadians.

● (1350)

Before I conclude, I want to touch on how Bill C-41 would improve MAID data collection and reporting. Accurate data collection and public reporting are essential to transparency and accountability. Reliable information helps us understand who is requesting MAID, under what circumstances and why.

Bill C-41 would seek to strengthen data collection and reporting by collecting new information related to advance requests. It would seek to improve administrative efficiency by streamlining some reporting requirements. The proposed legislative changes would expand the collection of data on advance requests in order to inform the public on the provision of MAID in Canada, take out requirements for preliminary assessors to provide reports, and permit others to help physicians and nurse practitioners with reporting. These measures, combined with maintaining accountability, would lower the burden of unnecessary paperwork for our health care practitioners.

Lived experiences and expert testimonies have guided these vulnerable conversations. Having listened to a broad array of testimonies from Canadians coast to coast, we extend these changes with prudence and dignity. We have engaged partners who have shared their perspectives and made two critical decisions around MAID for advance requests and mental illness as the sole underlying condition. As discussed, the legislation would put firm guardrails around advance requests. Crucially, it would end the extension of MAID where the sole underlying condition is mental illness.

Bill C-41 maintains respect for autonomy while confronting the honest reality around Canada's readiness for MAID expansion. While difficult, the government prioritizes transparency and accountability regarding MAID expansion, which is why it continues to build its efforts to improve MAID data collection and reporting.

On a more personal note, I think many members of the House have probably sat with a dying relative. This type of lived experience definitely influences the way one looks at MAID as a personal choice for Canadians. The legislation would prioritize the individual while following the need for a compassionate, respectful and prudent response. I ask that all members of the House support the bill.

● (1355)

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I have a simple question for my colleague. I wonder if he could share with the House whether Liberal members will be given a free vote on this issue of conscience.

Kent MacDonald: Mr. Speaker, I have not had any consultations. On most private members' bills or legislation, members vote their conscience, and I know it is no different for this bill.

Doug Eyolfson (Winnipeg West, Lib.): Mr. Speaker, I agree wholeheartedly with the government's plan to prohibit MAID where the sole reason is mental illness. The thought of doing that made me, as a physician, nervous. However, as someone who has watched people suffer from dementia, as someone who has watched members of my own family suffer from dementia and does not wish to undergo that kind of suffering myself, should I not have the choice to have that available to me before that capacity is taken away by the disease process?

Kent MacDonald: Mr. Speaker, the whole issue of advance directives is one in which we cannot leave one group of people out. Those people who may face Alzheimer's or some other neurological disorder they are not aware of should be able to make their own choice. That is why I support Bill C-41, which would allow a person to make an advance directive about an illness that may approach them in the future.

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I did not really get a clear answer to my previous question, so I will follow up on it.

This is a piece of government legislation. Normally on issues of conscience, historically, at least for our party, they are free votes. Are members of the government free to vote their conscience according to what they hear from their constituents, and from their own perspective, or are they going to be compelled to take the same position as the Minister of Justice?

Kent MacDonald: Mr. Speaker, I will be as clear as I can be. Members would note that, on Bill C-218, I voted in support of the opposition bill on this very topic. I made the decision that day because the bill was not perfect. I had some reservations. However, I thought if it went to committee it could be perfected.

I now see that the justice minister has presented a bill that addresses all of my concerns, and all of the needs and concerns of my constituents.

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I wonder if my colleague could provide his thoughts on this. The federal government deals with MAID legislation. Ultimately, we all hope it will pass, which then creates a responsibility for the provinces. Throughout the debate, we have not really had much discussion on that, how important it is that there is follow-through, and that we continue to work and support the provinces as they look to their responsibility of administering it. Does he have any thoughts with respect to that issue?

Kent MacDonald: Mr. Speaker, certainly we have set the framework. Now the provinces will have to put their own protocols in place for eligibility. Some provinces have that in place. Some are coming forward. I think Saskatchewan came forward last week.

STATEMENTS BY MEMBERS

● (1400)

[*English*]

CRESCENT BEACH SWIMMING CLUB

Ernie Klassen (South Surrey—White Rock, Lib.): Mr. Speaker, I rise today to recognize the 108th anniversary of the Crescent Beach Swimming Club, the oldest summer swim club in British Columbia. For generations, summers in Crescent Beach have included the sight of young swimmers making their way out to the tank at Blackie Spit while family and friends watch from shore. Long after their own swimming days are over, many return with children and grandchildren who take part in the same tradition. Run by volunteers, the club continues to be a gathering place for families every summer.

I am proud that support through the Canada summer jobs program has helped provide opportunities for young people while supporting a tradition that has connected generations of Crescent Beach residents.

As budget 2026 invests in community sports and recreation infrastructure, the Crescent Beach Swimming Club reminds us of the value of recreation and sport in building communities.

I wish the Crescent Beach Swimming Club continued success and many more generations of swimming, friendship and community ahead.

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LEEDS—GRENVILLE MUNICIPAL ELECTIONS

Michael Barrett (Leeds—Grenville—Thousand Islands—Rideau Lakes, CPC): Mr. Speaker, across Leeds—Grenville, municipal councils are beginning a new term of office this week, and I have had the opportunity to speak with all of the newly elected mayors and to address all mayors and councils at a recent council training session.

Tonight, I have the privilege of administering the oath of office for Mayor Gauri Shankar and his council in the town of Prescott.

Tomorrow evening, I will be joining Mayor Cameron Wales and his council for their inaugural meeting.

As a former municipal councillor, I appreciate very much the demands and the commitment that local public service requires.

Councils have hit the ground running. Just this weekend, I joined Mayor Anne Marie Dancy to celebrate the 50th anniversary of Centre '76, where the Aeros took a big win over Richmond.

I cannot wait to work with these new councils to deliver results for our community, because that is what we have all been elected to do. I want to thank everyone who put their name on the ballot and everyone who served over this last term. Public service matters. Thanks to all. I cannot wait to get to work.

PROJECT DANDELION

Shannon Miedema (Halifax, Lib.): Mr. Speaker, I rise today to recognize Project Dandelion, a global, women-led movement dedicated to advancing climate action and climate justice.

Last week, I had the privilege of meeting its co-founder, Mary Robinson, former president of Ireland, UN High Commissioner for Human Rights and the UN special envoy for climate change.

Ms. Robinson encouraged us to be prisoners of hope and remain committed to progress regardless of the challenges ahead. Through Project Dandelion, Ms. Robinson is putting that message into action and supporting indigenous leadership and advancing woman-led solutions to the climate crisis.

Like the dandelion whose seeds that spread far and wide, the movement reminds us that meaningful change can begin with one single voice. I am grateful to Mary Robinson for her leadership and for reminding us of our individual power and the importance of hope.

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FRASER VALLEY FLOOD MITIGATION

Brad Vis (Mission—Matsqui—Abbotsford, CPC): Mr. Speaker, five years ago this week, devastating floods forever changed communities across the Fraser Valley, and five years later, after two floods, we are still fighting for critical infrastructure upgrades.

While I am encouraged by the recent federal-provincial MOU and its commitment of up to $20 million for flood mitigation planning, there is still no clear timeline or dedicated funding for repair work.

My constituents ask, “How can the government meet its export objectives if it continues to ignore and delay fixing this critical supply chain corridor? How can the government justify bailing out B.C. condo developers to the tune of billions of dollars when this work is not complete? Why can the government be so quick to spend money on projects abroad that are not in Canada's national interest when our farmers, roadways, pipelines, border crossing and rail lines all remain vulnerable?”

What will it take for the government to act, another major flood or a mass protest? The Fraser Valley and British Columbia have waited long enough. It is time to deliver.

CANADIAN COUNSELLING AND PSYCHOTHERAPY ASSOCIATION

Jake Sawatzky (New Westminster—Burnaby—Maillardville, Lib.): Mr. Speaker, access to mental health care can change and even save lives.

Today, I recognize the Canadian Counselling and Psychotherapy Association, which represents over 20,000 professionals. The CCPA is having a large impact every day, making sure that all Canadians have access to mental health care.

The Government of Canada is doing the same, with large investments. Budget 2026 makes significant investments in mental health care, providing $1.2 billion to extend bilateral agreements for mental health and addictions services. It also commits $2 billion to build and improve mental health and addictions facilities. This is one of the most significant federal investments in community mental health infrastructure.

As a neuroscience graduate and someone who has seen the impact of mental illness on loved ones, supporting mental health organizations has been the reason I entered into politics. I thank the CCPA for its impact. Let us build a future where everyone has access to mental health care.

* * *

● (1405)

HIGH-SPEED RAIL

Dave Epp (Chatham-Kent—Leamington, CPC): Mr. Speaker, this morning I visited Vankleek Hill and met with farmers and landowners directly in the path of the proposed Alto high-speed rail corridor. I want to thank them for welcoming me and my colleagues, sharing their stories and making their voices heard, especially when so many of them feel their Liberal representatives have refused to listen. Theirs are not just properties on a government map. They are family farms, generational businesses and livelihoods built over decades. Alto will divide productive farmland, disrupt generations of hard work and fundamentally change these communities. These landowners have written to their Liberal MPs and asked the agriculture committee to study the impacts, yet they have received little to no response.

The Liberals have chosen their route and their project, and now they expect these families to simply get out of the way. The families' concerns deserve answers. I am calling on the Liberals to stop ignoring these Canadians and agree to a full committee study of Alto and its impacts on farmers, farmlands and rural communities.

* * *

AJAX MUNICIPAL COUNCIL

Jennifer McKelvie (Ajax, Lib.): Mr. Speaker, I rise to recognize our new Town of Ajax municipal council. In Ajax, we are so fortunate to have a vibrant community of engaged and passionate residents, residents who are willing to put themselves forward to move Ajax forward. I want to congratulate our new mayor, Marilyn Crawford. I know she will work hard to deliver for our town. I also want to extend a big welcome to new councillors Ranjith Paranivasagam, Stephanie Ashton, Kristy McDonald and Nick Papalambropoulos, and I welcome back councillors Rob Tyler-Morin and Nancy Henry.

I look forward to working with all of them for Ajax. I wish them all the best as they celebrate their inauguration this evening. They should enjoy every moment. Trust me: It goes fast.

* * *

FINANCE

Shannon Stubbs (Lakeland, CPC): Mr. Speaker, the Prime Minister promised to spend less, but he is spending more, borrowing more and leaving Canadians with the bill. His budget should be called “mastered by debt”, because while Canadians struggle to afford groceries, gas and housing, the Liberals plan to borrow $765 billion, which is $44,000 for each Canadian household. What Canadians get in return is higher costs, more debt and billions of dollars in interest payments.

There are two worlds in Canada today: families that are forced to cut back and cannot get ahead, and an out-of-touch Liberal government that makes everything more expensive for everyone. After promising cuts, the Liberals spent more than $19 billion on external consultants last year, which resulted in billions of dollars for insiders and consultants, cuts for Canadians and debt for taxpayers. Conservatives proposed to cut waste, remove federal gas taxes and rein in debt. The Liberals said no.

Canadians should not have to pay more because the Liberals refuse to spend less. Canadians need relief on groceries, at the gas pump and on rent and mortgages. They do not need another Liberal debt bill they cannot afford.

* * *

[*Translation*]

ALINE DESJARDINS

Martin Champoux (Drummond, BQ): Mr. Speaker, for an interview on the program *Entrée des artistes*, host Marie-Claude Lavallée introduced her guest by saying:

> She is one of the few people who can be proud of having hosted a hit TV show whose ratings declined over time. The reason is simple: The message had been so effective that many of the women it had been speaking to for so many years...weren't at home anymore....They had changed their lives and were busy outside the home.

The show was *Femme d'aujourd'hui*, and the guest was Aline Desjardins, who passed away on November 13.

For 13 years, Aline Desjardins hosted this landmark program, which tackled issues such as abortion, equal opportunity and sexual liberation, helping housewives on the path to empowerment. Alongside women like Janette Bertrand, Lise Payette and Simonne Monet-Chartrand, Aline Desjardins helped make Quebec a more equal, more open and more just society, a better society.

On behalf of the Bloc Québécois, I extend my sincere condolences to her family and loved ones.

I thank Ms. Desjardins for everything.

* * *

● (1410)

[*English*]

TIBET

Karim Bardeesy (Taiaiako'n—Parkdale—High Park, Lib.): Mr. Speaker, Tibetan Canadians are caregivers, entrepreneurs, professionals, students and activists. In Taiaiako'n—Parkdale—High Park and across Canada, they help build a Canada of greater prosperity and compassion. Tibetans, guided by His Holiness the Dalai Lama, have built a resilient democracy through the Central Tibetan Administration, which holds elections in 27 countries. Its elected leader, Sikyong Penpa Tsering, will visit Canada next week. This week, we recognize Tibet day on the Hill, organized by the Canada Tibet Committee.

Tibetans are a stateless people who have found refuge and opportunity in Canada, yet they continue to yearn for autonomy and self-determination in their homeland, a yearning the House recognized unanimously in 2024. They yearn for the protection of their culture and language, which are under attack due to the forced assimilation of Tibetan children in residential schools, as exposed by pioneering Tibetan Canadian educational sociologist Dr. Gyal Lo.

Next year, as China undergoes review before the UN Committee on the Rights of the Child, under the convention it has ratified, let us continue to advocate for the rights of Tibetan children, for kids to be kids and for the preservation of Tibetan language, culture and identity.

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FIRE AT JOYCE KOPE HOUSE

Doug Shipley (Barrie—Springwater—Oro-Medonte, CPC): Mr. Speaker, a tragic incident occurred in my community this past week. On Sunday, November 8, our region experienced a major loss when a fire caused significant damage to Joyce Kope House, the emergency shelter and transition home for women in downtown Barrie.

Due to the incredible level of support shown by our community, the organization is pausing donations of clothing and food. However, it is still seeking monetary contributions to help fund its operations and recovery. The women affected by the fire may be displaced for up to a year, and financial contributions will help the organization continue its services while rebuilding. Donations can be made online to the Elizabeth Fry Society Simcoe Muskoka.

I would like to thank all residents who have contributed and have shown their compassion to some of the most vulnerable members of our community during these challenging times. It has been heartwarming to witness our community come together and support one another when it matters most.

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REMEMBRANCE DAY

Chi Nguyen (Spadina—Harbourfront, Lib.): Mr. Speaker, last week I was honoured to attend the Remembrance Day ceremony at Fort York National Historic Site, reflecting on the sacrifices of those who have served our country.

In Spadina—Harbourfront, reminders of that service are all around us. Billy Bishop Toronto City Airport played a critical role during the Second World War, serving as a training base for both the Royal Canadian Air Force and the Royal Norwegian Air Force. Across the water, Little Norway Park is a lasting tribute to the enduring friendship between Canada and Norway, and the contributions of those who trained and served together during the Second World War. These landmarks tell an important story in my riding, as do the organizations that work every day in preserving their legacy. The Royal Canadian Air Force Foundation ensures that the service and sacrifice of those who served continues on through its educational programs and commemorative work, such as its podcast *Pathway to the Stars*.

Remembrance Day is about more than looking back at our history. It is about ensuring that the courage and sacrifices made by those who answered the call to serve our country are never forgotten, lest we forget.

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GOVERNMENT PRIORITIES

Tamara Jansen (Cloverdale—Langley City, CPC): Mr. Speaker, people are not going to believe where our Prime Minister promised another half billion dollars just this weekend: to a man who was actually convicted of corruption and money laundering and served time in prison not that long ago.

That is right. Brazil's President Lula was in jail on those charges, yet somehow Canada is handing him half a billion dollars, no strings attached. After the recent mega budget with mega debt piled on top of mega debt, our Prime Minister chose to go on another spending spree, committing our hard-earned money overseas to help save the rainforest that his former company Brookfield was accused of deforesting to the tune of 9,000 hectares, also not that long ago.

All the while, Canadians are getting hammered at the gas pumps, groceries are going up and our dollar just dropped below 70¢ U.S. Canadians cannot afford to do this anymore.

[*Translation*]

ORDRE NATIONAL DU MÉRITE AGRICOLE

Linda Lapointe (Rivière-des-Mille-Îles, Lib.): Mr. Speaker, I would like to highlight two outstanding businesses in Saint-Eustache. Vignoble Rivière du Chêne and Jardins Michel Corbeil recently received prestigious honours at the 2026 edition of the Ordre national du mérite agricole du Québec. The—

The Speaker: I would ask the hon. member to repeat her statement from the top, as there was too much noise in the House.

● (1415)

Linda Lapointe: Mr. Speaker, this is very important. Today, I would like to highlight two outstanding businesses in Saint-Eustache, in my riding. Vignoble Rivière du Chêne and Jardins Michel Corbeil recently received prestigious honours at the 2026 edition of the Ordre national du mérite agricole du Québec, Quebec's national order of agricultural merit competition.

Vignoble Rivière du Chêne is a vineyard run by Daniel Lalande that several of our colleagues visited this past summer. It earned the gold medal, which is the competition's highest award. The vineyard ranked first both in its region and across Quebec.

The horticulture business Jardins Michel Corbeil was also celebrated, receiving the Quebec-wide special mention for agri-tourism, as well as a special mention from the minister.

These awards reflect their passion, expertise and contribution to promoting agriculture and agri-tourism in the Lower Laurentians. It is worth noting that our region is a prime destination for day trips, and these businesses play a key role in helping visitors discover its attractions.

Thank you very much and congratulations.

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[*English*]

GREY CUP CHAMPIONS

Kerry Diotte (Edmonton Griesbach, CPC): Mr. Speaker, the Grey Cup is coming home to Edmonton. After 11 long years, the green and gold are once again Grey Cup champions. Last night, the Edmonton Elks defeated the Montreal Alouettes 37 to 30, capturing their 15th Grey Cup. It was a great game to boot. Quarterback Cody Fajardo led the team with four touchdowns, earning Grey Cup MVP. However, this victory was about more than one player. It was about grit, determination, teamwork and a city that never stopped believing. I congratulate Coach Mark Kilam, the players, coaches, ownership and the whole organization.

As the MP for Edmonton Griesbach, I am especially proud that the Elks play in Commonwealth Stadium in my community. Edmonton is the city of champions once again.

Way to go, Elks.

* * *

CANADIAN FEDERATION OF MEDICAL STUDENTS

Hon. Helena Jaczek (Markham—Stouffville, Lib.): Mr. Speaker, I rise today to welcome over 90 students from the Canadian Federation of Medical Students who are joining us today in Ottawa. The federation is the national voice of Canadian medical students. It represents over 9,000 students from 16 medical schools across Canada. Representatives are here on Parliament Hill for their national day of action to meet with parliamentarians and advocate for solutions to health care workforce shortages and physician burnout. These include supporting Bill S-5, the connected care for Canadians act to advance health care data interoperability across the country and reduce the administrative burden on health professionals.

As a physician, I know how demanding medical training can be. These students are going above and beyond their studies to advocate for a stronger health care system and help shape the future of health care in Canada. I commend them for their leadership and their commitment to improving health care for all Canadians. I ask members of the House to join me in welcoming them to Parliament Hill.

ORAL QUESTIONS

[*Translation*]

THE ECONOMY

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, while this Prime Minister is wasting our money abroad, Canadians are paying the price here at home. Statistics Canada announced today that inflation is 50% above target. Canadians are paying more for groceries, more for gas and more for housing, but the Prime Minister is sending $500 million to Brazil for forests.

Why is the Prime Minister wasting billions of dollars abroad when Canadians are struggling here at home?

Hon. François-Philippe Champagne (Minister of Finance and National Revenue, Lib.): Mr. Speaker, it seems the Leader of the Opposition was otherwise occupied last week when we presented budget 2026, an historic budget that puts affordability at the centre of the government's priorities. We announced a targeted measure, the 2027 supplement, that will help 12 million Canadians across the country and lift 120,000 people out of poverty. I introduced a motion this morning, and I hope that all members of Parliament will stand up to help the Canadians in our society who are most in need.

● (1420)

[*English*]

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, while the Prime Minister sends billions of our dollars abroad, Canadians are paying the price and losing their jobs here at home. Stats Canada reported today that inflation is 50% above target. The first three quarters of this year have been the worst for insolvency since the great global recession, the dollar has fallen beneath 70¢ American and, finally, what is the Prime Minister's solution? It is to send half a billion dollars to Brazil for forests.

Why is the Prime Minister wasting our money abroad when Canadians cannot afford to feed themselves here at home?

Hon. François-Philippe Champagne (Minister of Finance and National Revenue, Lib.): Mr. Speaker, it seems that the Leader of the Opposition was missing in action last week, because Canadians know we presented a great budget, budget 2026, which will bring growth in this country, tackle affordability and build on our sovereignty.

This morning I introduced a motion to put in action the 2027 supplement, which is going to help 12 million people and take 120,000 people out of poverty. These are the kinds of things Canadians expect. That is what we are delivering for Canadians.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, do you know where I was last week? I was talking to Kim, over at Tim Hortons, who told me that her husband had committed suicide because of financial pressures and that she is hanging on by her fingernails. She said to me, "I just need some light at the end of the tunnel, and I hope it's not an oncoming train." Meanwhile, the government is sending half a billion Canadian tax dollars to Brazil for forests.

Why the hell are the Liberals wasting our money abroad when people here at home cannot afford to feed themselves?

The Speaker: I would ask the member to be careful about certain terms.

The Hon. Minister of Jobs and Families.

Hon. Patty Hajdu (Minister of Jobs and Families and Minister responsible for the Federal Economic Development Agency for Northern Ontario, Lib.): Mr. Speaker, first of all, my heart goes out to Kim. As a family member who has just recently lost a loved one to suicide, I can tell members that there is nothing more horrific for a family to have to go through.

Having said that, I hope the member opposite is telling Kim about the budget, about the different measures in place to support Canadian workers, to make sure people have the supports they need and to make sure that provinces and territories have what they need as well to help people who are struggling with mental health.

* * *

AUTOMOTIVE INDUSTRY

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, last week I was also speaking to auto workers at Stellantis who were out in the cold. The Prime Minister claimed he felt betrayed by the sale of its plant to Roshel. We now find out that the government was intimately involved in brokering the sale, and now the Prime Minister is saying he wants to pivot to Chinese automakers. According to Brian Kingston of the Canadian Vehicle Manufacturers' Association, "Ask the Europeans how their China auto strategy is working out...104,000 auto jobs lost [since they started it]."

Why is the Prime Minister selling out our auto workers to Beijing?

Hon. François-Philippe Champagne (Minister of Finance and National Revenue, Lib.): Mr. Speaker, let me set the record straight. Our priority number one has always been to restore operations at the Stellantis plant. It has always been to make sure that the company would respect the undertaking and its obligations to the workers, to the industry and to Canadians.

Instead of complaining, the Conservatives should join in and fight for Canadians. At a time like this, workers at Stellantis are expecting every member of this House to fight for them. On this side of the House, we know that every day is a good day to fight for Canadians.

* * *

[*Translation*]

IMMIGRATION, REFUGEES AND CITIZENSHIP

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, while Canadians are facing a shortage of housing, jobs and health care, the Prime Minister plans to massively increase immigration to Canada next year. He wants 650,000 new permanent residents. That is a record by far. That is 200,000 more permanent residents than in the highest year under Justin Trudeau.

The National Post estimates that 500,000 jobs will be needed to sustain that, but instead, 115,000 jobs are being lost.

Why is the Prime Minister depriving Canadians of jobs, homes and health care? When will he get immigration under control?

Hon. Lena Metlege Diab (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, we do have immigration under control.

The numbers on newcomers prove this. Someone who is already settled in Canada, with a home, a job and a family doctor, places no additional strain on the system. On the contrary, they support the very services we all rely on.

If the Conservatives want to eliminate those spaces, they need to tell Canadians which ones they want to eliminate. Our plans are working and they are transparent. We are here for Canadians.

● (1425)

[*English*]

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, while Canadians face shortages in jobs, homes and health care, the Prime Minister's budget snuck in a massive increase in immigration levels for next year, a record-smashing 650,000. That is 200,000 more than in the highest year that Justin Trudeau was in power. The National Post calculates it would take 500,000 new jobs just to accommodate that number, while we are losing 115,000. It is not fair to newcomers. It is not fair to people already here.

When will the Prime Minister finally keep his promise and get immigration under control?

Hon. Lena Metlege Diab (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, the one-time measure the member speaks about is distinct from Canada's long-term permanent resident targets. It allows for a maximum number of admissions depending on provincial and territorial participation. It is not a target. Including these admissions in permanent immigration targets would have been inaccurate.

We are very transparent and clear. These measures target specific cohorts who are already living and paying taxes here and contributing to Canada's economy, and that has been factored into our numbers.

* * *

[*Translation*]

THE ENVIRONMENT

Christine Normandin (Saint-Jean, BQ): Mr. Speaker, Canada has once again distinguished itself on the international stage, this time at the United Nations Climate Change Conference, or COP31. The Prime Minister won the “fossil of the day” award—his second in two years. Unfortunately, he was not there to receive it. It is the only world summit that he has managed to miss.

The Prime Minister also ranked second on Newsweek's list of the world's leading climate heretics. Even Donald Trump ranked better, coming in third place.

Is the government proud to be seen as an enemy of the environment on the world stage?

Hon. Julie Dabrusin (Minister of the Environment, Climate Change and Nature, Lib.): Mr. Speaker, I was at COP31 and our Prime Minister was at the Sommet de la Francophonie.

This is a good time to talk about COP31, in fact, because its presidency's priority is electrification.

I have some good news: Electrification is actually front and centre in the budget that we tabled two weeks ago. We have one of the cleanest power grids in the world. We are continuing to invest in an electricity grid that lets us keep fighting climate change.

Christine Normandin (Saint-Jean, BQ): Mr. Speaker, meanwhile, at COP31, two former Liberal environment ministers, Steven Guilbeault and Catherine McKenna, accused the current environment minister of telling the opposite of the truth about meeting climate targets. I am wording it that way because I want to be parliamentary. What is worse, the minister proved them right when she used COP31 as a platform for selling gas. Selling gas at COP is like trying to sell cocktails at an Alcoholics Anonymous meeting. It just is not done.

Has it really come to this with the Liberals?

Hon. Julie Dabrusin (Minister of the Environment, Climate Change and Nature, Lib.): Mr. Speaker, once again, we are fully committed to meeting our Paris targets.

What did we do while we were at COP31? We were there to reach an agreement with Turkey on nuclear energy. We were talking with other third parties about how we can use clean technologies to bolster our capabilities and how we can build expertise in Canada to help us combat climate change.

We are a leader, and we will continue to lead.

Mario Simard (Jonquière—Hébertville—Pays-des-Bleuets, BQ): Mr. Speaker, the government is being criticized at COP for saying the opposite of the truth about its climate targets. Meanwhile, here at home, it buried its plans to lift the Arctic oil drilling moratorium deep in its budget.

While the minister was at COP giving a speech on ocean-based climate solutions, the Liberals were suggesting drilling for oil in the Arctic. I could not make this stuff up. Once again, when it comes to the environment, Canada is copying Donald Trump, who did the same thing last year.

Do the Liberals really want to follow Donald Trump's example?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, speaking of examples to follow, we will not take any lessons from the Bloc Québécois regarding the environment or reducing greenhouse gases as long as it opposes the best initiative for reducing greenhouse gases in Quebec, namely, the Alto high-speed train.

All the Bloc Québécois has to do is stand up and support this initiative. Then we will start listening to what its members have to say about the environment.

* * *

● (1430)

[*English*]

THE BUDGET

Hon. Michael Chong (Wellington—Halton Hills North, CPC): Mr. Speaker, what happened to restraint? That is what the former clerk and deputy minister of finance asked about the government's budget.

Here is another thing he said about the budget: “A lose-lose for the fiscal probity.” Here is what he said about the deficit: “the deficit is no longer the relevant fiscal measure – it is borrowing requirements.” Here is what he said about the government rejecting the PBO's and IMF's advice: “there are no effective and credible fiscal anchors underpinning the fiscal framework.”

Would the government care to comment?

Hon. François-Philippe Champagne (Minister of Finance and National Revenue, Lib.): Mr. Speaker, I would be pleased to comment all day, but let us hear from a different kind of conservative in this country. Let us listen to Scott Moe, for example, the Premier of Saskatchewan: “I would say it’s probably the best budget we’ve had in a decade”. Let us listen to Lorne Doerkson, the Premier-designate of British Columbia: “Today's federal budget proves British Columbia is critical to Canada’s—

Some hon. members: Oh, oh!

The Speaker: Order.

The hon. member for Wellington—Halton Hills North.

Hon. Michael Chong (Wellington—Halton Hills North, CPC): Mr. Speaker, when the government is treating federal finances like an ATM machine, withdrawing on the credit card, of course many people would say many things about the budget.

Another report critical of the budget, by Oxford Economics, says that the budget could boost inflation and interest rates because of the massive increase in borrowing and spending. Today, Statistics Canada reports that for the second month in a row, inflation is above the target, with the cost of gas and groceries going up.

If inflation and interest rates go up, how are Canadians supposed to afford gas, groceries and mortgages?

Hon. François-Philippe Champagne (Minister of Finance and National Revenue, Lib.): Mr. Speaker, I hope the Conservatives have more questions because I have more to say. Let us listen to the Canadian Chamber of Commerce: This is a radical shift in that the government is now focusing on “the kind of business investment and reinvestment Canada needs.” That is the voice of reason. That is the voice of business.

We are going to make this country stronger. We are going to invest in Canadians. We are going to invest in our growth. We are going to invest in our sovereignty. We are going to make Canada strong.

* * *

THE ECONOMY

Sandra Cobena (Newmarket—Aurora, CPC): Mr. Speaker, families are struggling to pay their mortgages and to put food on their tables because rising costs keep eating up their paycheques, and now interest rates are higher too. While the Bank of Canada is fighting to control inflation, the Liberal government is printing money to fuel it. The Prime Minister plans to borrow another $150 billion this year alone, risking further inflationary pressures. In five years, he will have added more to the national debt than all prime ministers before 2015 combined.

How much more can Canadian families be expected to sacrifice to pay for the Liberals' inflationary spending?

Hon. Wayne Long (Secretary of State (Canada Revenue Agency and Financial Institutions), Lib.): Mr. Speaker, despite the Conservative party wishing it so, our fiscal position remains extremely strong. We have the strongest position in the G7, the best credit rating in the G7 and the second-lowest deficit to GDP in the G7. We are balancing the federal operating budget a year ahead of schedule.

The leader of the Conservative Party has no credibility when it comes to the economy. Canadians do not take that party seriously. That leader has never worked a day outside this House. He has no credibility when it comes to the economy.

Sandra Cobena (Newmarket—Aurora, CPC): Mr. Speaker, the Liberal government is driving government dependency and patting itself on the back. The Liberal government is hitting Canadian families twice, once with higher interest rates and then with paycheques that buy less. Economists at Oxford Economics, Scotiabank and BMO warned that government spending could add to inflationary pressures, and yet the Liberal government is adding $765 billion of new debt that will continue to drive up the cost of everything.

Canadian families are doing everything they can to live within their means. Why will the Prime Minister not show them the same discipline?

● (1435)

Hon. Wayne Long (Secretary of State (Canada Revenue Agency and Financial Institutions), Lib.): Mr. Speaker, the party opposite is not serious. Canadians do not take it seriously when it comes to the economy.

We just launched the groceries and essentials benefit. In budget 2026, we are increasing the one-time payment by 50%. We are making the Canada caregiver benefit fully refundable, which means over $1,000 to more than 580,000 Canadian caregivers. We are increasing support for workers through the build Canada workers benefit, which would provide up to $1,800 to individuals and $3,200 for families.

On this side of the House, we will continue to focus, deliver affordability for—

[*Translation*]

The Speaker: The hon. member for Richmond—Arthabaska—des-Sources.

PUBLIC SERVICES AND PROCUREMENT

Eric Lefebvre (Richmond—Arthabaska—des-Sources, CPC): Mr. Speaker, the Prime Minister promised to reduce spending, yet the bill for consultants exceeded $19 billion in 2025 and is set to be even higher in 2026. Meanwhile, the federal public service has grown by 33%, going from 260,000 employees in 2016 to 345,000 in 2026. There are more public servants, yet billions more dollars are being spent on outsourcing.

Where are the savings he promised? When will the Prime Minister cut the wasteful spending and stop using the Liberals' no-limit credit card?

[*English*]

Hon. Jenna Sudds (Parliamentary Secretary to the Minister of Government Transformation, Public Works and Procurement and to the Secretary of State (Defence Procurement), Lib.): Mr. Speaker, we are reducing our reliance on outside consulting and strengthening the expertise within the public service. We are incredibly fortunate to have outstanding public servants who work day in and day out on behalf of Canadians, providing services that we rely on. We will continue to support the public service to ensure that those services can be continued.

* * *

[*Translation*]

GOVERNMENT PRIORITIES

Eric Lefebvre (Richmond—Arthabaska—des-Sources, CPC): Mr. Speaker, the Liberal budget projects $765 billion in new borrowing over five years.

At the same time, the government plans to close seven agricultural research centres. The St-Michel sawmill is closing. The Outardes sawmill is closing. Meanwhile, billions of dollars continue to flow in Ottawa.

Why has the Prime Minister chosen to give $560 million to Brazil for the Amazon rainforest while workers here at home are losing 560 jobs in sawmills and in the forestry sector?

[*English*]

Hon. Heath MacDonald (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, I have risen in this House several times to talk about the research centres and ongoing research that is being done in Canada by AAFC but also by the private sector. We are not doing any less. We are doing more specific research. We are partnering. We signed an MOU with Saskatchewan that is coming to fruition very soon. We are in discussions right now with Guelph.

We will continue to do research, because it is important to agriculture and agri-food.

[*Translation*]

Gérard Deltell (Louis-Saint-Laurent—Akiawenhrahk, CPC): Mr. Speaker, this government was elected on a promise that it would control spending, but it has been doing exactly the opposite for the past 18 months. Its latest move is completely unacceptable. It is sending $560 million of taxpayer money to Brazil to protect the trees in Brazil.

In the meantime, we find out that two sawmills in Quebec are closing, one on the North Shore and the other in Saint-Michel-des-Saints, which is not even 25 kilometres from the finance minister's riding.

Is the Minister of Finance proud to tell these workers who lost their job that it is no big deal because he is giving $560 million of their money to Brazil to save the trees—

The Speaker: The hon. Parliamentary Secretary to the Minister of Housing and Infrastructure.

Caroline Desrochers (Parliamentary Secretary to the Minister of Housing and Infrastructure, Lib.): Mr. Speaker, what Canadians are really concerned about is the cost of living. That is why budget 2026 includes considerable investments. For example, to build more housing, we are recapitalizing Build Canada Homes. We are investing nearly $30 billion to reduce and end homelessness over the next 10 years. That is what Canadians care about.

We are increasing the Canada groceries and essentials benefit, which will help 12 million Canadians and lift 120,000 Canadians out of poverty. That is what Canadians are concerned about.

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IMMIGRATION, REFUGEES AND CITIZENSHIP

Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, I want to address the lack of transparency in Ottawa. Several observers have criticized the Liberals for telling the opposite of the truth about their immigration thresholds. The budget reveals that Ottawa plans to add another 200,000 people to the 380,000 new permanent residents initially projected. When deferred admissions from last year are also added in, the quota for 2027 rises to 662,000 people. This is the highest level in history, well above the threshold envisioned by the Century Initiative. Meanwhile, we are still waiting for the details.

Why are the Liberals refusing to be transparent with Quebeckers?

● (1440)

Hon. Lena Metlege Diab (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, our government has restored order to the immigration system, and the figures prove it. As I have said on several occasions, the number of new temporary residents and asylum claims has declined significantly. Building on that progress, our new immigration plan will maintain stable admission levels over the next three years. This plan is fair and will strengthen collaboration with the provinces and territories, including the province of Quebec.

Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, someone should give the minister a few more cue cards.

Ottawa has put Quebeckers in an impossible position. To maintain our political weight in Canada, we would have to accept roughly 145,000 people next year on a permanent basis. That is far more people than we believe we can provide with French-language training, health care, education and housing. Not one party in the National Assembly has even come close to suggesting such a number. Either we accept a lot more people than we have the capacity to accommodate, or we accept losing our political weight.

Does the government understand that a debate like that should take place in the open, not be tucked away in the budget?

Hon. François-Philippe Champagne (Minister of Finance and National Revenue, Lib.): Mr. Speaker, that is precisely what we have done in a transparent and open manner. It is in budget 2026. We explained it. These are people who live in our communities. I invite my colleague to come visit my region, Mauricie and central Quebec. These people have children in primary and secondary school. They are contributing to our society. They are working in SMEs across the province.

Instead of criticizing, my colleague should join us in ensuring that we have the right number of temporary foreign workers and the right number of immigrants to support economic growth in a reasonable and sustainable way over the long term.

* * *

[*English*]

THE ECONOMY

Jasraj Hallan (Calgary East, CPC): Mr. Speaker, today's inflation numbers are clear. The more the Liberals spend, the higher prices go. Grocery prices are up 35% over the last six years. Now the Salvation Army is reporting that one in three Albertans is skipping meals because they just cannot afford food anymore. The Prime Minister is okay sending record numbers of Canadians to food banks as long as his Brookfield and banker buddies get paid big. Canadians are cutting costs. Why do the Liberals not think the same rules apply to them?

Leslie Church (Parliamentary Secretary to the Secretaries of State for Labour, for Seniors, and for Children and Youth, and to the Minister of Jobs and Families (Persons with Disabilities), Lib.): Mr. Speaker, the member can stand up and talk about food affordability, but the reality is that he has voted against the very program that is in 80% of public schools nationwide, helping kids not go hungry.

When we delivered the budget two weeks ago, we put forward a budget that is for people. It is for hard-working Canadians. It is for families caring for loved ones. It is for Canadians looking for long-term shelter. It is a budget that is there to ensure that Canadians have a bridge to the future prosperity that the government is building.

Jasraj Hallan (Calgary East, CPC): Mr. Speaker, we voted against the same failed Liberal policies that are sending record numbers of Canadians to food banks. Out of those 2.35 million Canadians, one out of three is a child. It is the Prime Minister's credit card spending that is sending Canadians from the grocery lines to the food bank lines. It is sad that in Liberal Canada today, that many people are visiting a food bank every single month and rely on charities just to eat.

Will the Prime Minister stand up and take responsibility for this absolute disaster and tell Canadians why we have third-world statistics?

Hon. Anna Gainey (Secretary of State (Children and Youth), Lib.): Mr. Speaker, the budget includes, among other measures to support Canadians, an investment in the Canada groceries and essentials benefit. This will be a boost worth $339 approximately for a single person and upwards of $670 for a couple with two children. This will reach 12 million Canadians who need it the most, so I hope the members opposite will vote for the budget.

Philip Lawrence (Northumberland—Clarke, CPC): Mr. Speaker, as the government brags about its costly and deceptive budgets, Canadians are struggling more every day. The cost of everything is going up. Food prices are rising faster, with overall inflation on food going up over 2.4%. Canadians are cutting costs and deciding between essentials just so they can meet their monthly minimums on their credit cards.

Will the Prime Minister finally admit and agree that Canadians simply cannot afford $500 million for Brazilian rainforests?

● (1445)

Hon. Evan Solomon (Minister of Artificial Intelligence and Digital Innovation and Minister responsible for the Federal Economic Development Agency for Southern Ontario, Lib.): Mr. Speaker, as the member knows, we have the best net debt-to-GDP ratio in the G7, and we are using that fiscal management in our new budget to make life more affordable, whether it is the boost to the groceries and food essentials benefit or the promise to end homelessness in 10 years.

Let me ask my hon. colleague about this. Does he believe the national school food program is inflationary? Would he cut that? Would he cut the promise to end homelessness in 10 years? Is that inflationary? I would love to know.

Philip Lawrence (Northumberland—Clarke, CPC): Mr. Speaker, the reality is that if those programs were working, the Newcastle food bank would not have increased usage since 2015 by 3,000%. Those programs are failing, and if the Liberals want to cut things, how about starting with the $200 billion to Alto and the $500 million to Brazilian rainforests?

It is time the government got its priorities right and helped Canadians.

Hon. Evan Solomon (Minister of Artificial Intelligence and Digital Innovation and Minister responsible for the Federal Economic Development Agency for Southern Ontario, Lib.): Mr. Speaker, our new budget focuses on growth, affordability and sovereign control. We will always invest in great Canadian companies, and we will make sure that they keep jobs here.

However, it is very important to note this. Whether it was for the national school food program, which feeds 400,000 kids, the groceries and essentials program, which will help 12 million people, or the caregivers tax credit, for every measure that makes life more affordable, what did they do? They voted against it.

[*Translation*]

Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, the Prime Minister is sending half a billion dollars to save the Amazon forest, but he fails realize that, at the same time, families are struggling to pay their bills at the end of the month. The latest figures for October confirm that inflation is at 3.1%, driven by a 30.9% spike in gas prices and a 3.8% increase in property taxes compared to last year. To make matters worse, since October 2020, food prices at the grocery store have soared by 31.9%.

Canadians are cutting back their spending and having to make tough choices. Do the Liberals think they can do otherwise?

Hon. François-Philippe Champagne (Minister of Finance and National Revenue, Lib.): Mr. Speaker, as budget 2026 clearly shows, we know full well that people have had to tighten their belts over the last few years. That is exactly what the federal government has done. I am sure my colleague noticed that, in the budget we presented last week, direct program spending dropped from 8% to less than 2%. This is a significant step forward. We will continue to invest in the Canadian economy, but we will also cut spending to build a stronger Canada together.

* * *

[*English*]

HOUSING

Ben Carr (Winnipeg South Centre, Lib.): Mr. Speaker, last week in Winnipeg, I stood alongside the Prime Minister, indigenous leaders, my Manitoba colleagues and local stakeholders as we announced $1 billion to fund the construction of a new mental health and addictions facility, in addition to thousands of units to get people off the street. This partnership, involving the private sector, including philanthropists like Winnipeg Jets owner Mark Chipman, as well as the provincial government, backed by substantial commitments in budget 2026, stands as a model for the nation to follow.

Can the Minister of Housing and Infrastructure offer his reflections on the importance of this historic announcement for Winnipeg and for Canada?

Hon. Gregor Robertson (Minister of Housing and Infrastructure and Minister responsible for Pacific Economic Development Canada, Lib.): Mr. Speaker, I want to thank the member for his important words on the need for decisive action to break the cycle of homelessness.

The government, working with partners, is focused on a plan to break the cycle of homelessness. In our partnership with Manitoba, as the member knows, up to $800 million will be invested on the federal side to support more than 2,000 new supportive and transitional homes, with $200 million allocated for the construction of a centre for mental health and addictions in Winnipeg.

Thanks to Manitoba for its leadership. We can end the homelessness crisis in this country if we work together with a team Canada approach.

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AUTOMOTIVE INDUSTRY

Ned Kuruc (Hamilton East—Stoney Creek, CPC): Mr. Speaker, the Prime Minister called the sale of Stellantis a betrayal of Canadian workers, but records show both the Prime Minister's Office and the labour minister's office were meeting with Roshel in August, September and October. The Liberals' new sales talks were happening, yet thousands of Canadian workers were left in the dark about their future.

My question is very simple. When exactly did the minister learn about the proposed sale?

● (1450)

Karim Bardeesy (Parliamentary Secretary to the Minister of Industry, Lib.): Mr. Speaker, we always welcome investment. We also always make sure we fight for the workers. We have been in discussions with Stellantis for over a year. They have made commitments. Yes, they have made proposals to us. None of those proposals met their commitments. We are making sure they honour their commitments. We have a good record of late of making sure that companies honour their commitments, such as in Hamilton, with Stelco, thanks to the hard work of the Hamilton members on this side of the House.

Ned Kuruc (Hamilton East—Stoney Creek, CPC): Mr. Speaker, Roshel is a mid-sized defence manufacturer, yet it is now positioned to purchase a massive Stellantis plant that once employed thousands of Canadian workers. That is an ambitious purchase for a company of its size—

Some hon. members: Oh, oh!

The Speaker: The hon. member may start over.

Ned Kuruc: Mr. Speaker, Roshel is a mid-sized defence manufacturer, yet it is now positioned to purchase a massive Stellantis plant that once employed thousands of Canadian workers. It is an ambitious purchase for a company of its size. The Liberals claim they oppose this sale but government officials were meeting with Roshel for months before it was announced. Canadians deserve to know this.

Did the Liberal government promise Roshel any future defence contracts or subsidies connected to the purchase of the Stellantis plant?

Karim Bardeesy (Parliamentary Secretary to the Minister of Industry, Lib.): Mr. Speaker, Canadians want to know where that party was when these tariffs were hitting us. Were they standing up for workers in Brampton, in Hamilton and elsewhere?

Canadians know we are standing up for them, and that is why we have been working very hard to make sure that the workers in that plant have a mandate to get those jobs back. We are working very hard. In our view, Stellantis is in breach of its commitments. We will get our money back or there will be jobs back in that plant.

Kyle Seeback (Dufferin—Caledon, CPC): Mr. Speaker, I have now been advised that the Liberal government was actually involved in drafting the press release that Roshel sent out when they said they were purchasing the Stellantis plant. Think about what that means for a minute. On the one hand, they are saying they are outraged and that they are going to do everything they can to prevent the sale, but behind the scenes, they are actually helping to draft the press release that Roshel sent out.

This is a master class in deceit and a master class in gaslighting. Either the minister knew the plant was going to be sold and then gaslit Canadians by saying she was outraged and that it should stop and therefore she should resign—

The Speaker: The hon. Parliamentary Secretary to the Minister of Industry.

Karim Bardeesy (Parliamentary Secretary to the Minister of Industry, Lib.): Mr. Speaker, that is an absurd allegation.

I will tell members about a press release that we were involved in drafting, which is the press release welcoming $867 million of new investment in Honda, in Alliston, retaining 4,000 workers, 400,000 vehicles a year in that plant, which is one of the best plants in the world.

I would hope the member opposite would stand and cheer for that.

Kyle Seeback (Dufferin—Caledon, CPC): Mr. Speaker, if they sought it, I think that the Speaker would find unanimous consent for a 15-minute break so they can to try and get their story straight on this. One cannot actually say, on the one hand, that one is outraged that the plant is going to be sold while, at the same time, department officials are in the background actually helping to draft the press release saying that the plant has been sold. We cannot have our cake and eat it too.

Are they opposed to the sale of the Stellantis plant or were they in the background drafting a press release to try and make it look like it was great news for Canadians?

Karim Bardeesy (Parliamentary Secretary to the Minister of Industry, Lib.): Mr. Speaker, we are on the side of the workers of Brampton. We are on the side of the people who want that plant to have an auto mandate. We are on the side of the workers who have had commitments made to them. We are going to defend the commitments that were made to them. In our view, Stellantis is in breach of its obligations. We are going to make sure that there is an auto mandate or they are going to return the money.

Adam Chambers (Simcoe North, CPC): Mr. Speaker, as the government attempts to deflect and obscure, Canadians deserve to know the facts. Will the minister confirm that, in fact, her staff and her officials in her department, along with officials in the Prime Minister's Office, were aware of the proposed sale well before it was announced?

Will the minister finally come clean with the House about when she first learned of the proposed sale to Roshel?

● (1455)

Hon. Evan Solomon (Minister of Artificial Intelligence and Digital Innovation and Minister responsible for the Federal Economic Development Agency for Southern Ontario, Lib.): Mr. Speaker, this government has sided with auto workers from the beginning, and the minister has said this repeatedly. We know Stellantis is in breach, and we will make sure that those workers have their jobs back, or they will return the money. It is a simple thing. We are on the side of the auto workers.

Adam Chambers (Simcoe North, CPC): Mr. Speaker, they are on the side of the Canadian auto workers while they welcome thousands and thousands of Chinese EVs that will hollow out the Canadian automobile industry. This government is turning out to be just like the last. Their favourite game to play is, "Who knew what, when?"

When will the minister finally stand up in this House and admit when she learned of the sale of the Brampton plant to Roshel?

Yasir Naqvi (Parliamentary Secretary to the Minister of International Trade and to the Secretary of State (International Development), Lib.): Mr. Speaker, on this side of the House, we believe that Canada has the best auto workers in North America. We will do everything in our capacity to make sure that we maintain the integrity of our auto workers, their jobs and an integrated North American auto industry.

We will continue to make sure that Stellantis pursues its obligations to keep those auto jobs here in Ontario at that Brampton plant. We will make sure that we create good jobs for auto workers here in Ontario.

John Brassard (Barrie South—Innisfil, CPC): Mr. Speaker, it is a fiasco and there is no other way to describe the Stellantis affair.

Thousands of Stellantis workers and their families now know that while the Liberals were playing the tough guy with Stellantis, they were betraying the workers and their families by secretly negotiating the sale of the plant to another company. The public chest puffing, the deception and betrayal by the Prime Minister and the industry minister are worthy of an Academy Award.

Behind all the smoke and mirrors, one thing is true, Stellantis workers deserve to know the truth. Will the Prime Minister come clean and, for once, tell the truth about what happened in this fiasco?

Hon. Evan Solomon (Minister of Artificial Intelligence and Digital Innovation and Minister responsible for the Federal Economic Development Agency for Southern Ontario, Lib.): Mr. Speaker, let me reiterate, we will always stand with our auto workers, whether it is protecting them and fighting for their jobs, knowing that Stellantis is in breach, whether it is making sure that we get great investments like we just got in the Honda plant, or whether it is through federal economic development where we are investing in the parts manufacturers.

We will always stand with the workers, not just the auto workers, the steel workers. We are very proud, by the way, to see the Stelco workers in Hamilton back at work. Why? Because we stand with workers.

John Brassard (Barrie South—Innisfil, CPC): Mr. Speaker, they are systematically dismantling the auto industry in this country.

There are reports of more than a dozen meetings between the company and the Liberals, on selling the plant to Roshel. There are also reports that four Liberal MPs toured the plant with Roshel, discussing the sale.

The bottom line is that, privately, the Prime Minister knew the sale was happening and the minister also knew, but in public, they acted shocked, indignant and outraged. Turns out, it was all an act of deceit, because the sale was in the works months ago and the Liberals knew it all along.

After this massive betrayal of these workers, will the minister resign?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, where was that member and where was that leader when illegal and unjustified tariffs specifically targeted our steel, our forest, our automobile and our aluminum industries? Where was that member? Where was that party? Where was that leader? How dare they ask my colleague to resign? They should all resign.

Melissa Lantsman (Thornhill, CPC): Mr. Speaker, just because they say the same answer over and over again, it does not make it true. It neither makes it true when they scream that answer, but there is not a single answer for the thousands of Stellantis workers who lost their jobs.

Here is another question. The Prime Minister goes to China and floats letting in even more EVs. That means more Chinese electric cars flooding our market and more layoffs, like Stellantis. Europe proves it. Chinese imports cost them 104,000 auto jobs in 2024 and 2025 alone. That is 142 jobs lost a day.

Before he signs on the dotted line, will the Prime Minister think of the Canadian auto workers that he is selling out?

● (1500)

Yasir Naqvi (Parliamentary Secretary to the Minister of International Trade and to the Secretary of State (International Development), Lib.): Mr. Speaker, the Prime Minister and this government are absolutely clear that our auto workers are some of the best in the world, and our number one job is to make sure that they are fully deployed and that they remain very much a part of a North American integrated market.

That is why we are really focused on making sure that we end up with an arrangement with the United States, so that we can continue with those important jobs. We will also ensure that we continue to diversify our economy to ensure that we are opening new opportunities for our workers as well.

We will stand by our auto workers every single day.

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LABOUR

Viviane Lapointe (Sudbury, Lib.): Mr. Speaker, Canadians who work hard should keep more of what they earn. From the trades to the front lines of our communities, workers build this country every day.

Budget 2026 introduces the build Canada workers benefit. Can the Secretary of State for Labour tell this House what it means to the workers in my riding of Sudbury and across Canada?

Hon. John Zerucelli (Secretary of State (Labour), Lib.): Mr. Speaker, I want to thank my colleague for standing up for workers across Canada.

The build Canada workers benefit, announced in budget 2026, means more money in the pockets of working Canadians. It means over $1,800 a year for individuals and over $3,200 for families. That is real money to pay for groceries, rent and everyday essentials. Our government estimates that this benefit will take 240,000 people out of poverty.

When Canadians work hard, they deserve a fair chance to get what they earn.

PUBLIC SERVICES AND PROCUREMENT

Jamil Jivani (Bowmanville—Oshawa North, CPC): Mr. Speaker, the PMO now admits that the Prime Minister disclosed his friends only "in a general and broad manner". That means Dan Goldberg went unnamed for 20 months while receiving a $2.3-billion contract and was given a special shout-out at the Prime Minister's Canada Investment Summit.

Who else is covered among the Prime Minister's friends in this broad and general disclosure, and when will the Prime Minister name them?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, as that member knows, and as he must also comply with, Canada has some of the strongest conflict of interest rules in the world. On this side of the House, obviously, we follow them at all times.

The Prime Minister has not participated in a debate, a vote or a decision related to Telesat. Obviously, he made a proactive and preventative step to assure Canadians that he will always hold himself and the government to the highest ethical standards.

Jamil Jivani (Bowmanville—Oshawa North, CPC): Mr. Speaker, the assurances that the Prime Minister was never involved in Telesat matters come from one of the Prime Minister's own hires, the Clerk of the Privy Council, Michael Sabia. Michael Sabia used to run the parent company of Telesat, and Sabia also hired Dan Goldberg.

The question remains: Why should the Canadian people accept an explanation from the Prime Minister's own appointees instead of an independent investigation from the Ethics Commissioner?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I just answered that question.

The government, its most senior officials, all members on this side of the House and, I presume, members on all sides of the House abide by and live with the most stringent ethics rules that exist almost anywhere in the world.

[*Translation*]

Jason Groleau (Beauce, CPC): Mr. Speaker, the CEO of Telesat is a personal friend of the Prime Minister. In December, Telesat is due to repay $2.3 billion in debt to its U.S. creditors. What is the Prime Minister doing to help out his buddy at Telesat? He awarded him a $2.3-billion contract. That is quite the coincidence.

Where are the ethics rules? Where is the transparency? Where is the respect for taxpayers?

What is the government waiting for to put in place ethical safeguards that will stop the Prime Minister's friends from receiving preferential treatment?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, Canada has the toughest conflict of interest rules in the world. On this side of the House, we always abide by them. The Prime Minister was not involved in any discussion, vote or decision-making process whatsoever regarding Telesat. Needless to say, he follows the rules rigorously. He complies with our ethics rules, as do all members on this side of the House.

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● (1505)

TAXATION

Bienvenu-Olivier Ntumba (Mont-Saint-Bruno—L'Acadie, Lib.): Mr. Speaker, caregivers perform an essential role. They take care of our loved ones and help them stay in their homes and in their communities. Many, however, have a low income and cannot take advantage of the caregiver tax credit.

Can the Minister of Health tell us what our government is doing to better support them and recognize their work?

Hon. Marjorie Michel (Minister of Health, Lib.): Mr. Speaker, I thank my colleague for his question.

Budget 2026 contains some good news. We are making the Canada caregiver credit completely refundable. By expanding this credit, we are enabling caregivers to support persons in need so that they can remain in their community longer. We are also helping lift 15,000 people out of poverty. Our government is truly proud to support caregivers.

* * *

[*English*]

COMMITTEES OF THE HOUSE

Andrew Lawton (Elgin—St. Thomas—London South, CPC): Mr. Speaker, at least 133 churches have been burned or vandalized in the last five years. Jewish synagogues and institutions face continued assault, as does the Muslim community and its spaces. Faith and faith communities are a vital part of Canadian society. The Liberals have failed to stop the attacks on people of faith in this country and blocked an attempt at the heritage committee to study this.

My question is to the chair of the heritage committee. When will she schedule a meeting so we can start a study on this crucial topic?

Lisa Hepfner (Hamilton Mountain, Lib.): Mr. Speaker, I am happy to speak with the member at a more appropriate time and—

Some hon. members: Oh, oh!

PARKS CANADA

Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, with billions of dollars flowing into the coffers of foreign fossil fuel companies, Parks Canada is experiencing devastating cuts, all to trim $145 million. We are seeing real threats to ecosystems. I know Pelee Island is not within Pelee Island national park, but it is the same ecosystem, with a key migratory flyway that is not being protected by Parks Canada. As well, the Gulf Islands National Park has lost all its park wardens. It is impossible to imagine how visitors will be protected and how we can avoid forest fires without a single park warden in the Gulf Islands National Park.

Can the minister—

The Speaker: The hon. Minister of the Environment and Climate Change.

Hon. Julie Dabrusin (Minister of the Environment, Climate Change and Nature, Lib.): Mr. Speaker, I just want to highlight that Parks Canada workers are so important to the work that we need to do right across Canada in our parks, and we appreciate all of their service. I want to be clear, because I think this is very important to clarify, receiving an affected notification does not necessarily mean an employee will lose their position. Some of those positions will remain and some will change, and we are using every possible means to minimize involuntary departures. I want to be clear, because it is very important to members in her community and right across our country.

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PRESENCE IN GALLERY

The Speaker: I would like to draw the attention of members to the presence in the gallery of Paul Wong, the first parliamentary visual artist laureate.

Some hon. members: Hear, hear!

The Speaker: The hon. member for Elgin—St. Thomas—London South is rising on a point of order.

Andrew Lawton: Mr. Speaker, the *House of Commons Procedure and Practice* is very clear that questions in this chamber can be directed to committee chairs. The chair of the heritage committee refused to answer a question, and that is not what this moment is about.

The Speaker: The hon. member did respond.

Jenny Kwan: Mr. Speaker, I rise on a point of order.

I know that unrecognized parties may not be as important for the rest of the assembly here, but when my colleague, the member for Saanich—Gulf Islands, got up to speak, I could barely hear her, and I am sitting almost right next to her.

Can we have better decorum in the House right to the end of the question period, please?

● (1510)

The Speaker: Of course, I would not disagree with that.

It is noted, and I would remind all members to try to be as quiet as possible during question period.

ROUTINE PROCEEDINGS

[*English*]

COMMITTEES OF THE HOUSE

GOVERNMENT OPERATIONS AND ESTIMATES

Kelly McCauley (Edmonton West, CPC): Mr. Speaker, it is a pleasure to present, in both official languages, the seventh report of the Standing Committee on Government Operations and Estimates, known widely as the mighty OGGO. It is a report entitled "Comprehensive Expenditure Review".

Pursuant to Standing Order 109, the committee requests the government table a comprehensive response to the report.

Dan Mazier (Riding Mountain, CPC): Mr. Speaker, I rise to present the official opposition's dissenting opinion on the study regarding the government's comprehensive expenditure review.

The Liberals promised Canadians $60 billion in savings. However, Treasury Board officials admitted to the committee that government spending will continue to increase. Instead, officials described the exercise as a reallocation of spending. In other words, the Liberals are not saving taxpayers money; they are simply moving money around. The committee also uncovered that the Liberals are cutting security programs that stop drugs from entering federal prisons, they are closing agriculture research centres without consulting farmers, they are cutting financial intelligence used to fight organized crime and extortion, and they are also reducing access to information services that allow Canadians to hold the government accountable.

Meanwhile, the Liberals have no problem finding $22 million for bean empowerment in the Congo and another $16 million for gender-just poultry in Kenya, but apparently agriculture research for Canadian farmers is where the Liberals need to save money. In fact, the Prime Minister just announced over $500 million for a Brazil-led tropical rainforest fund. That is more than twice what his government expects to save by closing seven agriculture research facilities across Canada over the next decade.

Conservatives refuse to accept the Liberals' claim of $60 billion in savings when their own officials admit government spending will keep rising while taxpayers foot the bill.

The Speaker: We skipped over tabling of documents. Would the House grant unanimous consent to allow the parliamentary secretary to the government House leader to table some documents?

I moved the motion, but I did it on behalf of the hon. member

All those opposed to the moving of this motion will please say nay.

It is agreed.

The House has heard the terms of the motion. All those opposed to the motion will please say nay.

It is agreed.

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GOVERNMENT RESPONSE TO PETITIONS

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, pursuant to Standing Order 36(8)(a) I have the honour to table, in both official languages, the government's response to 39 petitions. These returns will be tabled in an electronic format.

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PETITIONS

SALMON FISHERY

Brad Vis (Mission—Matsqui—Abbotsford, CPC): Mr. Speaker, I stand today on behalf of recreational fishers in British Columbia who are concerned about the delay in decision-making by the Minister of Fisheries as it relates to the salmon allocation policy. Petitioners note that the current arrangement between commercial and recreational fishers has worked well. The department's suggestion of changing such an arrangement would undermine the social, ceremonial and cultural rights of all British Columbians who want to maintain access to the recreational fishery.

● (1515)

NUCLEAR DISARMAMENT

Heather McPherson (Edmonton Strathcona, NDP): Mr. Speaker, I stand to present a petition from Canadians who are deeply concerned about Liberal inaction on nuclear disarmament.

I will be travelling to New York to be part of the TPNW conference at the end of this month, and Canadians across the country are asking that the Canadian government send an observation mission. At the very least, they are asking that nuclear disarmament become a key part of our foreign policy and national defence priority, and that the Canadian government assume a leadership role within NATO and globally on nuclear disarmament. The petitioners also ask that all nuclear-armed states accede to the Treaty on the Prohibition of Nuclear Weapons or to negotiate, on an urgent basis, a new, legally binding instrument that will achieve the same ultimate goal as the TPNW.

GUARANTEED BASIC INCOME

Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I am honoured to present a petition from residents of Saanich—Gulf Islands who would like the House to seriously consider and implement a guaranteed livable income. They explain in the petition the way in which such a measure would work. It would not have any bureaucracy surrounding it. It would be, as they put forward, a livable monthly income to every Canadian with a social insurance number, thus eliminating poverty and working towards the benefit of all Canadians.

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QUESTIONS PASSED AS ORDERS FOR RETURN

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, if the government's response to Questions Nos. 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1485, 1486, 1487, 1488 and 1489 could be made orders for return, these returns would be tabled in an electronic format immediately.

Speaker's Ruling

The Speaker: Is that agreed?

Some hon. members: Agreed.

Hon. Kevin Lamoureux: Mr. Speaker, I ask that all remaining questions be allowed to stand at this time.

The Speaker: Is that agreed?

Some hon. members: Agreed.

[*For text of questions and responses, see Written Questions website*]

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REQUEST FOR EMERGENCY DEBATE

AUTOMOTIVE INDUSTRY

Jenny Kwan (Vancouver East, NDP): Mr. Speaker, I am rising to request that, at the appropriate hour this evening, the House hold an emergency debate to discuss Stellantis' proposed sale of its Brampton assembly plant to Roshel Inc.

Canadians were shocked to hear last Monday that Stellantis, despite receiving hundreds of millions of dollars from taxpayers, now intends to sell its Brampton assembly plant. What is more, it was subsequently revealed that federal officials were active participants in discussions between Stellantis and Roshel concerning a possible sale. New Democrats are deeply concerned by this betrayal of Canadian workers. Our leader, Avi Lewis, has called for the halt of the sale.

Make no mistake, if this sale goes through, it will mean a permanent loss of not only thousands of good union jobs, but also critical auto manufacturing capacity. At a time when Canada's economy and the workers who power it are under attack by Donald Trump, such a sale would have impacts throughout the country.

I would note that, since Stellantis made its announcement last Monday, Canadians have been seized with this matter. It has received wall-to-wall media coverage. Unions have held emergency meetings. The Minister of Industry has spoken at length to reporters about her frustration. Parliament should be afforded a similar opportunity to discuss this matter as an item of urgent public national importance. Canadians deserve to know if officials were in the back rooms making deals that would betray Canadians and workers.

SPEAKER'S RULING

The Speaker: I thank the hon. member for Vancouver East for her intervention. However, I am not satisfied that the request meets the requirements of the Standing Orders at this time.

GOVERNMENT ORDERS

[*English*]

MEDICAL ASSISTANCE IN DYING SAFEGUARDS ACT

The House resumed consideration of the motion that Bill C-41, An Act to amend the Criminal Code and An Act to amend the Criminal Code (medical assistance in dying) and to make related amendments to other Acts, be read the second time and referred to a committee.

Glen Motz (Medicine Hat—Cardston—Warner, CPC): Mr. Speaker, I am honoured to rise on behalf of the great people of Medicine Hat—Cardston—Warner to discuss the medical assistance in dying safeguards act.

Like many of my constituents, I am puzzled as to why Bill C-41 has gone so far beyond what was necessary. It should have dealt only with preventing the scheduled expansion of MAID to individuals whose sole underlying medical condition is a mental illness. Instead, the Liberals have used it to introduce an entirely separate and deeply divisive debate over advance requests.

The question of MAID for mental illness has already been thoroughly discussed and examined. The Special Joint Committee on Medical Assistance in Dying heard from dozens of witnesses, including clinicians, psychiatrists, researchers and people with lived experience. Serious concerns were raised about the ability to reliably determine whether a mental disorder is irremediable, warning that allowing MAID for mental illness could undermine suicide prevention efforts. The special joint committee's final report made one formal recommendation: that the Government of Canada amend the Criminal Code to indefinitely exclude from MAID eligibility individuals whose sole underlying medical condition is a mental illness, with which I agree.

Conservatives twice offered the Liberals a straightforward path to do exactly that. Two private members' bills in two separate Parliaments sought to prevent this expansion and ensure that mental illness is not treated as a grievous and irremediable condition for the purpose of MAID. The Liberals rejected both and have now needlessly complicated the debate by introducing a bill that raises a separate and deeply consequential question of conscience: whether to legalize advance requests for MAID. Let us examine what the government really is proposing.

An individual would be able to make an advance request based on fears about a future condition they have never experienced, yet when that condition develops, they may find that life remains meaningful and fulfilling despite declining cognitive capacity, and they may no longer wish to die. By then, however, they may be incapable of withdrawing or revoking their earlier request. There are serious questions about whether the proposed safeguards in the bill would actually protect someone who is no longer able to express or reconsider their wish for MAID.

Under Bill C-41, a person would be able to make an advance request while mentally capable, then receive MAID years or even decades later after losing the ability to consent. There would be no requirement to reaffirm or review that decision in the intervening years. The bill does not adequately account for changing circumstances, advances in medical treatment or, importantly, any changes to a person's experience of living with their illness. Individuals often continue to find happiness, comfort and meaning in life years after a concerning diagnosis, yet this bill all but ignores that reality.

One of the most difficult questions is how practitioners would determine whether someone is experiencing enduring and intolerable suffering if that person can no longer communicate their experiences. Although the legislation would require practitioners to assess the person's current medical condition and available information, it does not define “intolerable suffering”. Two practitioners would have to agree the criteria are met, but there would be no requirement for independent review or approval before MAID is administered.

For one, the bill says nothing about a requirement for practitioners to inform patients that MAID is about to be administered or to explain the procedure in words they understand. In the case of any resistance to the procedure, Bill C-41 is even more unclear. If a practitioner is uncertain whether a person's words, sounds or gestures constitute resistance, MAID would be able to proceed after a 30-day waiting period without independent review. This flies in the face of a Canadian public opinion poll conducted by Angus Reid that found that 72% of respondents favour reassessment or cancellation of MAID if the patient persists or appears distressed. In the bill, involuntary sounds or gestures in response to contact would be expressly disregarded as refusal or resistance.

The bill also would not prohibit sedation. This raises concerns about whether a person could be sedated to reduce resistance to the procedure. In addition, all possible treatment options would not have to be exhausted before an advance request could be carried out. Again, the bill largely ignores the passage of time and the significant advances that may occur in treating or alleviating the suffering.

● (1520)

Bill C-41 would present another curious challenge. It would leave important aspects of advance requests to provincial or territorial governments, potentially creating a patchwork of safeguards and different rules depending on where Canadians live. More concerning, it would not expressly prevent someone living in a province that prohibits advance requests from travelling to another jurisdiction where they are permitted, providing that they meet that province's eligibility. In effect, access to MAID through an advance request could depend not only on an individual's circumstances but on where they choose to seek it. On an issue involving life and death, this lack of consistency and accountability is unacceptable. Before MAID is administered, minimum safeguards and independent oversight should apply nationwide.

These are not minor technical concerns. They go to the heart of consent, personal autonomy and the protection of vulnerable people. When a decision is irreversible, Parliament must be confident that safeguards are not merely well intentioned but are exhaustive and enforceable.

I would like my colleagues to consider two recommendations from ARPA, the Association for Reformed Political Action, in its policy report entitled “Assisted Suicide and Euthanasia”. It recommends, “Parliament must not legalize” what the report describes as “nonconsensual homicide through advance requests.” Medical professionals would be asked to rely on instructions made in the past rather than on the wishes of the person currently before them. ARPA also warns that this risks creating “a culture of neglect” for people living with neurocognitive conditions. They deserve care, dignity and meaningful support, not a decision made years earlier determining whether they live or die.

Another of the recommendations calls on Parliament to examine “the vagueness and permissiveness” of the existing MAID framework and undertake a comprehensive review of its effects across Canada. The original 2016 legislation required such a review after five years, yet it has never been completed. Before even contemplating an expansion of MAID, Parliament has a responsibility to understand if the existing law's eligibility criteria are sufficient and clear, if safeguards are being consistently applied and properly enforced, if there is adequate independent oversight and accountability when concerns arise, and if vulnerable Canadians are being offered the treatment, care and support they need rather than being left to see MAID as the only alternative. These are not questions that can be brushed aside before attempting to make the regime even more permissive.

While I respect the diversity of views in the House, I am opposed to the use of advance requests within the MAID regime, because, first, greater autonomy in end-of-life decisions must never come at the expense of compassionate, affirming care. Too many Canadians in need of mental health care, disability supports or palliative care are left without adequate resources and offered death instead of the support they need to live well. Expanding MAID in these circumstances risks deepening a culture of neglect.

Second, existing proposed safeguards are not sufficient. They must be clear, enforceable and transparent. Serious concerns remain about inconsistent application, inadequate oversight and a lack of accountability. The government should not attempt to expand the MAID regime until these shortcomings have been addressed and fixed.

Third, fundamental questions remain about whether the bill would protect consent, guard against coercion, ensure independent oversight, account for changes in a person's wishes over time and respect federal and provincial responsibilities. For this reason, I urge the government to split this bill, allowing parliamentarians to examine two distinct issues on their own merits: advance requests for MAID and preventing the scheduled expansion of MAID to individuals whose sole underlying medical condition is mental illness.

Ultimately, parliamentarians' responsibility must be to ensure that no Canadian feels that death is their only realistic option because the care, treatment and supports they need are unavailable. We should be making it easier for people to live with dignity, not making it easier for them to die.

● (1525)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I do want to pick up on something the member talked about, which is jurisdictional responsibility, in terms of what the federal government is responsible for versus the provincial government. The member knows full well that the administration of health care is done through the provinces. Having MAID provided as an option for Canadians means we ultimately have to work with provincial jurisdictions. He raises another issue with things such as hospice care, palliative care and so many things of that nature.

I would ultimately argue that is why it is important we continue the collaboration with provinces in dealing with some of these complicated issues. We need to recognize that there is an obligation to work with provinces, and that is exactly what the government is doing on the MAID file.

● (1530)

Glen Motz: Mr. Speaker, while I certainly acknowledge the role the provinces play in many jurisdictional issues that are provincial and in which the federal government puts its nose where it does not belong, health care is certainly one where there needs to be a partnership. However, my suggestion would be that if the government took seriously the need for palliative care, mental health assistance, addiction resources and those sorts of things, and provided that money instead of spending what it spends on interest payments on the national debt, we probably would have far fewer issues going on in our country.

[*Translation*]

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Mr. Speaker, I appreciate my colleague's honest remarks, but I have several questions. I get the impression that we are losing sight of the fundamental issue, which is, at its core, life and death. It is about how we take that final step in our lives, how we embrace it.

I am being told that individuals do not have the right to make their own choices, though they may be experiencing unbearable physical suffering, and I am being told that, when the time comes, they are not in a position to decide for themselves how they want to cope with their suffering. I get the impression that people are receiving aggressive treatment in the name of certain religions, when, ultimately, this is about providing care. I think that individuals' wishes and dignity have been set aside because of the fear of death.

[*English*]

Glen Motz: Mr. Speaker, I have a lot of admiration and respect for my colleague. I think it is important to recognize that the decision to choose MAID is deeply personal and can be divisive. However, what I am alarmed about is this: When in Canada did this culture of death become such a huge issue that we value it over the value of life?

I have known many people who have had incurable diseases and who did not choose MAID. It was not available to them. They were enjoyed by their family. They enjoyed the family they had, new children and whatever else, and the family loved them dearly. I guess what I am really troubled in my spirit about is the whole idea that when someone becomes a burden to the system we have to offer them a reason to take their life. I am disheartened by the attitude that people's lives are not as important as they should be. As someone who values life, I respect people with a different opinion, but I just cannot see the need for what is being proposed.

Jonathan Rowe (The Eastern Peninsulas, CPC): Mr. Speaker, medical assistance in dying seems to be a very big topic in Canada. It is going to affect almost every corner of our Canadian culture and medical care systems. I wonder if the member was surprised that the Liberals wanted to stop talking about this big issue, limit the time and rush this bill through.

Glen Motz: Mr. Speaker, it is important to recognize that the Liberals would not have had to rush it through at all had they taken the common-sense suggestion from Conservatives and other Canadians to deal with the mental health issue tied to MAID by putting it forward as a separate vote. Two Conservative private members' bills already tried to deal with that, which the Liberals rejected. Now we have a deadline of March to try to get this through. What we need to do is split the bill.

● (1535)

[*Translation*]

Abdelhaq Sari (Bourassa, Lib.): Mr. Speaker, I rise today to speak to Bill C-41, the medical assistance in dying safeguards act. Before I get into the bill, I would like to talk about someone who was very dear to me: my father.

My father was a very elegant man. He was also very eloquent. He was athletic and someone who lived life to the fullest. When he spoke, people listened. Then Alzheimer's disease struck and took him from us. It robbed him of what was most precious to him: his words. I often find myself asking a question, not a philosophical one, but a hypothetical one nonetheless. I often wonder what my father would have decided if he had been given the choice. Maybe he would have said yes, or maybe he would have said no, when he received the diagnosis while he was still lucid. Unfortunately, I will never know. One thing is certain: It would have been his choice and his alone.

In my riding of Bourassa and across the country, many families are living through what my family went through. A parent receives a diagnosis. That person is still of sound mind. They know what lies ahead, and they deserve to be able to decide how they wish to live the final chapter of their life, while they still can. It is their choice.

That is what this bill is about. It is about dignity. It is about choice. It is also about protection. These are complex issues. They are deeply personal. They touch on our values. They touch on our beliefs and our family histories. No one in the House takes these issues lightly, and that is how it should be.

Bill C-41 proposes three things. First, it will enable a person who has been diagnosed with Alzheimer's or another form of dementia to make an advance request for MAID. They can receive it later, even after losing the capacity to consent, but only in provinces and territories that have passed their own legislation in that regard. Second, the bill will stop the planned expansion of medical assistance in dying to people whose sole underlying medical condition is mental illness. Third, it will improve the way that data on MAID is collected and made public. Thus, this bill involves two substantive decisions and a transparency requirement. That is the crux of the bill.

This bill did not originate in an office. It emerged from listening to Canadians. From November 2024 to February 2025, our government held a national conversation on advance requests. There was an online questionnaire, public opinion surveys and virtual round tables. More than 46,000 people answered our questions. Of these, 69% supported allowing advance requests for individuals living with a serious and incurable illness that is expected to lead to a loss of decision-making capacity.

However, statistics alone do not tell the full story. What stays with us are the personal testimonies we heard. During the round tables, people living with dementia spoke out. Their message was simple. They want to be able to make decisions while they still have the capacity to do so, and they want those decisions to reflect and respect their values. Some participants raised an even more troubling reality. Without the option of an advance request, some individuals choose MAID earlier than they would otherwise wish, for fear of losing the capacity to provide final consent.

Let us think about that for a moment. People are giving up months, and sometimes even years, of life, not because they are ready, but because they are afraid of waiting too long and no longer being allowed to decide. That is not compassion. That is not respect for human dignity. However, participants also expressed something else very clearly. They supported advance requests, but not without conditions. They called for clear and unambiguous rules, robust safeguards, assurance that a person's wishes would be respected once they could no longer express them and support for everyone involved: patients, families, caregivers and health care providers.

That is precisely what Bill C-41 proposes. It establishes national eligibility criteria and safeguards.

● (1540)

These national safeguards will be the same across the country, regardless of where the doctor or nurse practitioner is practising. The bill also respects our shared responsibilities. As members know, the federal government is responsible for criminal law, while the provinces and territories are responsible for health care.

In practical terms, an advance request will only be possible if the province or territory has enacted its own legislation. If there is no provincial law, then there will be no advance requests. It is as simple as that. The provinces and territories will establish the rules on how requests are made, validated, stored and, most importantly, withdrawn. Their medical procedures will give health care professionals all of the information they need to assess each request.

In Quebec, we are very familiar with this debate, which we carried out in a serious and respectful way, across party lines. This bill does not undo that work. It simply provides a single framework for it. We are talking about a federal framework and provincial implementation. Both parties play a part.

Compassion and due diligence go hand in hand. That is why Bill C-41 maintains the exclusion for people whose sole underlying medical condition is mental illness.

We heard from experts, mental health advocates, organizations for people with disabilities and indigenous partners. One conclusion emerged time and again: uncertainty remains. When uncertainty remains, we do not rush ahead. There is not enough time. We must, however, protect the vulnerable. This is not a step backward; it is a responsible course of action.

I want to discuss one last point. It is a bit more technical, but it is essential. I spent a good part of my career working with data, or crunching data, in IT jargon. As I often tell my students, a public policy or organizational policy without reliable data is like a pilot flying blind. Quality data is a cornerstone of transparency and accountability. They enable Canadians to understand how MAID is offered across the country. Bill C-41 would expand data collection to advance requests. It would remove the reporting requirements of preliminary assessors. It would allow others to help physicians and nurse practitioners with their reporting. That means more information for the public, less paperwork for health care providers, but the same rigour in terms of accountability.

As I said, we have heard from experts, consulted our partners and listened to Canadians from every part of the country. Having listened, it is now time to act. Bill C-41 is founded on three principles: compassion for those who are suffering, due diligence in protecting those who may be vulnerable, and respect for individual autonomy and choice. Those principles, again, are compassion, due diligence and respect.

I want to come back to my father. This bill would not have cured his illness, nor would it have taken away our family's grief. No law can do that. What it could have offered him, however, was something precious: the opportunity to express his wishes while he was still himself. Whether that decision had ultimately been yes or no is beside the point. The decision itself is not what matters; what matters is that the choice would have been his. The man who had always known how to find the right words would have had the final say in a matter that concerned him more than anyone else. His wishes would have been respected within a safe framework.

These decisions are difficult, I know. They are deeply personal. They deserve a clear, compassionate and responsible framework.

With that, I thank the House for its attention.

[*English*]

Alex Ruff (Bruce—Grey—Owen Sound, CPC): Madam Speaker, I want to thank the member for Bourassa for sharing the story of his father. I had a very similar conversation with my grandmother a few years ago, and I would like to think that the member for Bourassa and I are likely very much aligned in our personal beliefs on this issue.

However, I want to exercise some caution. He quoted the polling in the national surveys that were done. The same government conducted a survey a number of years back on the firearms prohibitions. Over almost 300,000 Canadians participated in that, with approximately 85% saying they do not support a firearms prohibition, and the government chose to ignore that.

My question is more about why the government is refusing to split the bill into the two issues. We have agreement among pretty much all the parties in the House to support the exclusion of MAID for mental health only. On the issue of advance directives, we need to get this right.

Why is the member opposed, as he voted in favour of the time allocation motion earlier today, to having a fulsome debate to make sure we get this right, so we are not back here in two years redebating this same issue because we did not do it right the first time?

● (1545)

[*Translation*]

Abdelhaq Sari: Madam Speaker, I would like to come back to the debate we are having today, which is ultimately about letting people choose. As my colleague rightly pointed out, we may share the same convictions and beliefs, but that does not give me the right to take away anyone else's freedom of choice. An individual's freedom to choose does not depend on my beliefs. When I represent people in this place, I represent all Canadians, knowing that they may hold beliefs that differ from my own. In this matter, we, as a government, want to ensure that individuals have a choice for as long as they are capable of making that choice themselves.

Claude DeBellefeuille (Vallée-du-Haut-Saint-Laurent, BQ): Madam Speaker, I appreciated the speech given by my colleague from Bourassa. I can attest that I, too, have had a great deal of experience with people with dementia, both in my personal life and in my profession as a social worker back in the day. I believe that if these people had had the choice, they would have taken advantage of advance requests.

On page 3 of the bill, the eligibility criteria for advance requests are set out. This is where I think there is a problem. There is the following clarification under proposed subsection 4:

> For the purposes of [the act], the medical practitioner or nurse practitioner must base their opinion that a person is experiencing enduring and intolerable physical or psychological suffering that cannot be relieved through reasonable means on their observations of the person's current medical state and the information that is available to them, and not solely on the person exhibiting on a recurring basis the clinical manifestations that the person described in their advance request.

In my view, this creates confusion regarding the Quebec law. Advance requests must be put in writing, but this paragraph specifies that it is not certain that they will be authorized. It will depend on what clinical practitioners say, and it is not clear whether advance requests will be respected. What does my colleague think of that provision?

Abdelhaq Sari: Madam Speaker, if I understand this provision correctly, I take it to mean the following: We are introducing a framework, which is within federal jurisdiction, but, again, the final medical decision, which is up to the doctors and the nurse, will remain under provincial authority. In my opinion, when the time comes to make this final decision, which is by nature medical, we need to let the province take care of the things that come under its authority. That is how I read this provision. If my colleague and I understand the matter differently, I would be very pleased to discuss it with her.

Jacques Ramsay (Parliamentary Secretary to the Minister of Public Safety, Lib.): Madam Speaker, I want to commend my colleague from Bourassa for his thoughtful approach to medical assistance in dying. We often hear people say that MAID exists because of a shortage of good palliative care. I disagree. I would like my colleague to share his thoughts with us.

Abdelhaq Sari: Madam Speaker, my response is the following: What would my father have chosen? I do not know. A person who is of sound mind and capable of truly understanding the situation should have the option to make a decision in advance. That is what we really want to include in this bill.

[*English*]

Blaine Calkins (Ponoka—Didsbury, CPC): Madam Speaker, it is always a pleasure to rise and speak on behalf of the electors and residents of the constituency of Ponoka—Didsbury, a beautiful rural area in central Alberta. The south end ends about 45 minutes north of Calgary. The north end ends about 45 minutes south of Edmonton.

I would like to take this opportunity to congratulate the Edmonton Elks on their Grey Cup victory. I do not want to jinx anything, but it's the city of champions, and I might be cheering for the Edmonton Oilers as well. That is the only levity I think I am going to have in the speech I am about to give.

This speech is about Bill C-41. It is a very sobering topic. It is a very serious topic because it deals with life and death. I hear about this quite a bit in the riding of Ponoka—Didsbury. There are certainly a lot of folks with a libertarian streak in the constituency, but there are a lot of people who have a very socially conservative mindset in the constituency as well, who are always interested in protecting the dignity of human life.

I am speaking about this bill. For those who are watching at home right now, who may not have tuned in earlier, the House actually had a recorded division, which means a vote, on time allocation, which means the government has now set the parameters. There was no willingness to allow all the members in this place who wanted to speak to the bill enough time to do so. The government has put time allocation in place. It has used its new-found majority to do that. It is basically limiting the debate to the amount of time it feels is appropriate for this very serious topic. I think that is the wrong approach on matters of moral conscience like this, but nonetheless, that is where we are at.

I would like to entitle my speech "We told you so". It seems to be the theme of most of my speeches these days in the House of Commons, talking about the government's legislative agenda, which seems to be undoing the previous version of the government's legislative agenda, at least in part.

There are two parts to this bill, Bill C-41. One part deals with allowing medical assistance in dying in situations where there is no reasonably foreseeable imminent death for the individual who is involved, which led to questions going back several years in this place on the Truchon decision, about mental illness and depression being a good enough reason for the Liberal government of the day to pass legislation that would allow people who are just depressed to seek medical assistance in dying. It removed numerous safeguards at the time, including getting two medical opinions in order to get that process done.

As a result, I do not think there is a single country in all of the western liberal democracies that has had more people access medical assistance in dying. In fact, 5.1% of all deaths in Canada now are from medical assistance in dying. When we compare that with Scandinavian countries and other countries around the world, Canadians are accessing medical assistance in dying at rates far above most other developed nations.

Here we are, debating this again. If we go back to Bill C-7, Conservatives at that point in time said it was a very dangerous response by the government.

First of all, the government made a terrible, calamitous mistake by not appealing the Truchon decision. That was, basically, a decision made by a single judge in a Quebec court. I believe it was the lowest level of federal court in the province of Quebec. One judge, one person, made that ruling, and the government refused to appeal it, or at least to get an opinion from the Supreme Court of Canada, which was the original court that had brought about the medical assistance in dying regime in the first place, back in the decision of 2015. It let a single judge in one province of this country make a decision for the entire country.

I think that was a critical mistake. It reminds me of the mistake the government made when it did not appeal the decision to remove the $1,000 bond for elections, and now we have the longest ballot committee. The government has a history of making terrible decisions, and this is just another one of those.

Now we find ourselves in this unfathomable situation where every two years we have to pass a bill in the House to stop a bill that we passed in the House from coming into force. For those at home who do not understand what I just said, Bill C-7 basically says we can allow medical assistance in dying if someone is mentally depressed, but that we are going to put an exemption in place or pass another law stating that that law will not come into force, and it has a sunset clause of every two years.

● (1550)

That means every two years, in March of every odd-numbered year, the House has to actually pass a piece of legislation to prevent certain parts of Bill C-7 from coming into force. We warned the government at the time that this is not a good idea. It is a bad idea to pursue this agenda. We do not know enough about it. It is another one of the bad ideas it has had.

Just to go through some of these bad ideas, the Liberals right now seem to be, at least in words, flip-flopping on most of the things they have been doing from 2015 to 2025. Many of the Liberal MPs across the way are now giving speeches that say exactly the opposite, 180 degrees opposite, of what those same MPs would have said when they were debating Bill C-7 a number of years ago. It begs the question, how can we take these folks seriously?

The bill has two parts. What we, as Conservatives, are saying is that everybody now agrees, because we see what the damage and the carnage has been from not getting the part dealing with mental illness right in the first place. Virtually everybody in this House agrees that that part of Bill C-41 should be passed. We could pass that bill expeditiously through this place. I think it would have very little opposition, and we could get that part of the bill passed.

What we, as Conservatives, are saying is that for the part on advance medical directives, which are traditionally used for how to proceed with life-saving practices near the end of life, not for administering MAID, we would have way more time to discuss, debate and refer to committee. We have had this information at committees. The joint committee with the Senate and the House of Commons issued its reports and its findings. We did this just before and during COVID, actually.

The committee was meeting on a regular basis. That committee recommended, in earnest, not to proceed with the items that were proceeded with in Bill C-7 under the justice minister at the time. I believe it was David Lametti. Thankfully, he is no longer a member of this place. The damage he did to our justice system is still being repaired to this day by Liberal bills undoing the terrible track record they have had.

Here we are, nonetheless, with another "I told you so" moment. The Liberals are backpedalling on virtually everything. We warn the government, and they laugh and jeer at us. They chastise us for our warnings. Now here they are, and we in this chamber are cleaning up their mess.

We warned them about inflation. We warned them that if they printed massive amounts of money and ran huge deficits they were going to increase the money supply, which is going to create skyrocketing inflation and deflate our currency. They continue to do this to this day. We told them what would happen. We told them inflation would be high. We told them it would increase the costs of goods and services. We have had some of the highest inflation in the world. As a matter of fact, we had 8% inflation at one point in this country.

We warned them about housing. We warned them that if they let millions of people into the country too quickly they were going to put significant demands on the housing market. Now young people in this country are finding it hard to break into the housing market. Many people say they will never own a home, because the government did not listen to Conservatives when we said not to do this too fast, not to be careless when they have the levers of control and power in the Canadian government, not to be careless in what they do because it has consequences.

We warned them about their justice legislation, if they got rid of mandatory minimum penalties. We warned them that if they set the wrong tone in Bill C-75 by changing the rules on bail, crime would get out of control. Sure enough, for a while, violent crime surged, and extortions surged, in some cases by over 400% in this country.

This is the point of what I am talking about today. There are two parts to this bill, including one part where we have enough experience and where Conservatives warned the government years ago that if it went down this road of mental illness as a reason for MAID, it was going to be problematic, and here we are discussing it again. That part of the bill should be stripped out. It should be its own piece of legislation, and we should be able to deal with it expeditiously.

The second part is on advance medical directives. I can assure the House that if the Liberals ram this through, we are going to be back here in two years discussing this, and I am going to stand in this place and say, "I told you so."

● (1555)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I was here in 2015 when we dealt with Bill C-14, and I was also around in 2021 when we dealt with Bill C-7. I remember much of the debate that took place, whether it was at the committee stage or here in the chamber. I believe a vast majority of the individuals who were engaged in that discussion understood very clearly that we were going into a new area, and there was a great deal of discussion and debate, and the general feeling was that this would be something ongoing. No one should be surprised about Bill C-41.

On the issue of advance requests, the prairie province of Saskatchewan has now requested the ability to use advance requests. I wonder if we could just say the Conservative Party has made the decision not to support advance requests. That seems to be the bottom line.

Can the member give a clear indication? Does the Conservative Party just not support advance requests?

● (1600)

Blaine Calkins: Madam Speaker, the issue before the House in Bill C-41 is very clear. The government, again, is rushing the bill forward. It used time allocation in this place this morning to rush forward advance requests when we have not had a chance to fully debate, fully study and fully understand what the consequences of that decision would be.

As a matter of fact, there are Liberal MPs who are publicly on the record, including cabinet ministers, stating that this is a potentially dangerous idea, which means we have to get it right. Yes, we have a Parliament to have ongoing conversations all the time, but if we do not get this right, it is a matter of life and death. That is what separates this from, say, fiscal policy. We have to get this right. We have to take our time and do the due diligence.

Why does the member not support splitting the bill?

[*Translation*]

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Madam Speaker, this bill talks about life and death.

With all due respect to my colleague, I would say that the very foundation of this is knowing our safeguards and ensuring that we respect the individual and their dignity in the event of such a request, whether it is an advance directive or a request for medical assistance in dying to avoid palliative care and sedation.

As we all know, Quebec has taken the lead, and this bill contains some very good provisions. Does my colleague agree that, even if he wants to take more time, it might be a good idea to respect what Quebec has done so that it can move forward?

[*English*]

Blaine Calkins: Madam Speaker, I understand both sides of the argument very well. As somebody who personally believes strongly in the dignity of life, I have a lot of questions and concerns about the safeguards that would come with advance requests for medical assistance in dying. As somebody who grew up on a farm and is a hunter, I also understand that we want to be as humane as possible in all cases and all circumstances.

Most advance requests now are about things like not resuscitating someone if they have a heart attack. This is about how not to provide care. That is a completely different question from how to administer the end of life. If somebody has the ability to do an advance directive on the end of their life, they will have given a set of instructions on how to go about ending their life. That could be used and manipulated in a lot of different ways if we are not careful. We have to be very sure that the guardrails we have in place actually fulfill the directives of the individual in question, if that is how the House chooses to proceed, and make sure that vulnerable people, disabled people and elderly people are not susceptible to abuse. That is the real question that is before this place.

Grant Jackson (Brandon—Souris, CPC): Madam Speaker, in the member for Winnipeg North's question rejecting everything my colleague has argued today, he suggested that because Parliament had this discussion on a relatively similar type of topic 15 years ago, Parliament should no longer need to debate these issues. While I appreciate my colleague's longevity in elected office, and I think he has been elected longer than I have been alive, many of us are actually new to this place. In fact, there are quite a few new members on his side as well.

Does my colleague from Alberta agree with the member for Winnipeg North that all of us who are newly elected should not bother having a say on serious matters of government legislation, or does he feel differently?

Blaine Calkins: Madam Speaker, I really want to be helpful in responding kindly to my friend from Manitoba's question, but I think he insinuated somehow that I am old.

I have been here a long time, but I will just say this. The answer to my colleague's question was actually in the question. This is a very serious matter. Everybody who wants to speak to this on behalf of their constituents should be allowed to do so. Shame on the government for taking that away.

Grant Jackson (Brandon—Souris, CPC): Madam Speaker, I am proud to get up. Unfortunately, the member for Winnipeg North and his government have limited the number of my colleagues who will be able to do likewise.

I am very proud to rise today to deliver remarks on the bill on behalf of the great constituents of Brandon—Souris in southwestern Manitoba. The conversation we are having today is an extremely important one, given the sensitive nature of the topic we are discussing. Any changes to medical assistance in dying, or MAID, are important not only to members in the House but also to the thousands of Canadians we represent. We are discussing legislation that deals with some of the most difficult and deeply personal circumstances Canadians and their families can face. That is why we have a responsibility as parliamentarians to give the legislation the time, attention and careful consideration it deserves.

I want to draw attention to the vote that took place earlier this morning and its significance. Conservatives have serious concerns about the government's choice to move time allocation on the bill. We also question how the government can reject Bill C-218, a Conservative bill that sought to permanently exclude individuals whose sole underlying medical condition is a mental illness from eligibility for MAID, only to later introduce its own legislation proposing that very same exclusion and then demand that there is not enough time to get it done.

While that important protection has now been repackaged into Bill C-41, the government has also included additional changes that raise serious questions and undoubtedly require further debate. When we are dealing with legislation of this nature, safeguards cannot simply work on paper. We need to understand how they will work in practice and whether they will actually protect Canadians. We are talking about matters of life and death.

While debate on certain aspects of the bill has already taken place, that does not mean that debate on new provisions should be cast aside or steamrolled by the newfound majority Liberal government. Unfortunately, that is exactly what the government has done. The Liberals have used their majority to limit the time members of the House have to debate this important legislation.

I voted against that time allocation motion this morning, because it will limit us to just eight hours of debate. My Conservative colleagues did so as well, as did the members of the other opposition parties. I think Canadians would like to see the legislative process focused on the substance of the legislation and not simply the speed with which it progresses through this place.

There is a reason why we debate legislation, hear from experts and ask difficult questions. The decisions we make here have real consequences for the people we represent. When we are dealing with changes to Canada's medical assistance in dying laws, the responsibility is profound.

The ironic part is that we do have a deadline. In March 2027, the current exclusion for individuals whose sole underlying medical condition is mental illness is scheduled to expire. Parliament needs to act before that happens. Conservatives were and are prepared to do so. That was why we had a private member's bill on the topic. There is no equivalent deadline for the other significant changes proposed in Bill C-41, so the question to the government is very simple: Why is it using the deadline for one issue to rush Parliament's consideration of others? These are separate matters, and they deserve to be treated that way.

● (1605)

Unfortunately, the Liberals shut down that critical piece of legislation, Bill C-218, a private member's bill from my colleague from Cloverdale—Langley City. That bill sought to permanently prevent MAID from expanding to individuals whose sole underlying medical condition is a mental illness. It was straightforward legislation, addressing an issue that Parliament has already spent considerable time studying.

The Special Joint Committee on Medical Assistance in Dying spent months hearing testimony and examining evidence, and ultimately recommended that this exclusion be made permanent. We agreed, yet the Liberals voted against Bill C-218.

It is disappointing to see the political games the Liberals are playing with such an important piece of legislation. At a time when we are only four months away from serious changes potentially taking place, instead of moving our bill along, which was introduced well in advance of theirs, the Liberals killed it, repackaged the part they voted down and combined it with a completely different issue, that of advance requests. They are now pushing it through Parliament with limited debate. It is gross.

I want to be clear: There is no question that advance requests are very different from the exclusion for mental illness. Put quite simply, they should be separated and advance requests studied on their own merits to the degree of study that the exclusion for mental illness has already received. Parliament should be able to hear from doctors, legal experts, families, veterans, Canadians living with disabilities, and the provinces and territories that are responsible for implementing these changes.

If the Liberals had supported my colleague's bill, we could have already made progress toward resolving the issue of mental illness as a sole underlying medical condition, while now turning our attention to advance requests. Instead, the Liberals killed that bill and are now trying to move forward with a much broader piece of legislation.

Over the last six months alone, I have received hundreds of emails on MAID, as, I am sure, have many of my colleagues. Many opposed expanding MAID, some opposed MAID entirely and, of course, some support it in certain circumstances. I understand these differing perspectives. This is a deeply personal issue, and Canadians have strong opinions shaped by their own experiences and those of the ones they love.

It has taken years of study, expert testimony and repeated delays to arrive at the responsible decision that MAID should not be expanded to individuals whose sole underlying medical condition is a mental illness. That experience should remind the House of the importance of getting these decisions right, which is why I want to return to the issue of safeguards.

There is a significant difference between safeguards that appear sufficient in legislation and safeguards that actually work when put into practice. Bill C-41 proposes allowing advance requests for MAID in circumstances where an individual may later lose the capacity to make medical decisions. That raises an important question about consent, capacity and the responsibilities of medical professionals. For example, how do we ensure that a request made at one point in a person's life continues to reflect their wishes when they can no longer communicate those wishes? What happens when a person's circumstances change?

These are not minor, administrative questions. They go directly to the protection of senior and vulnerable Canadians. We cannot simply assume that because a safeguard is written into legislation, it will operate exactly as Parliament intended. We need to understand who is responsible for enforcing those safeguards, how compliance will be monitored and what accountability exists when proper procedures are not followed.

We are prepared to pass the permanent exclusion through all stages in the House today and send it to the Senate without delay. What we are asking is that the government separate that important protection from the additional changes it has chosen to include in Bill C-41. We hope to see the Liberals do that today.

● (1610)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I wonder if members see the irony in the member's speech.

He talked about the Conservative member's legislation dealing with MAID. There were two hours of debate on that. Now the Conservatives are being critical. They say that there have been eight hours on this bill, which is wrong, by the way. I wish they would stop trying to mislead. I will let them do the tabulation, but it has been more than eight hours.

They are being critical because the government wants this legislation to pass. The government knows full well that the Conservative Party is going out of its way and will prevent the legislation from passing unless time allocation is used.

I might be relatively new to this place, but I can tell the member that I am familiar with the games of the Conservative Party. The government is determined to see the legislation passed. That is why the tool is being used.

● (1615)

Grant Jackson: Madam Speaker, I cannot believe the member for Winnipeg North got through that one with a straight face.

It is worthwhile to remind him that, during his long tenure here, the issue of excluding mental health as the sole requirement for medical assistance in dying to be provided was the subject of months' worth of study in a special joint committee, which informed Bill C-218, put forward by my colleague from Langley. That amount of study has not taken place for advance requests.

Will the government commit to allowing that same level of comprehensive study to be done for advance requests, yes or no? That is the question that is on the floor today.

[*Translation*]

Claude DeBellefeuille (Vallée-du-Haut-Saint-Laurent, BQ): Madam Speaker, I do not know whether my colleague is aware, but advance requests have been permitted in Quebec for nearly two years. The Government of Quebec has asked Ottawa to amend the Criminal Code so that it is no longer a criminal offence to act on an advance request made while the patient was competent and capable of providing free and informed consent.

Is my colleague saying that he is completely opposed to Quebec's request, namely that the Criminal Code be amended with respect to advance requests?

[*English*]

Grant Jackson: Madam Speaker, I do not believe that is what I said at all, but I would be curious to know what the other provincial health departments are asking for. Perhaps the Quebec provincial government has written to the government asking for something specific.

Now the government is bringing in a piece of legislation that would affect all provincial health departments and all provincial health practitioners. We have not yet had the opportunity to hear from doctors from those other provinces, nor requests from the other nine provincial governments.

I think, again, before we make such a drastic change on the national level, it is important to have consultations with all provincial governments. That is the work the government should have done before it moved time allocation on this bill.

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I want to thank my colleague for his excellent speech. One of the reasons we need further study and debate on advance requests is that there are many practical issues the government is not prepared to address or respond to, concrete questions about how things would work.

For instance, I asked this of the justice minister twice this morning, and he would not answer: Should a person be told before their life is ended? Regardless of what they have written in the past, should they be informed on the day when it is happening? The minister could not give a response to that.

Another very practical question is this: What happens if you have disagreement among medical staff about how to interpret an advance request? If someone has made an advance request that states that if certain conditions are met they would want to end their life, there might be some doctors who would say that they think the conditions are met and other doctors who would not think the conditions are met. One family member might bring the case to some doctors, and other family members might bring it to other doctors. How do we resolve a situation in which there is legitimate ambiguity or disagreement about whether the conditions of an advance request are met?

These are some of the practical challenges. I do not know if the member has thoughts on how we would answer those, but the main point is that these are real problems and the reason this issue needs to be understood in detail. There needs to be more clarity in the legislation at the very least.

Grant Jackson: Madam Speaker, my colleague raises very real possible examples of situations that might arise due to the ambiguity within the legislation as it is currently written. These are things that could have been solved with further debate. That is what should have been done.

[*Translation*]

Claude DeBellefeuille (Vallée-du-Haut-Saint-Laurent, BQ): Madam Speaker, I am very pleased to rise on behalf of the Bloc Québécois to participate in the debate on Bill C-41. This bill is particularly important to me because, like anyone who is growing older, I feel personally concerned by the issue it addresses. As members can see from my white hair, I am getting older, and I do think about how I would want my life to end if I were ever diagnosed with dementia. That is why I believe Bill C-41 is prompting vigorous debates in the House.

As a quick reminder, Bill C-41 has three main objectives.

First, it would permanently exclude mental illness as the sole underlying medical condition for medical assistance in dying. I must say that I do not support the idea of imposing a permanent exclusion. In Quebec, we were not ready to provide MAID in such cases, but neither were we prepared to permanently close the door on the possibility.

That makes me sad because I used to work in Quebec's health care system, and I watched people with mental illness suffer for years. I am not talking about depression here. I am talking, for example, about people with schizophrenia, who tried medication and who ended up living on the streets, rejected by many of their loved ones, after exhausting all the resources of the health care system and their family caregivers.

Perhaps if they had had the right to end their life with dignity, they might have died in a much more dignified manner. I have been thinking a lot about these people as we prepare to vote on this permanent exclusion. I am sad because I think it is discriminatory, as though people with mental illness do not fully exist as people or do not have the same rights as others. I think that is unacceptable, and I believe that my colleague from Montcalm agrees with me. I expressed this opinion at the Special Joint Committee on Medical Assistance in Dying. I think medical professionals may not have been ready to administer this type of care, but I believe that we should have continued to study this issue.

The reality is that people with mental illness will once again be forced to turn to the Supreme Court to defend their rights. In a few years, they may well succeed. However, it seems profoundly unfair that individuals who are already vulnerable and fragile should bear the burden of fighting for their rights.

The bill also establishes a comprehensive framework for advance requests, including eligibility criteria. In doing so, it responds in part to a request made by Quebec, where MAID has been available since 2024 to patients who have made an advance request. As members know, Quebec is currently the only province that allows advance requests for MAID. This framework addresses a very real need. At present, some physicians provide MAID to patients who have made advance requests, yet they continue to face criminal and civil legal uncertainty because the Criminal Code has not been amended. Bill C-41 therefore responds to Quebec's request. It provides protection for medical practitioners and gives eligible individuals the right to make an advance request for MAID.

Advance requests for MAID are based on principles that have been the subject of extensive public debate in Quebec in all sorts of circumstances. Our thinking has evolved considerably. As we know, self-determination is a principle, indeed a value, that is very important in Quebec. People have the right to decide. They have the right to make their own choices, whether that means receiving MAID, opting for palliative care or making an advance request.

In response to my Conservative colleagues, advance requests are imposed on no one. It is the individual who makes the request, while still capable of making decisions for themselves, in anticipation of a time when they may feel they are no longer the person they once were. No one is required to have an advance request imposed on them. A person must choose to make such a request, and even then, the fact that a request has been made does not mean it will be carried out when the person or their loved ones ask for it.

● (1620)

Self-determination, the right to dignity, and free and informed consent are important. These three principles guide Quebec's Act Respecting End-of-Life Care. We have made significant progress on this.

As for advance requests, some of the provisions in the bill give me pause and cause me concern. That is why we in the Bloc Québécois will give the bill our support in principle so that we can discuss it in greater depth in committee and hear from experts on certain aspects of the bill that, in my view, could call into question people's true intentions when they draft an advance request.

I often provide an example, because people talk about advance requests as though they were something done on a whim, without much thought. I believe, rather, that those who have done so gave it careful consideration. First of all, to have access to care under an advance request, the person has to receive a diagnosis. It is not like they write it into their will, forget about it, and then receive MAID when the will is executed. I sometimes hear the Conservatives say things that give me the impression their perspective is rather simplistic.

The request is made when the person is capable of making decisions, has received a diagnosis, and is making decisions about the stage reached. For example, this could be when the person no longer recognizes their husband, wife, children or grandchildren. At this stage, some people prefer that their life end with dignity, rather than die as a different person.

In its eligibility criteria clarifications, the bill implies that the request and the criteria set by the person may not always be fully met. This leads us to the whole issue of "happy" dementia. I do not know whether my colleagues have heard of it before. I am a former social worker. I worked in special care units at a local community services and long-term care facility for persons with dementia.

To be honest, happy dementia advances the idealized image of a person who wanders a little, causes little bother, smiles, sings, watches television practically all day long, who might knit a little, never makes much of a fuss, no longer recognizes their family members, but can still laugh. It is the person who does not upset the system, but who is a completely different person than they once were.

The advance request states that, if that were to happen and I am no longer the same person, I would like to leave with dignity, even if I seem happy.

This reminds me of a story. It is not a very pleasant one, but it illustrates my point. When I was a social worker in the special care unit of a long-term care facility, there was a woman who was very attracted to the men in the unit. She was looking for physical intimacy. She would take off all of her clothes. She had lost all her inhibitions. However, we looked into her life story and found out that this woman had devoted her life to Jesus Christ. She was a nun, a member of a religious community. This woman, who had chosen to be celibate and to suppress her sexual desires her entire life, had happy dementia. She was very friendly. However, if she had had the opportunity to make an advance request, would this nun, who had devoted her entire life to Jesus Christ, have wanted to end her days naked and looking for intimacy in the special care unit of a long-term care facility? I do not think that I am wrong in saying that no, she would not have wanted to live out her final days like that. Of course, for the care workers and staff, this behaviour was disturbing but ultimately not that big of a deal. In any case, she was very happy.

I would therefore caution against idealizing dementia. We must always take into account the person's wishes, their free and informed choice when they receive such a diagnosis and make a decision.

I encourage my colleagues to adopt the principle of the bill so that we can hear from experts in committee and pass Bill C-41.

● (1625)

[*English*]

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I appreciate many of the comments that my colleague has made. One of the things that I respect is that the courts in Quebec have played a role in this. We have seen a very progressive Quebec lead Canada in many ways, and this is one of those files that we are witnessing that on. Just last week, we heard that the Province of Saskatchewan is looking at putting this into place. I wonder if the member can provide her thoughts as to how it is important that we use the knowledge gained from the Province of Quebec to make it more universal across Canada.

● (1630)

[*Translation*]

Claude DeBellefeuille: Madam Speaker, my colleague is right. We had this societal debate several years ago, and perhaps we moved more quickly than the other provinces.

What is interesting about Bill C-41 is that it does not require other provinces to incorporate advance requests into their practice. It is a matter of choice. If Saskatchewan or other provinces still have questions, so much the better. If they want to draw inspiration from Quebec, hold a public debate and hopefully give people the freedom to choose a dignified death, so much the better.

[*English*]

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I want to pick up on one thing my colleague said. She talked about how, when someone has dementia, they become, in certain respects, a very different person than they were before, which is, in a way, precisely the argument against advance requests, which is that a previous version of a person should not be able to definitively bind a future version of a person, as they may have different preferences and different desires, or they may have a quality of life or an experience of life that is different than what they would have expected. If asked what I would like to happen to me if I had dementia or some other disability, I would find it very hard to predict what my experience would be or what I would feel one way or the other. This is why, generally speaking, we expect contemporaneous consent. That is, we rely on the consent of the person themselves in the moment.

It would seem strange to me to go from saying that a person becomes a completely different person to concluding that person one should be able to make life-or-death decisions for person two.

[*Translation*]

Claude DeBellefeuille: Madam Speaker, I appreciate my colleague's remarks, and I can see that he is giving the issue some thought. That said, I do not think he fully understands the principle behind advance requests.

Advance requests exist precisely so that a person who is capable can consent to care, provided the necessary criteria are met. Once a person develops dementia and is declared incapable, that person can no longer make decisions. Advance requests cannot be made once a person is ill or living with dementia. That is not really the issue before us in Bill C-41.

I understand that medical assistance in dying can give rise to ideological debates that are rooted in religious values. I respect my colleague's perspective, even though I do not share it. The beauty of this is that nothing is mandatory and nothing is imposed. What matters is the individual's own wishes. Personally, I strongly believe in people's right to self-determination.

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Madam Speaker, my colleague put it very well, but I would go even further for all those who have a hard time accepting that death is a part of life. That is what we are talking about.

When a person makes decisions for themselves, who are we as a third party, as a sibling or spouse, to decide whether a personality change caused by dementia alters the situation, especially when the advance request was originally very clear? I would really like people to understand the difference between mental health issues and physical health issues. It is invisible, but it hurts just as much.

Claude DeBellefeuille: Madam Speaker, if tomorrow I am diagnosed with frontotemporal dementia, Alzheimer's, vascular dementia, or Korsakoff's syndrome, I will definitely draw up an advance request. I want to recognize my husband. I am a happy, cheerful, and lively person, and I do not want to end my life not recognizing the people I love and spent my life with. I do not want that.

I am grateful that we are able to hold a debate on this issue, and I respect everyone who does not share my opinion. I support the bill and hope that it can be improved and further clarified in committee.

● (1635)

The Assistant Deputy Speaker (Alexandra Mendès): It is my duty, pursuant to Standing Order 38, to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Kitchener South—Hespeler, Health; the hon. member for York—Durham, The Economy; the hon. member for Saanich—Gulf Islands, Climate Change.

[*English*]

Rachael Thomas (Lethbridge, CPC): Madam Speaker, I rise today to speak to Bill C-41, the medical assistance in dying safeguards act, brought forward by the Liberals. MAID is an issue that people in my constituency of Lethbridge very much care about. I have certainly read many emails, had many conversations and engaged in many phone calls. I have heard from countless constituents who have serious concerns about what the Liberals are attempting here. This level of public concern is exactly why Parliament must carefully examine legislation of this magnitude. Unfortunately, however, earlier today the Liberals used their majority to shut down debate and move this bill forward at a quick pace.

When it comes to an issue literally of life and death, playing political games is extremely cold-hearted and altogether inappropriate. Canadians expect us to listen to experts. They expect us to examine the evidence and consider the consequences before making decisions with irreversible effects. Instead, the government is limiting debate on legislation that raises profound questions about consent, medical safeguards and the protection of vulnerable Canadians. This is not a minor legislative adjustment. It concerns human life, which is something very sacred.

Bill C-41 combines two very different issues. First, it proposes to permanently exclude individuals whose sole underlying medical condition is mental illness from accessing medical assistance in dying. This is a positive shift. Second, it would establish a framework for advance requests, allowing someone to request medical assistance in dying today, which would be carried out in the future. This is alarming because there is inadequate research to suggest this would be done effectively or that it would take into account the individual's capacity at the time of their death. These issues raise very different ethical, medical and legal questions, and they deserve independent study and debate.

The current exclusion of mental illness expires March 17, 2027, meaning Parliament must act before that deadline. However, there is no comparable deadline for the advance directives that are being included in this legislation. The government has tied the two together, one urgent and one not, in order to get this through quickly. Conservatives have been clear from the beginning that these issues should be separated. There is no reason to put them together, except, of course, for political gamesmanship. We are prepared to pass the permanent mental illness exclusion through all stages of the House today and send it to the Senate without any further delay.

Advance requests, meanwhile, deserve their own thorough parliamentary study, meaningful consultation and thorough debate. Religious organizations, including the Canadian Conference of Catholic Bishops, and disability advocates have raised serious concerns. Their voices should not be dismissed from the conversation. Parliament should never operate under artificial political pressure when considering legislation that could result in the loss of human life. Canadians deserve better than having debate limited on an issue this consequential.

At the heart of advance requests is a fundamental question: What are the fundamental requirements of consent? Consent is the question. Under this proposal, someone could request MAID while they have decision-making capacity, with that request carried out years later, after they have lost that capacity, but how can someone know with certainty what they will want years into the future, particularly before experiencing the circumstances they are making a decision about? Someone may believe today that they could never want to live with dementia or significant cognitive decline, but imagining that experience and living that experience are two very different things. People adapt. Their perspectives change and their priorities evolve. Someone who once feared a particular condition may still find meaning, comfort and joy in life after developing that said condition. How can we know that a decision made years earlier still reflects what that person truly wants?

There are also serious questions about interpreting behaviour when someone can no longer communicate verbally. The legislation would address words, sounds or gestures that may indicate refusal or resistance to MAID, but how does a practitioner distinguish an involuntary reflex or expression of distress from a genuine indication that someone does not wish to proceed? The consequences of getting that wrong, of course, are irreversible. The person will die.

● (1640)

Similarly, how can practitioners determine whether someone is experiencing enduring and intolerable suffering when that person can no longer communicate? It is based on the judgment of another. How can they distinguish irremediable suffering from fear, distress or confusion that may be treatable? These clinical judgments deserve much more examination than what this government is currently allowing for by rushing the bill through.

There is another concern, which is people feeling pressured to seek medical assistance in dying, because they fear they will become a burden to their families or to society. People with disabilities, seniors and those experiencing serious illness should never feel that their lives are worth less because they have need for assistance. They should never feel that their families or society would be better off without them.

I have heard directly from a woman in my riding who lives with a disability. She regularly reaches out to the medical system for help, yet has repeatedly found herself being offered medical assistance in dying rather than the support and services she truly requires. Let us think about that: Someone asks the health care system for help to improve their circumstances and live, and instead they are offered death. That should give the House reason to pause. People with disabilities deserve appropriate care, they deserve a treatment and they deserve support. Death should never be presented as an alternative to the services they cannot access. We must do better. We must not create a society where dependency is seen as a loss of dignity and where people feel they should end their lives before becoming dependent on others.

There are also concerns about implementation. Bill C-41 would permit advance requests only in provinces and territories that establish their own regulatory frameworks. This could result in inconsistent oversight and different levels of protection across Canada. Canadians deserve consistent safeguards regardless of where they live. This is concerning and deserves careful consideration, which is not being granted by the government as the bill before us, once again, is being rushed through the House of Commons.

Conservatives have been fighting to make the exclusion for mental illness permanent, which is the second component of the bill. We very much support that. My colleague, the member for Cloverdale—Langley City, championed this protection through her private member's bill, Bill C-218, which would have permanently excluded individuals whose sole underlying medical condition is a mental illness from MAID. The Liberals voted that bill down, knowing that they were going to play a political game and couple that provision with the advance medical directive. It is absolutely shameful: playing with the lives of people and rushing a piece of legislation of this magnitude through the House of Commons. It is unspeakable.

At the end of the day, this debate comes down to a simple principle. Parliament has a responsibility to protect the most vulnerable. That is our job. That is the will of the Canadian people. That is what they have sent us here for, and that means listening to Canadians. It means examining the evidence and carefully considering the consequences of legislation that we pass in this place.

I will close by sharing an email I received today from a constituent. It reads, "I am very concerned about how MAID impacts vulnerable Canadians and how it will impact our loved ones with dementia and other capacity-limiting illnesses. Thank you for taking the time to hear my concerns on this."

As members can imagine, there was much more to that email, but the bottom line is that this is just one of dozens of emails, another several dozen phone calls and in-person meetings that I have taken with regards to this issue. It matters to Canadians.

We owe it to the Canadian public to take this seriously and give it careful consideration. We must hear from physicians, psychiatrists, legal experts, families, veterans, disability advocates, faith-based organizations and provincial governments. We must examine consent, safeguards and the realities of our health care system. Most importantly, we must ensure that vulnerable Canadians are protected.

Conservatives are prepared today to separate the bill into two parts and pass the protection for those with a mental illness while having robust discussions and debates, and hearing from witnesses, with regards to the advance directive piece.

● (1645)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I want those following the debate to reflect on the word hypocrisy. When we think about that word, let us think of how the Conservative Party tried to pass MAID legislation in two hours. We are going well beyond the two hours. Then I want us to think of how, when I posed the question to the member opposite, he said the legislation is on advance, that we never had the debate on advance requests.

Back in 2023, there was a joint committee of the House of Commons and the Senate where there was a Conservative member today whose recommendation was:

> Recommendation 21
>
> Amend the Criminal Code to allow for advance requests [after] a diagnosis of a serious and incurable medical condition, disease, or disorder leading to incapacity.

That is from an active Conservative member. It has been part of the debate for years, and the Conservative Party knows that. The issue is that the Conservative Party as a whole, the far right, opposes advance requests, and that is the reason they want to filibuster.

Rachael Thomas: Madam Speaker, wow, I wish the member opposite was honourable. I would love to be able to use that term, but unfortunately, that was an attack on Canadians. It was an attack on their concerns. It was an attack on their desire to be heard, to have a voice. It is this desire that the Liberal Party has to shut down debate, to prevent any form of discourse from taking place. The members act as if something in the past, pointing to 2023, is somehow ironclad, as if it is done, as if there is no reason to reconsider it. Ironically, the other part of the bill is in fact a reconsideration of mental illness being a sole reason for requesting medical assistance in dying. They are willing to reconsider one part, but they are not willing to reconsider another part. That is the definition of hypocrisy.

Jeremy Patzer (Swift Current—Grasslands—Kindersley, CPC): Madam Speaker, my colleague spoke very well on the issue. I think what is happening here is that we are again seeing that the Liberals want to just wrap multiple things up into one bill. They have a chance to put one thing in a bill that the House, I think, would have unanimous, if not pretty near unanimous, agreement on, which would be to remove mental illness as a sole reason for MAID. I sat on the committee and there was no consensus on irremediability. That became abundantly clear. The issue of advance directives was not actually part of the scope of the study of the committee, so for the Liberals to add that into this bill is ridiculous and, I would say, an overstep in what they should be doing with this bill.

They have already screwed up MAID legislation multiple times. Why are they trying to screw it up again?

Rachael Thomas: Madam Speaker, I cannot put myself into the frame of reference or mindset of a Liberal member. I value the voices of Canadians too much. I understand the need to hear from experts on this issue. I understand the need to have robust discussion, to hold proper meetings, but unfortunately, the government does not. Why the Liberals are sweeping that under the rug and pretending there is nothing to see here and that we can just push this through as if it is some frivolous piece of legislation is beyond my ability to comprehend, but it is incredibly dangerous and it is a massive disservice to the Canadian public.

[*Translation*]

Mario Beaulieu (La Pointe-de-l'Île, BQ): Madam Speaker, as my colleague mentioned earlier, advance requests for MAID have been in place in Quebec for the past two years. They have not caused any problems and the rules are very clear. I have experienced this personally with my parents. An advance request may, for example, specify that MAID should be provided when a person no longer recognizes their loved ones, can no longer have meaningful or enjoyable interactions with others, or has become incontinent and is no longer able to care for themselves.

These are very specific criteria, and they must be established while the person still has the capacity to make such decisions. It is as though my colleague is suggesting that, once a person has lost that capacity or their memory, they might feel differently. However, that would be completely contradictory.

As I understand it, my colleague opposes advance requests altogether. In Quebec, advance requests already exist, and we do not want the practice to be criminalized. My colleague appears to believe that the debate that took place in Quebec over many years is not valid and that advance requests should be rejected.

● (1650)

[*English*]

Rachael Thomas: Madam Speaker, today the government has presented us with a piece of legislation that is of two minds: one, it would take away medical assistance in dying from those who would request it because of mental illness as their sole reason; and, two, the other part of this legislation would allow for an individual to request medical assistance in dying as an advance directive.

To put these two together is a disservice to the Canadian public, because the second component—

The Assistant Deputy Speaker (Alexandra Mendès): We must resume debate. We are way past time.

The hon. member for Airdrie—Cochrane.

Blake Richards (Airdrie—Cochrane, CPC): Madam Speaker, I rise today to speak about Bill C-41, the government's latest piece of legislation related to medical assistance in dying.

Now, my Conservative colleagues and I welcome the overdue admission in this bill that expanding MAID to individuals suffering solely from mental illness is a dangerous step. We know that people living with mental illness can experience tremendous suffering, but we also know that recovery is possible, that circumstances can change, and that people deserve access to the treatment and support that can help them rebuild their lives.

For years, Conservatives have been arguing that Canadians struggling with mental illness deserve treatment, support and hope, not the government telling them that MAID is the best option for them. The responsibility of government should be to ensure that these options are available, not to create a system where someone who is struggling may come to see MAID as their best or only option.

The other part of this piece of legislation is a separate issue altogether, the idea of advance requests. I really struggle to understand why the Liberals feel the need to tie these two issues together. I think I do understand why, but I really struggle to understand why they are doing this, taking two different issues, one where there seems to be pretty broad agreement, and another one where there is certainly a need for more study. Advance requests raise serious questions about consent, safeguards, provincial jurisdiction and a whole host of things that need to be considered. They deserve to have a thorough study, not to just be rushed through in a piece of legislation because they are being tied together with the other concept that there is obviously a need to rush but also where there seems to be a lot more broad consent.

I think it is even more important to note that in the context of the government's track record, in terms of ensuring that there are proper safeguards, ensuring that getting this legislation right when it comes to the topic of medical assistance in dying, the government's track record is not exactly good.

There is no doubt that this piece of legislation needed to be split into two pieces of legislation to be voted on separately, so that one could pass with the speed that is needed, and the other one could be studied properly. Not only did the Liberals ignore our legitimate pleas to split the bill, but now they are shutting down debate, and ramming it through without allowing for that proper study or for that scrutiny to take place that needs to happen.

This is literally a matter of life or death. The Liberals are relegating this legislation to limited debate based on, frankly, what seems to be just petty politics. The Liberals have to stop playing games with people's lives. Let us pass the mental illness provisions, and let us give the advance request the study and scrutiny it is due.

I want to speak a little, while I have the floor, about the impact of medical assistance in dying on the veteran community. That is a community that is near and dear to my heart, and one that I spend a lot of time thinking about and working for. It is an issue that I hear about quite consistently when I speak with veterans across Canada. There are far too many heartbreaking stories from veterans out there who were seeking help from the government to access benefits that they are entitled to, but instead of getting that help that they were asking for to live their lives, they were being offered, and in some cases even pressured, to consider medical assistance in dying.

Can members imagine the impact that has on someone, when they go to the government looking for help to live their lives and are asked if they would consider death instead? Can members imagine the impact that must have on someone, especially when they may already be in a state of suicidality, PTSD or mental health issues? They are already dealing with sanctuary trauma from the organization that is supposed to help them not being there for them, and then they get that.

● (1655)

We need to understand what is happening here. When we are talking about these cases, we are talking about heroes who stepped up and served this country. When those veterans returned to Canada, they did not ask for handouts, but asked for the care they earned through their service. They asked for treatment and assistance in their transition back into civilian life. What did they get from the government? They were met with a mountain of delays and denials. Worst of all, in some cases, they were offered medical assistance in dying. In some cases, they were even pressured to consider it.

I really want people to think about that. A veteran calls Veterans Affairs for help and the person on the other end of the line instead offers them death. The system is so overwhelmed and backlogged that, for whatever reason, in some cases, death is being considered a more efficient option than support. If that is the case, that is a deeply broken system.

These stories should concern every single Canadian, no matter what their stance on medical assistance in dying is otherwise. Our veterans made a commitment to Canada. They accepted difficult assignments, away from their families. In many cases, they returned home carrying physical or psychological injuries that came from their service. When they came back after fighting those battles, they found themselves fighting another battle, this time with their own government. They are forced to navigate complicated application processes; wait months, and in many cases, even years, for decisions on their benefits; and then are often forced to repeatedly demonstrate that those injuries were sustained while serving.

Consider what that means for someone who has already sacrificed so much for Canada. They may be dealing with physical and psychological injuries that affect their daily lives. They are not asking for special treatment. They are just asking for the government to honour the commitments it made to them when they signed up to serve. The government has a responsibility to ensure that every veteran who reaches out for help is treated with dignity and compassion. That means ensuring that VAC employees are well-trained and are ensuring that veterans are connected with the appropriate health care and support services.

That brings me to the question of safeguards and accountability. When it comes to medical assistance in dying, the government must be able to demonstrate that medical practitioners are properly trained, that eligibility requirements are being respected and that concerns raised by patients, families and health care professionals are being taken seriously. That means ensuring that individuals are making decisions freely, that they understand the options available to them and that they are not being influenced by outside pressure, by inadequate access to care or a feeling that they have become a burden on their families or society.

Bill C-41 must get this right. While we welcome the decision to maintain the exclusion for individuals suffering solely from mental illness, finally, serious questions certainly remain about the safeguards, the oversight and the government's ability to protect vulnerable Canadians.

Canada should be a country where someone struggling with their mental health knows that help is available, where someone living with a disability knows they will be supported and where someone facing a serious illness knows they and their family will not be left to navigate those challenges alone. It should certainly be a country where the men and women who put their lives on the line in service to Canada can return home knowing that their government will stand behind them.

We have a responsibility to protect those who are most vulnerable. That responsibility must be reflected in our laws, our policies and, most importantly, the services we deliver to Canadians. The answer here is straightforward. Canadians struggling with a mental illness deserve treatment, individuals living with disabilities deserve support and those facing serious illnesses deserve access to quality care. Our veterans deserve the benefits and assistance they earned through their service to this country.

The government must ensure that MAID is never presented as a substitute for the care and treatment that Canadians deserve. When someone reaches out to the government for help, they should be met with compassion and solutions, not the suggestion that death is their best option.

● (1700)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I truly value all life. To address this legislation, I have done significant background work to be able to share with the House what has taken place with MAID since the mid-1990s.

When a parliamentary committee has actually recommended, and this goes back to 2023, to have advance requests and then I see the Conservatives prepared to pass MAID legislation after only two hours of debate, it seems to me that there is a faction within the Conservative Party that just does not want the legislation to ultimately pass.

Does the member support, in principle, what the legislation is proposing, including advance requests? These are the very same advance requests that the Province of Saskatchewan, for example, wants to put into place.

Blake Richards: Madam Speaker, there is a saying that when someone is explaining, they are losing. That is exactly what we are hearing over there. The suggestion has been clearly made here that there is a need to split this piece of legislation because one piece has broad agreement. On the other piece, there is a need for further study.

Why could that not happen? Why could we not do that? We could split the legislation so we could ensure proper study and the proper safeguards on the one piece. On the other piece, the government has finally come around on that one. Frankly, it could have just voted for the piece of Conservative legislation and that would have been dealt with.

This seems to me like one of those examples where if someone is explaining, they are losing. The Liberals are losing.

[*Translation*]

Sébastien Lemire (Abitibi—Témiscamingue, BQ): Madam Speaker, section 1 of the Charter of Human Rights and Freedoms grants every human being the right to life and to personal security, inviolability and freedom.

Quebec society believes that the right to life implies the right to die. In this context, medical assistance in dying must be established as a right that gives individuals the opportunity to avoid terminal suffering and medical paternalism, thereby ensuring their dignity. Allowing MAID means allowing people to choose how, when and where they wish to die, giving them the right to dignity.

I would like to hear my colleague's thoughts on that. Is that not a reason to support the bill?

[*English*]

Blake Richards: Madam Speaker, let me start by making it quite clear that I support wholeheartedly the portion of the bill dealing with ensuring we have the safeguards in place for those with mental illness. I struggle with the other parts more, mostly because I do not really trust the Liberals to get the safeguards right. They have proven time and time again that they do not seem to be able to do that. That is why the study is needed.

Having said that, I recognize there is a range of different opinions out there in terms of what those safeguards should be. It is not a matter of legislation passing or not passing. It is a matter of making sure it gets the proper study and scrutiny that it deserves.

Alex Ruff (Bruce—Grey—Owen Sound, CPC): Madam Speaker, I want to thank my hon. colleague for his unrelenting advocacy for our veterans over the last number of years, and in particular for shining a light on this issue where, unfortunately, employees of Veterans Affairs Canada were offering MAID to our veterans. That is point one.

Point two is the member for Winnipeg North keeps asking if we support this in principle. That is fine, he can ask that question. I actually think there is going to be a split feeling on that, even among all parties in this House. However, I am concerned that, and the ship has sailed, the Liberals have used time allocation on this bill here at second reading. As the member highlighted in his speech, it is so important that we get this right going forward.

Does the member share the same concerns I have that the Liberal government is now going to likely use time allocation even during debate at committee and take away the opportunity for all the stakeholders and experts to testify at committee so that we can make sure we get this bill right?

● (1705)

Blake Richards: Madam Speaker, on the first part of his question, the only thing that I would disagree with is that member used the past tense when he referred to veterans being offered medical assistance in dying. I have heard many stories and I do not believe it is in the past, unfortunately, though I wish that were the case.

I also want to thank the member for his service because that is always something that deserves mentioning.

In terms of the second part of his question, the reality here is that the government has repeatedly failed to ensure proper safeguards in the legislation around the topic of medical assistance in dying. I do not have much faith that the government has it right in this instance. It certainly needs that proper scrutiny and study, and it is not receiving that. It is ramming this bill through, and I think it is doing it for a very—

The Assistant Deputy Speaker (Alexandra Mendès): We are already over the member's time.

The hon. member for King—Vaughan.

Anna Roberts (King—Vaughan, CPC): Madam Speaker, it is always a pleasure to rise on behalf of the residents of King—Vaughan, especially on a topic as important as this one.

The Special Joint Committee on Medical Assistance in Dying heard considerable concerns about safeguards and oversights in the MAID process. There are serious moral and legal considerations when we discuss MAID for Canadians whose sole underlying medical condition is mental illness. We are asking whether it is possible to know with enough certainty to make an irreversible decision that a person's condition would never improve.

After hearing from experts and the people directly affected, it recommended keeping the exclusion in place indefinitely. I support that recommendation. The most important thing we need to keep front and centre in this debate is that MAID must never become a cheaper or easier alternative to providing real and effective support to Canadians who are suffering. We cannot tell Canadians in a vulnerable state that the help they need is many months or even years away and then turn around and tell them that MAID is the option.

When someone finally works up the courage to ask for help and is told they will have to wait six months, what are they supposed to do tonight? What are they supposed to do tomorrow? We have a responsibility to make sure that Canadians have access to those supports when they need them most.

Bill C-41 would keep the exclusion in place for Canadians whose sole underlying medical condition is mental illness. The government should instead bring forward a separate bill to maintain this exclusion, so that the House can debate and vote on that question on its own. The committee has given Parliament a clear recommendation, and the House should act on it, but questions that were raised when the government first introduced MAID are still being raised today: How do we make sure that consent is freely given when someone feels they have run out of options? What guidance do doctors have when they are uncertain about eligibility? How do we know whether a person has had a genuine opportunity to access the care that might have helped them? Being told that a treatment exists is one thing. Being able to find a doctor who provides it, affording it, getting it and receiving that treatment when one needs it is another.

Canadian seniors are concerned about safeguards. They want to know that when they go to the hospital for treatment, they will get the care they came for. A senior recently told me that a family member brought her to the hospital because she had a bad flu. They told me that during that visit, they were offered MAID without asking about it. They are now afraid to go back to the hospital. The next time this senior falls ill and their family tells them they need to go to the hospital, they may hesitate. They may stay home longer than they should. Many seniors in this country are already in a vulnerable situation. They should be able to go to the hospital, tell the doctor exactly what they are going through and feel confident that they will get the care they need.

There is one thing I am crystal clear on. Canadians who are suffering from mental illness and who can get better must have the opportunity to get better. They should never feel pushed toward an irreversible decision because they could not get the help they needed. Someone may have already tried several treatments. They may have been referred to a specialist and spent months waiting to be seen. They may be relying on a family member who is doing everything they can to help and has run out of places to call. Those Canadians are asking for something very practical. They need an appointment they can get to, treatment they can afford and someone they can call when things get worse.

● (1710)

We are in no position to make MAID available to people whose sole underlying medical condition is a mental illness. It would also be profoundly unfair to this country's medical professionals to put them in such a difficult moral and legal position. A doctor may know that another treatment is worth trying and also know that their patient cannot afford it or cannot get an appointment. We need to take seriously what that means for the patients and the doctors as well.

We cannot tell veterans who have fought and suffered for this country that the care they need, the treatment they need and the medication they need are months away and then turn around and raise MAID in the meantime. It is an insult to their service, their courage and their love of this great country. A veteran who calls for help should be able to say how difficult things have become and know that the person on the other end of that call will help them get care. They should be able to ask when they will see a specialist, what help is available while they wait, and who they can call if things get worse. After all we have asked of them, they should never have to wonder whether asking for that help was a mistake.

We need to see how the existing safeguards work in practice, especially in the most difficult cases. If a patient or a family member raises a concern, who hears it? Who reviews what happens? How does Parliament find out whether the safeguards we put in place are being followed? These questions matter to the Canadians who depend on us right now.

The special joint committee has heard serious concerns about the safeguards and oversights. It is up to us as parliamentarians to take those concerns seriously. We need to listen to doctors, nurses and legal experts. We need to hear from veterans and veterans groups, Canadians living with mental illness, Canadians with disabilities, and seniors and their families, who are often the first to see when someone is struggling. They can tell us whether the system worked for them and where they were left trying to find out on their own.

When we ask a committee to listen to those Canadians and bring forward recommendations, we have a responsibility to act on what we heard. Conservatives will continue to work in the House to make sure those voices are heard. We will fight to keep the exclusion in place for Canadians whose sole underlying medical condition is mental illness. We will keep pressing for safeguards that work in practice and for Canadians who reach for mental health support to get the help they ask for.

When a senior goes to the hospital, when a veteran calls for treatment or when a Canadian who has been struggling for months finally asks for help, they should be able to count on us to make that help available. No Canadian should ever feel that MAID is their only option because the help they asked for never came.

● (1715)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, the Conservatives are trying to give this narrative that advance requests have not been debated, when in fact that is not the case. I will go back to a committee that in 2023 made a recommendation that we incorporate advance requests. In fact, the Conservative member of Parliament who chairs the status of women committee wanted to see advance requests. I am wondering if the member could give a clear indication: Does she believe that her colleague who chairs the status of women committee is wrong in her belief that we should have advance requests?

Anna Roberts: Madam Speaker, I am going to answer that question, because I respect my colleague, and I respect her decision. It is not her decision I am worried about. It is the decision of the Liberal government that I cannot trust. I cannot trust it to make these decisions on behalf of individuals who have issues of mental health and need the help that they wanted. For that individual, my colleague across the way who made those comments, I have sat with seniors on their last dying breath, and they have always hoped that there would be an opportunity to live another day.

I think maybe what you should do is look into your heart and soul and start realizing that life is something that we all cherish, and we all want to live it to the fullest extent.

The Assistant Deputy Speaker (Alexandra Mendès): As a reminder to the hon. member, the "you" is me.

[*Translation*]

The hon. member for Laurentides—Labelle.

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Madam Speaker, I want to revisit some of the mechanisms at play. I get the sense that having more choices about our own life has led some people here to conclude that a dementia diagnosis automatically means that the person must request MAID, even when the person does not want to die, as if they are being told that this is how it is and that they have to die. However, that is not the case.

Does a person have the right to make an advance request if they wish? There are mechanisms and requirements in place to make sure that nobody is being forced. We want the choice to be made by the person themselves, not by those who are left behind. Nobody wants their loved one to die, that is for sure.

I hope that we will be able to make a distinction between the wishes of the individual and the fears of those who will be losing a loved one.

[*English*]

Anna Roberts: Madam Speaker, my concern here is very simple.

I recently spent some time with a mother whose daughter was coerced into human trafficking. She was a young child when she was recruited. After many surgeries, that daughter is now suffering from mental health, and the mother has tried everything within her power to save this child. I will tell members something: The appointments to get her help are months and years away.

I think we need to look at this bill, and we need to decipher if it meets the circumstances for that particular individual. I think the other issue we have in this country is that if money was not sent abroad and was sent to the provinces for medical help, so that the doctors are available to help individuals with their mental health, this would solve a lot of the problems.

Ned Kuruc (Hamilton East—Stoney Creek, CPC): Madam Speaker, very quickly, I would like to ask my colleague how important it would be to split this bill, debate the second part and get some more insight into the second part of this bill. We could look at it, talk to more experts, and put more time on the second part.

I think the first part is something we can agree on and that it should move forward. I hope the members across the way will see it that way too.

Anna Roberts: Madam Speaker, I think it is important that we do that. I think it is important that we listen to the experts. It is important that we listen to the veterans. It is important that we listen to the Canadian families that are so desperately trying—

● (1720)

The Assistant Deputy Speaker (Alexandra Mendès): Resuming debate, the hon. member for Mission—Matsqui—Abbotsford.

Brad Vis (Mission—Matsqui—Abbotsford, CPC): Madam Speaker, I will be rising in opposition to Bill C-41 and the use of time allocation for a bill that every Canadian has a legitimate opinion on.

There are two provisions in this bill, which are advance requests and excluding mental illness as the sole underlying condition for MAID eligibility. I will ask members to excuse my political cynicism, but the Liberals have voted down two Conservative bills in the last two years, Bill C-314 in the last Parliament and Bill C-218 in this Parliament, which would have permanently excluded mental illness as a condition for MAID eligibility, as is in the legislation today. Now they have used time allocation to force through a bill that deserves serious consideration. They are proposing the same permanent exclusion for mental illness, while tying it to the separate and deeply consequential second issue before the House of advance requests. My remarks will mostly focus on that.

For my constituents, in 2016, Parliament passed Bill C-14, which legalized medical assistance in dying. Bill C-14 required that, to qualify for MAID, a person must have a grievous and irremediable medical condition, be experiencing intolerable suffering and have a natural death that was reasonably foreseeable.

In 2019, the Quebec Superior Court ruled that the reasonably foreseeable requirement was unconstitutional. This led to the introduction of Bill C-7 by Mr. Lametti, which separated MAID applicants into track 1, those whose natural death is reasonably foreseeable, and track 2, those whose natural death is not reasonably foreseeable. Bill C-7 also introduced the waiver of final consent, wherein a person who had already been assessed and approved for MAID could sign an agreement allowing MAID to proceed if they were to lose capacity before the scheduled procedure.

Today, through Bill C-41, the government is seeking to expand that concept into advance requests. An advance request is a written directive made by a person, while they still have decision-making capacity, asking to receive MAID in the future if specified circumstances occur and they are no longer capable of consenting at that time. For example, a 70-year-old diagnosed with Alzheimer's could say, “If I no longer recognize my spouse or children, cannot communicate meaningful choices and require complete assistance with all daily activities, I want MAID to be provided.” Since the individual will be unable to provide consent in the future, it will be left at the discretion of their medical provider to determine when the criteria are met.

Importantly, Bill C-41 does not restrict advance requests to people whose natural death is reasonably foreseeable. Therefore, it would extend to track 2 cases. This means that someone who is not approaching the end of their life could receive MAID just because they have lost certain physical or cognitive abilities, or maybe their life circumstances have changed. That is a key point right there. The Council of Canadian Academies warned the government in 2018 that no combination of safeguards can eliminate every risk of someone receiving an assisted death against their wishes. This is a key point. Can we respect individual autonomy under advance requests?

Even Liberal MPs and cabinet ministers have previously acknowledged these key concerns. In 2024, the former minister of health, Mark Holland, said in a discussion about advance requests, it only stands to reason that we should take a few more months to make sure that the system is ready, to hold a conversation and to allow everyone in every family across Canada to participate. The actions of the government today show no such restraint. The Liberals are tying two separate issues together.

Also in 2024, the member for Thunder Bay—Rainy River, who served on the MAID committee and who is a physician, raised concerns about the willingness of some MAID practitioners to approve requests. He said, “there are a lot of MAID practitioners who are very zealous about its being all about one's personal autonomy and saying it is not for them to question someone's suffering, and who are quick to approve people.” This is too serious of an issue to face time allocation today. Parliament must take the time to unpack and examine the safeguards surrounding another expansion of MAID in Canada.

Let us look at some of the dangers of advance requests. Number one is the loss of contemporaneous consent. An advance request cannot fully anticipate a person's future quality of life. Dementia Justice Canada has raised concerns about the proposed safeguards in Bill C-41 and stated that, “if the practitioner...is uncertain whether the person's words, sounds, or gestures amount to a refusal, Bill C-41 does not set a limit on the number of times the practitioner can try again.... The practitioner must only wait 30 days each time. Repeated attempts could continue until the person gives up or loses the ability to resist.”

● (1725)

Inclusion Canada CEO, Krista Carr, has also warned, “Consent at the time is the most basic protection a person has. Parliament should not take it away.”

My second concern is that advance requests could turn failures in health care and social support into reasons for death. People may consider MAID because the support they need is inadequate, inaccessible or delayed. A deteriorating health care system can undermine the meaningfulness of individual choice. For example, a paraplegic who has lost social support could request MAID even if their death was not reasonably foreseeable.

Consider the circumstances facing many Canadians with disabilities, such as long waits for medical treatment and specialist care, limited access to mental health services, inaccessible or unaffordable housing, social isolation, or insufficient community support. Failures of our health care and social support systems should not become reasons for someone to pursue medical assistance in dying, but they already are.

A running issue in my community is whether we even have health care services. This spring, Mission Memorial Hospital's ER experienced 51 consecutive days of overnight closure. These are hard questions, and Parliament is not given adequate time to discuss them.

My third point is that disabilities may be treated as a source of suffering. The disability advocacy group Living with Dignity has raised concerns about the potential normalization of MAID for people experiencing significant impairments. The organization stated, “What they need is help to live, not medical aid in dying under a veneer of compassion.”

My fourth point is with regard to socio-economic status and MAID requests. We must also examine the relationship between poverty, social isolation and requests for MAID. A study examining requests for medically assisted death at London Health Sciences Centre between 2016 and 2019 found that a disproportionate number of requests came from patients of lower socio-economic status. The Ontario chief coroner's 2024 report identified similar characteristics among track 2 MAID recipients whose natural death were not reasonably foreseeable.

A higher portion of these individuals were elderly, lived alone and were more likely to list an extended family member, caseworker, lawyer or health care provider as their next of kin. The report also documented a case involving a woman who “experienced social isolation, which greatly contributed to her suffering and request for MAiD.”

Health Canada's sixth annual report on medical assistance in dying revealed that 61.5% of track 2 respondents self-identified as having a disability. The United Nations Committee on the Rights of Persons with Disabilities has also challenged Canada's approach, with committee vice-chair Rosemary Kayess questioning whether the situation amounts to “State-sanctioned euthanasia”, and this is before advance requests would even expand MAID even further.

The committee warned that the concept of choice creates a false dichotomy, setting up the premise that, if persons with disabilities are suffering, it is valid for the state party to enable their death without providing safeguards that guaranteed the provision of support. The committee recommended that, rather than expanding MAID access to include advance requests, the Government of Canada ensure that Canadians can afford to live and have access to health care, housing and mental health supports. These are matters of life and death.

My final point is with regard to financial bias. Advance requests call into question financial bias. Think of a scenario where an elderly person qualifies for MAID under track 2 and is sitting on a piece of land or a sizable amount of money. They may be pressured by a family member to put in place an advance request so that their family members can receive their inheritance earlier. It is hard to say that, but those are the questions we need to have answered in the House.

In conclusion, the government's own members have previously acknowledged that advance requests present significant ethical, medical and practical challenges. The health minister said it would be irresponsible to proceed without robust public debate. We have not done that. In my own community, people point to the abuse of MAID at Fraser Health. We have not addressed that, and we are not addressing that. Parliament is not taking the time to get this right. Time allocation, especially, is not the answer.

Canadians deserve careful study and legislation that puts the protection of vulnerable people first. I will be voting against the bill on the procedural tactics of the government alone.

● (1730)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, the member said he is going to vote against the bill based on a procedural process, yet the Conservatives tried to pass MAID legislation with two hours of debate.

An hon. member: That is not true.

Hon. Kevin Lamoureux: Madam Speaker, yes, that is true.

The member talks about advance requests, yet Parliament has been debating that for years now. The member might not be aware of the fact that there was an actual recommendation from a joint committee of Parliament, from the Senate and the House of Commons, that we have advance requests. To try to give a false impression that the issue has not been debated, I think, is wrong.

I wonder if the member could provide his thoughts on why it is that the Conservatives only allowed two hours of debate when it came time to debate their bill.

Brad Vis: Mr. Speaker, the member for Winnipeg North is referring to the one provision in the bill for mental illness being the sole provision for requesting MAID. That was through two parliamentary bills. What I am cynical about today is how the government coupled advance requests with the mental health issue, which has been debated in this Parliament, but what I am most concerned about is that the Minister of Justice stood up and limited the amount of debate we had on this important piece of legislation, whether we agree with it or not.

Parliament, in Canada, has a right. Canada needs to have a better debate on this, and Canadians have a right to hear from every member of Parliament, not simply the member for Winnipeg North, who seems to speak on behalf of the Liberal Party on all important issues.

[*Translation*]

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Mr. Speaker, members of the Bloc Québécois are often told that they love arguing for the sake of arguing. Seriously, though, I think that some of us enjoy worthwhile debates.

I am proposing that provinces that are ahead of the curve and that need to apply what they have studied and implemented be allowed to move forward while the arguing in this place carries on.

Eventually, the other provinces and territories will get their turn.

Brad Vis: Mr. Speaker, my Bloc Québécois colleague has a good point.

We have to respect provincial and territorial jurisdictions when it comes to implementing our existing system.

That is not being done here.

[*English*]

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I thank my colleague for her excellent speech outlining the problems with the regime as it exists and also with the advance request provision.

California legalized MAID, medically facilitated death, around the same time Canada did. We have more than 15 times the number of people here in Canada who are getting MAID. What does that tell us? Does that tell us that Canadians are just more likely to want to die than people in California, or does it say that there are different aspects of the system, the regime, the social context around it and the verification process in these two jurisdictions, and that they are having dramatically different effects?

I would like to see more discussion in the House about all of the cases where we see safeguards not working, and where we see people getting rejected and then finding two people who agree. We need more discussion here about the evident problems with the existing system, but that is not the priority of the government. The priority of the government is continuing to try to push the bill forward with as limited a debate as possible without analyzing the serious issues and problems that are underneath it. I wonder if the member has a comment on that.

Brad Vis: Mr. Speaker, it is a very important comparison to make between Canada and state jurisdictions in the United States, or even in countries that Canada saw as very liberal in the application of MAID, such as the Netherlands and Belgium, prior to its legalization in Canada. Canada has now surpassed other regimes in the world that we saw as the most liberal just ten years ago. In fact, many of the debates that took place in this chamber a decade ago were talking about the slippery slope that would allow the social context of the inability of our medical system to treat people with dignity to use MAID as an excuse to be offered in those circumstances. We have gone down that slippery slope now. It is so concerning that, in the name of compassion, we have actually eliminated compassion and reverence for the individual person. Our medical system needs to bring that back and we, as Parliament, need to safeguard the rights of all people, especially for the vulnerable and those with disabilities, that they are recognized as valuable people of society.

● (1735)

Kelly Block (Carlton Trail—Eagle Creek, CPC): Mr. Speaker, while I am pleased to rise today to speak to Bill C-41, an act to amend the Criminal Code with respect to medical assistance in dying and to make related amendments to other acts, I do so out of deep concern.

As many Canadians are aware, Bill C-41 was introduced just one day before the House was scheduled to vote on the member for Cloverdale—Langley City's private member's bill, Bill C-218, which was introduced to ensure that the temporary pause in providing MAID for persons whose sole condition is mental illness would be made permanent. The Liberals could have voted for it and dealt with this issue once and for all.

Whether it was the minister's intent to upstage my colleague and perhaps take the credit for finally responding to the concerns of Canadians, including many experts who raised the alarm, or whether he was responding to the recommendation by the AMAD committee to permanently exclude from MAID eligibility persons whose sole medical condition is a mental illness, no one could have imagined the absolute skepticism portrayed by the government with the introduction of Bill C-41.

Under the current Criminal Code framework as amended by Bill C-14, Bill C-7, Bill C-39 and Bill C-62, MAID is legal for persons with a grievous and irremediable medical condition, and their natural death need not be reasonably foreseeable. While Bill C-41 would amend the Criminal Code to prevent the scheduled expansion of MAID to individuals whose sole condition is mental illness, it includes a new provision that would allow individuals with an incurable condition that will affect their decision-making capacity to make an advance request for MAID. The country has seen a major expansion of MAID since 2016. In 2024, 16,499 people died as a result of MAID, making up 5.1% of all deaths at that time. The bill before us today seeks to expand the provision of MAID again by virtue of enabling advance directives.

The core issue with the advance request provision is that the individual may sign off on their death today, with the potential of being unable to communicate withdrawal of their request later. Changing one's mind about receiving MAID is not uncommon. According to Health Canada's sixth report on MAID, 692 individuals withdrew their MAID request, but under the proposed framework in Bill C-41, the practitioner would have to assess their consent retroactively.

Additionally, the bill would place extraordinary weight on practitioners to interpret a patient's prior wishes and decide whether those circumstances envisioned have been met, even though the patient can no longer speak for themselves. Consider a person diagnosed with Alzheimer's disease, for example. In later stages of the disease, they may lose the ability to communicate and may experience cognitive and/or physical decline. However, the person does not exhibit signs of distress such as extreme anger, anxiety or agitation. In this circumstance, how would the practitioner determine whether the individual is in an advanced state of irreversible decline in capability? Would they be deemed to be experiencing enduring and intolerable physical or psychological suffering?

Canadians are being asked to get MAID instead of being treated. Although statutory safeguards are present in existing legislation and are proposed in the bill, these safeguards have not prevented ineligible people from receiving or being offered MAID. The leader of the official opposition recently and quite correctly pointed to the case of Kiano Vafaeian, who was diagnosed with diabetes, depression and vision loss. Mr. Vafaeian was eligible for MAID in British Columbia, despite being previously rendered ineligible in Ontario. Mr. Vafaeian's conditions were treatable, yet he was able to end his life at only 26 years old. The case of Vafaeian speaks to the fragmentation issue within the MAID regime between provinces, and the loose interpretation of eligibility by medical practitioners.

● (1740)

The inappropriate recommendation of MAID is a common issue in our health care system, especially toward disabled persons and elderly persons. Recently, the National Post reported on a B.C. physician who offered MAID to an elderly patient whose only symptom was back pain. Veterans Affairs Canada has also launched its own investigations into cases where veterans seeking disability and mental health supports were inappropriately offered MAID by VAC caseworkers.

That said, I would like to acknowledge my colleague the member for Sherwood Park—Fort Saskatchewan's private member's bill, Bill C-260, the proposed preventing coercion of persons not seeking medical assistance in dying act. It would create a summary offence under the Criminal Code for a Government of Canada employee other than a medical practitioner or nurse to initiate a discussion with a person about the availability of MAID, especially if that employee is in a position of trust or authority.

What is most discouraging about the discussion we are having today is that we do not need to be debating this legislation. We could be debating the government's most recent budget bill, which was tabled earlier this month. As I noted earlier, the government could have saved the justice department a bunch of time and energy by simply supporting my colleague the member for Cloverdale—Langley City's private member's bill, Bill C-218. It was a simple and uncontroversial bill that deserved to be supported. As was mentioned in an earlier speech, the government could have supported Bill C-314 in the previous Parliament.

However, rather than voting for a Conservative MP's bill, the government deceived Canadians by telling them that the Liberals would vote against Bill C-218 because they were going to propose their own legislation to do the same thing. What they did not tell Canadians is that their bill would include more than just the issue of MAID expansion to those whose sole underlying condition is mental illness.

In closing, I would like to remind every member of the House and Canadians who might be listening that the legalization of MAID and the subsequent changes to the MAID regime in Canada have all necessitated amendments to the Criminal Code of Canada. We are not debating amendments to the Canada Health Act or some bill dealing with health care provisions. We are changing the Criminal Code to allow medical professionals to end someone's life. This is a matter of life or death.

It is my belief that vulnerable Canadians from every part of the country should be provided with hope and help, not simply a pathway to state-facilitated death. Medical assistance in dying is one of the most serious and deeply personal issues that we as parliamentarians can address. The priority must be protecting vulnerable Canadians, respecting individual dignity and ensuring that any changes to the law include strong safeguards and accountability. We must guard against any circumstance in which people feel that MAID is their only realistic option because adequate supports are unavailable. While I welcome the exclusion of mental illness as the sole underlying condition and am willing to support that part of Bill C-41, advance requests raise profound questions about consent, capacity and safeguards. It is my belief that vulnerable Canadians from every part of the country should be provided with hope and help.

Parliament must get the answers right before changing the law. To do that, parliamentarians need to have the opportunity to debate this new provision instead of having this piece of legislation rush through Parliament to meet some self-imposed deadline that could have been dealt with long before we got to this place.

● (1745)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I wonder if the member could indicate whether she is aware that the Province of Saskatchewan has indicated it wants to move forward on advance requests. With respect to the amount of public debate had, we have been debating this issue for years. In fact, in 2023, there was a joint standing committee of the Senate and the House of Commons that came up with a recommendation for advance requests.

In listening to the Conservatives, it seems to me that their sole purpose is to prevent the legislation from passing, and that is the reason they opposed time allocation, because when it came to debating MAID for their legislation, there was only two hours of debate.

Kelly Block: Mr. Speaker, I am going to address two things. First, private members' bills are only ever debated for two hours. Trying to portray that we were willing to debate the bill for only two hours is disingenuous.

Second, let me read the press release from the Government of Saskatchewan for the member and encourage him to go back and talk to the Minister of Health:

> The Government of Saskatchewan has introduced legislation that would establish provincial safeguards for Medical Assistance in Dying (MAID).
>
> The Medical Assistance in Dying Additional Safeguards Act would prohibit MAID in Saskatchewan for:
>
> Anyone under the age of 18;
>
> Anyone whose sole underlying medical condition is a mental illness; and
>
> Individuals who lack the capacity to make their own health care decisions.

The member should make sure he is representing the Government of Saskatchewan's position correctly.

[*Translation*]

Mario Beaulieu (La Pointe-de-l'Île, BQ): Mr. Speaker, I do not know whether my colleague is aware, but we have been debating medical assistance in dying and advance requests for quite some time now. This has been debated here in Parliament for a very long time, and it has been debated in Quebec for a very long time. Quebeckers can already make advance requests for MAID, and this is not a problem. We believe that people should have the freedom to decide when they want to stop suffering. There are very specific conditions and guidelines for advance requests. The same applies to people with Alzheimer's disease and other such conditions.

Basically, the bill simply decriminalizes MAID or advance requests in provinces that already have an existing regime and where the possibility of it being criminalized might cause problems. My colleague wants to prevent that.

[*English*]

Kelly Block: Mr. Speaker, I am not sure how long the member has been a member of Parliament, but I have been one for 18 years and remember the conversation around medical assistance in dying in 2010.

I do appreciate the question from the member and acknowledge that Quebec has passed laws in its provincial legislature to address advance directives as they relate to receiving medical assistance in dying. However, it is my belief that vulnerable Canadians from every part of this country should be provided with hope and help, not an easy pathway to state-facilitated death when it may seem like it is their only option.

I would say that we need to have a debate around advance directives similar to the one we had when the AMAD committee was struck to study that issue.

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I want to thank my colleague for an excellent speech that highlighted the importance of respecting provincial jurisdiction and also the importance of respecting federal jurisdiction. She noted we have jurisdiction over the Criminal Code. We have to make decisions about the Criminal Code and understand the negative effects that could arise from ending the principle of contemporaneous consent. I thank her also for highlighting the Conservative position in our member-driven policy document, which is to oppose facilitated death for people who do not have the capacity to consent. That is very clearly stated in our policy document as the Conservative position.

If the member has anything to add, I would love to hear it.

● (1750)

Kelly Block: Mr. Speaker, I would simply thank the member for the observations he has made about my remarks and thank him again for the work he has done on this issue and for introducing the bill that I had the pleasure of commenting on today.

The Assistant Deputy Speaker (John Nater): The hon. member is rising on a point of order. It had better be a point of order. Maybe he can begin by telling me which standing order he will be referencing.

Hon. Kevin Lamoureux: Mr. Speaker, it is. It is intentionally misleading the House—

The Assistant Deputy Speaker (John Nater): No, that is not a point of order. Members cannot say indirectly what they cannot say directly, and saying “deliberately misleading” is akin to saying a word that is unparliamentary.

I will allow the member to very briefly and very quickly get to the point of order.

Hon. Kevin Lamoureux: Mr. Speaker, I would ask for unanimous consent to table a document that shows the Saskatchewan—

Some hon. members: Oh, oh!

The Assistant Deputy Speaker (John Nater): There is very clearly no consent.

The hon. member for Sherwood Park—Fort Saskatchewan is rising. Again, I am hoping he will go right to the point of the point of order.

Garnett Genuis: Mr. Speaker, just because I care so much and want to be helpful to the member for Winnipeg North, I wonder if there would be unanimous consent to table the standing orders that prescribe the number of hours that private members' bills—

Some hon. members: Oh, oh!

The Assistant Deputy Speaker (John Nater): No, no. Very clearly, there is no consent.

Some hon. members: Oh, oh!

The Assistant Deputy Speaker (John Nater): Order. Let us get things back between the rhubarb.

Resuming debate, the hon. member for Provencher.

Ted Falk (Provencher, CPC): Mr. Speaker, I would point out, before I start my speech, that I am the sixth consecutive Conservative member of Parliament to speak on this important issue of expanding MAID. The Liberals have refused to put up speakers, which is interesting. They either do not care or are not able to defend their position.

It is always an honour to speak on behalf of the people of Provencher, but on this issue especially. It is close to my heart and to a great number of my constituents. It is a matter related to the dignity and value of human life. I admit it is so disappointing that one bill can do something so right and yet so wrong at the same time. This could have been avoided. In fact, it is hard to believe there is not something nefarious in the way Bill C-41 came about.

We all know it was only a few short weeks ago that right before voting on Bill C-218, a private member's bill from the member for Cloverdale—Langley City that would have prevented MAID for anyone whose sole underlying condition is mental illness, the justice minister announced that the government would rather present an alternative government-initiated bill. The Liberals could have supported Bill C-218, which was presented before them, a bill that had already navigated its way through the legislative guidance, had clearly complied with overwhelming public support and interests, but they did not. It has been suggested by the government that the wording could have been tweaked, which is clearly something that is usually done at committee. In fact, had Bill C-218 passed second reading, it would now be well on the way to being tweaked in committee.

This bill also would permanently exclude MAID for people whose sole underlying condition is mental illness. A person in the darkness of depression does not need a needle. They need a friend, a doctor, a reason to hope. Recovery is real, and a country that stops believing in it has stopped believing in its own people. Preventing mental illness from becoming the sole basis for eligibility for MAID is not simply a policy correction; it rights a previous wrong. There are many reasons, but there is consensus that mental illness can impair one's judgment, that determining irremediability is unreliable and that a person's desire to die may change with treatment and time.

That exclusion was set to expire on March 17, 2027. The parliamentary committee concluded in June that it should be indefinite. Great. We should pass it, pass it today, pass it unanimously. However, the government could not leave it there, so here we are. Instead of parliamentarians collaborating and coming together to reverse a wrong from 2021, we are being forced to vote on two very divergent issues in one bill. The mental illness exclusion has been studied extensively and enjoys broad consensus. Advance requests do not.

Cardus and Inclusion Canada begged the government to separate the two issues. The justice minister said no. Let us call it what it is. The government has taken protection of what Canadians overwhelmingly want and chained it to an expansion that Canadians have barely debated. It is a hostage-taking.

The government has not brought us one bill. It has brought us two, stapled together. Bill C-41 combines two fundamentally different questions into one legislative package. It is shameful that the Minister of Justice and the Liberal members are playing politics on an issue of life and death. With advance requests, we are contemplating a framework in which someone else's assessment of a person's suffering or condition could result in their death after that person has lost the capacity to make or reaffirm their earlier decision.

This is, in fact, an international debate. The question is whether a person's earlier consent can remain legally valid after they lose the ability to communicate, confirm, reconsider or withdraw that consent. The government calls this a safeguard. I call it the removal of the most basic safeguard we have ever had, and that is the consent of a living person in front of a doctor.

Let us consider what this means. The person who signed the document is not the person receiving the injection. One was writing in a moment of fear about the future, and the other is a person, a human being, living in the present, perhaps confused, perhaps frail, perhaps still laughing at the grandchildren or enjoying a song. Which person is the doctor supposed to listen to?

● (1755)

Imagine trying to experience how one's future self will feel in, think about or experience any situation or scenario without knowing the full context of what 10 or 20 years down the road will look like. How does one bind their future self to something they have never yet experienced? That is what advance requests do. They could remain valid for years, even decades, even as a person's circumstances, available treatments or preferences change.

Furthermore, there is no mandatory renewal of advance requests. We simply cannot know people's real experiences without experiencing them ourselves. Consider people in comas. Up until the 1990s, there was little reliable evidence that confirmed patients in unconscious states could hear and understand what was being said around them. Today, medical staff are encouraged to talk to patients in vegetative states because all indicators suggest that there is awareness and understanding of their surroundings. The point is, we simply cannot know what we do not know. We do not have unlimited knowledge on the human body, nor the full capacity of comprehending our body's design.

Let us think about the milestones we once imagined reaching, the moments we pictured, the possibilities we anticipated, the future we thought we knew. Then we can think about, when those moments finally arrived, how reality unfolded differently. When we became a parent, met the love of our life, suffered through a health care scare, started our own company or finally achieved that long-aspired life goal, did the reality really meet what we had imagined? I ask because as much as our imagination can preview possibilities or create pictures of what we think our future will look like, we all know that life never goes exactly the way we expect. The future always holds both unknown joys and pain.

Mr. Speaker, did you know as a little boy that one day you would sit as Speaker of the House?

Without the benefit of new insights, experiences, changing perspectives or evolving priorities, a person cannot possibly anticipate every factor that may shape their future understanding of what makes life worth living. How then can anyone make an irreversible decision about a life they have yet to experience?

Acting on an advance request for MAID risks cheating the person of a new facet of life with layers or complexity that science today does not yet understand. Maybe that is why Dementia Justice Canada addresses issues like undue influence, coercive control and other forms of abuse. It raises concerns about the lack of advance requesters' voices at the table. It asks how a practitioner issuing MAID can be certain whether the person's words, sounds or gestures amount to a refusal, and how, after repeated efforts every 30 days, the recipient of MAID might just give up resisting.

There are other issues, like the bill's silence on sedation before MAID is administered, which may also reduce resistance. The bill fails to explicitly require practitioners to inform patients that MAID is about to be carried out.

Inclusion Canada similarly raises issues about consent. It argues that advance requests for MAID would allow assisted death after the individual has lost capacity to consent, arguing that biased and discriminatory views about disability, dependence and quality of life could unfairly shape decisions about whether someone should continue living. Such important concerns are why, in 2025, the United Nations Committee on the Rights of Persons with Disabilities called on Canada not to expand MAID to include advance requests.

From a personal faith standpoint, I would add that I believe God holds the key to all life, and every season and every stage of life has value as we are made in the image of God.

As independent think tank Cardus reminds us, "[Canada's] MAiD system already has problems that require investigation, enhanced safeguards, and better monitoring." We continually hear of cases where there were questionable factors related to the issuance of MAID.

To summarize, the issue is that the government is proposing a radical change to our MAID laws to allow a person today to sign a document that would allow someone to kill them at some point in the future. It remains unfortunate that Bill C-41 is so conflicting. The government should split the bill, pass the mental illness exclusion before March and send advance requests back for the real study that has never happened. If it refuses, I will vote no on any framework that makes a signature from the past more powerful than a person being in the present.

We can be a country that protects the vulnerable or one that finds ever more efficient ways to make them disappear. I choose to care. I choose to stand beside every Canadian at every stage in life and say that they matter. I choose life.

● (1800)

I cannot support the bill in its current form, because it combines two fundamentally different provisions that must be separated.

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the opposition has actually been misleading on the topic, and I will give an example.

This is a headline from CTV News: "Saskatchewan government says it's developing advanced requests for MAID in a safe way".

A National Post article reads:

> Saskatchewan intends to join Quebec in offering people the option to request a medically assisted death to be performed after they have lost the capacity to consent...The changes to the Criminal Code come with a legislated caveat that provinces and territories, which are responsible for health-care delivery, must set up a stringent regulatory regime around how those advance requests are handled.
>
> The Saskatchewan ministry of health said in a statement it will be doing that.

Throughout the debate, I constantly heard inconsistencies in the arguments from members of the Conservative Party. At the end of the day, it is time, and they owe it to Canadians, to be honest and make it very clear that the Conservative Party of Canada does not support it.

Ted Falk: Mr. Speaker, our party has been very consistent in its approach and its perspective on advancing medical assistance in dying and expanding it. We oppose it. We certainly support the aspect of the bill that would prevent the sole underlying cause of mental illness to be a valid reason for requesting MAID. However, to quote articles of what is happening in Saskatchewan as evidence that we are being inconsistent would actually be disingenuous.

Maybe the member is thinking back to his provincial days when he was a provincial legislator and might be confusing the roles of a federal politician and a provincial legislator.

[*Translation*]

Sébastien Lemire (Abitibi—Témiscamingue, BQ): Mr. Speaker, as we know, this bill does three main things, one of which is to permanently exclude mental illness as the sole underlying condition for MAID. Obviously, we are concerned about the government's plan to permanently exclude mental illness as the sole underlying condition. We consider the debate unfinished and believe that such an exclusion could discriminate against people with a mental illness.

Does my colleague think that the bill could be further improved upon in committee? Does he intend to contribute to the effort?

[*English*]

Ted Falk: Mr. Speaker, sadly, the bill needs a lot of improvement. Whether it could be done in committee, I do not know. As we all know, the Liberals have a majority not only in the House, but they also have a majority on the committee. My fear is that, if the bill actually passes second reading and finds its way to committee, we will get the same level of study and the same level of debate at committee as we have been experiencing in the House, which is time allocation. For folks watching online or on television, the Liberals have time allocated the debate on the bill, which means they have limited discussion and limited the ability to actually look at the bill in a constructive manner.

● (1805)

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, the parliamentary secretary across the way is acting as if he does not understand or is surprised by the Conservative position. Our position is quite clear. It is in our member-driven policy document, in fact, that the Conservative Party is opposed to the expansion of facilitated death in cases where a person does not have capacity. We have free votes as well within our party on these issues, of course, and so members are welcome, at an individual level, to dissent, but the position of our party in our member-driven policy document is quite clear, which is that consent should be contemporaneous. The idea of a person consenting to something must be them, in the moment, being able to say that they consent to it. The idea of killing a person at some future point without asking them, when they may not even be aware of what is going on, is completely contrary to the principle of autonomy and contrary to the principle of freedom. That is our position, which I think the member did an excellent job of articulating and explaining.

Ted Falk: Mr. Speaker, the member has done an excellent job of championing the whole issue of why life is important in the House of Commons and the value and dignity of each and every human being.

Of course, we have a very clear position as Conservatives. We take the same position as the member who is asking the question does, which is that we value life. We believe it has dignity and that God, at the end of the day, is the one who determines when that starts and when it ends.

Adam Chambers (Simcoe North, CPC): Mr. Speaker, it is a pleasure to rise on behalf of the residents of Simcoe North to speak to a very important issue.

I recognize that many arguments have been made. Some have talked about process with respect to MAID. Some have talked about how the government has implemented time allocation to cut off debate on a vast expansion of medical assistance in dying.

The Liberals are not being totally genuine in their approach, because they suggest that this bill has to be fast-tracked because of a court decision that a bill has to be passed by the spring. That is only half true. It relates to only one section of the bill, which is whether MAID should be expanded to include individuals whose sole condition is that they are suffering from a mental illness.

This is the first time the House has considered language to expand MAID for advance directives. It is the first time this chamber has been given that language. That was just a couple of weeks ago, and here we are, fast-tracking this bill to go to committee. Yes, there has been a MAID joint committee with the Senate, but members of this chamber have just received the text mere weeks ago, and we are being asked to fast-track it through Parliament.

I do not expect that I will persuade colleagues on an emotional argument, but I think, from a process perspective, that these are highly regrettable actions by the government.

If I may, I will turn to an angle or aspect that I think deserves further consideration. When we, not just parliamentarians but many Canadians, think about MAID, we often think about the textbook examples. By that I mean the examples that clearly fall within any of the legal guidelines. We do not consider the edge cases, the cases that are in the grey zone, or the cases that are debatable or where there may be differing opinions.

I will use an example to illustrate my point. Did members know that a significant majority of Canadians would like to see capital punishment reinstated in Canada for murder? In fact, it is over 60%. I think that is because, when people consider whether capital punishment should be reinstated, they think about the textbook case, the heinous crime and the offender who is 100% guilty, beyond a reasonable doubt, of some of the most grotesque crimes and murders of innocent people. People think of that as the use case for capital punishment.

I would submit that we should not be talking about the textbook cases. We should be talking about the edge cases, the cases that do not fall squarely within the bounds of the law, where someone might have made a mistake in a criminal case, so then an innocent person might be wrongly put to death. That is the reason many Canadians do not support reinstating capital punishment: An innocent person could be killed because of a mistake, or what I will call an edge case.

That same position or way of thinking has come up or is evidenced by some of the discussion here. I have incredible sympathy for any member of the House who feels differently from how I do about expanding MAID for advance directives. I think we should all be given the opportunity to have our own personal view, and I am glad that we will be having a free vote on this side of the House.

● (1810)

However, I am not thinking about the textbook compassionate case. I am thinking about the case where we are not sure, where someone might change their mind but we do not know, or worse, where someone might feel pressured or coerced into making a decision that they cannot reverse at a later date. We are also being asked to expand the application of MAID to a group of individuals. This would largely be the single biggest expansion of a subset of individuals that would become eligible for MAID, without the system's assurances or evidence that the system can even implement the safeguards today.

Let me repeat that. The system with today's safeguards is riddled with examples of people who may have accessed MAID but should not have accessed MAID, because the safeguards did not work for them. The chamber is being asked to expand the eligibility criteria for MAID to a system that has shown itself incapable of administering the safeguards appropriately today.

Let me give a couple of examples. There is the case of a 26-year-old Ontario man who requested MAID multiple times in Ontario and was denied because he did not meet the criteria, according to physicians in Ontario. He found his way to British Columbia in order to receive MAID.

There is the 61-year-old in British Columbia whose only listed criterion for MAID was hearing loss, who received MAID after only one month. That case is not even supposed to fit within the current legal framework, yet it happened.

There is the case of a London, Ontario doctor who assessed a patient with inflammatory bowel disease and a history of mental health issues outside a Tim Hortons and later personally drove that individual to receive MAID.

These are not fictional cases. These are cases today, where the current safeguards have not been implemented appropriately. What is worse is that Parliament is being asked to expand MAID without the ability to even question the regulatory bodies that are responsible for implementing the safeguards on MAID today. They have refused to show up to the committee. The physicians and surgeons in Ontario have not appeared before committee. They have been asked. The College of Physicians and Surgeons of British Columbia have been requested to appear before committee. They have refused. How is it possible or appropriate for members of Parliament not to be able to test the very bodies that are supposed to implement the safeguards to expand MAID when they will not even answer questions about how they are doing today?

The coroner in Ontario looked at over 4,000 deaths and identified that 88% of them fell within the legal framework but almost 13% needed further investigation. What happened with those 13% of cases? We do not know the full story, because we cannot ask and get the questions answered, and there has been no provincial legislature that has tried to get those answers either.

I find it highly regrettable that we are going to make this decision without all of the available facts, and I hold no ill will against any other members who feel differently for reasons of emotion or compassion. I think those are valid views about these compassionate textbook cases, but I think about some of the cases that are not textbook, and I think the current system shows us that a number of those cases exist. They are not few and far between, and I would submit that if even one individual has their life ended who might otherwise not have wanted it, it would be a travesty and something we should seriously consider.

● (1815)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I appreciate the comments from my colleague across the way. What I would emphasize is that the special joint committee of the House of Commons and Senate provided that recommendation. If we then follow through on that, we have Quebec and Saskatchewan, most recently, which have both indicated that they want to move forward on advance requests. This is incorporated in the legislation and is absolutely essential to keep as part of the legislation. The Conservative Party members have already made the decision, based on their principled position of not supporting the need for advance requests, to oppose the legislation.

I am wondering if my colleague could provide his thoughts on Saskatchewan's most recent request. Should we—

The Assistant Deputy Speaker (John Nater): The hon. member for Simcoe North.

Adam Chambers: Mr. Speaker, I just do not think it is true that the Conservative Party and individual members of the House, who have a free vote, have already decided on a matter of principle that this bill should not go forward. We are allowing our members to vote individually. I think the bill should be split because there are two very separate issues at stake in this bill.

Even if the parliamentary secretary is correct, why are we shortchanging the process? Why are we making an expansion without the ability to test the system that would be charged with implementing the safeguards, when it has proven that it cannot even implement the safeguards today?

[*Translation*]

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Mr. Speaker, my colleague is concerned about edge cases, as am I, of course.

That being said, when the government wants to enact legislation and add laws to the Criminal Code, is it not specifically to make sure, for those charlatans or so-called fanatics who want to do away with human life, that it would be a crime?

It is clear from all the evidence, as well as what has already been done proactively in Quebec, that if there are any gaps, that is where the Criminal Code comes in.

Does my colleague not agree with me?

[*English*]

Adam Chambers: Mr. Speaker, I have worked with the colleague at committee, and she is incredibly thoughtful. I agree. The point I am making is that the system currently is not dealing with the charlatans. The system currently is unable and it is struggling to actually enforce the safeguards today.

What I am asking is for the House to consider why we are shortchanging the process. We should take the time to get it right. This is an incredibly monumental law that is going to be made in a very short period of time, and we should be wanting to take the time to get it right.

● (1820)

Michael Cooper (St. Albert—Sturgeon River, CPC): Mr. Speaker, the parliamentary secretary referred to the special joint committee. I sat on that special joint committee, and the study on advance requests was cursory at best. There were a handful of meetings and there was far from unanimity on that question.

The member spoke about patients who might withdraw their consent or change their mind. The Council of Canadian Academies' study, the expert panel appointed by the government in 2018 that recommended against advance requests, noted that the biggest risk involving advance requests is that it would be administered on patients who do not consent and would have otherwise changed their mind. That is underscored by Health Canada data that shows that in cases of withdrawal of MAID requests, between 10% and 20% of them occur at the moment before MAID is administered.

Does this not underscore, on something as complex as advance directives, why meaningful study and meaningful debate are so necessary and what a shame it is that the government is instead shutting it down?

Adam Chambers: Mr. Speaker, I do agree, and I would like to thank my colleague for his very extensive work on this subject. I agree with his point completely.

I will add one more data point for the House to consider: Almost all of the people who jump off the Golden Gate Bridge wanting to commit suicide who are later tracked down say that they regret jumping the moment they jump. I think that is what we are trying to discuss here: that moment to change one's mind. If we take that away from somebody or if we give that consent to another person, we should take the time to thoroughly consider what those implications are, not just in the short term, but for many years to come.

Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I am honoured to rise at this hour. I have to explain, because maybe constituents and people in another room in the parliamentary precinct, like Wellington room 415, will be watching. I have amendments before the committee studying Bill C-39. Because of the way committee processes have been, I think, quite scandalously skewed so that members of non-recognized parties cannot present amendments as we have a right to do in this place at report stage, I am literally supposed to be in two places at the same time.

I have placed the priority on Bill C-41, an act to amend the Criminal Code and allow for related amendments to other acts, as it is a very critical bill. I cannot split myself in two, so inevitably, I will miss the opportunity to defend some of my amendments to the monstrous omnibus bill, Bill C-39, which is happening at the same time. This is something I have complained about for years, and unfortunately, the larger parties continue to adopt a motion in committee at the beginning of every committee session, with the effect of reducing the rights that members of non-recognized parties would otherwise have. I will close there because this is so critical.

We have heard many people in the House today refer to people who want to change their mind at the last moment. The mind and the ability to form *mens rea* is something we talk about not only in medical circles, but of course, in legal circles. *Mens rea* is a legal term for the ability to be of sound mind, to make decisions, for instance, before one swears out a will. The people who are witnessing are witnessing that they are of sound mind and able to make a testament, able to bequeath their belongings at a moment when death is maybe not imminent. One hopes people draw up their wills with a great deal of forethought and well ahead. Being of sound mind is a legal concept.

This is where this bill is so critical. It is not a problem of changing one's mind and the right to change one's mind; it is the right, when one is of sound mind, to determine the circumstances of their own death, to protect death with dignity. I have a number of conflicts in my own mind as I approach Bill C-41, because I think it needs work. I wish that it was not being sped through this place. In many ways, I may echo some of the comments made by members of the official opposition.

However, fundamentally, I do not think we have empirical evidence from anywhere that people who have asked for these advance directives to be put in place, such as people from organizations like Death with Dignity and people concerned about the law, that ever since the Carter decision in 2015, we have known that within our charter rights, one has the right to be able to say they do not need to die early, that they want to have the right to die with dignity when death is reasonably foreseeable.

We have been struggling with these concepts in the House since 2015, particularly 2016 and again in 2020, in passing different iterations of allowing a civilized society, as Canada is, to create conditions with protections in law that allow a person to choose if they know the time of their passing is due to an existing and diagnosable condition. I know a lot of the cases are for people looking at what happens with cases of dementia or what happens in cases of ALS. There is a point when they are no longer able to be seen as of sound mind to ask for MAID, and that is why they need an advance directive. When they are of sound mind, and that can be ascertained and confirmed by their doctors, we will have health practitioners who are not to be prosecuted under the Criminal Code for providing a death with dignity.

● (1825)

I live in and represent Saanich—Gulf Islands, which, in many ways, is ground zero for death with dignity. The Canadian who struggled the most, who suffered the most, if we had to pick one person, would be Sue Rodriguez. Sue Rodriguez went to the Supreme Court of Canada. She was in what we would now call "irremediable suffering". She took her case to the Supreme Court of Canada. Of course, the Supreme Court of Canada changed its mind at the time of the Carter decision. Sue Rodriguez, who was a resident of North Saanich before I was elected, so in other words she would have been my constituent, asked for the law to allow her a death with dignity and to end the suffering, in her own home, at a time of her own choosing.

A very brave MP was with her at that point and sat with her. A former member of Parliament, Svend Robinson, stayed with her, at her request. A doctor was involved, and no one knows who, because they could still be prosecuted. I think it is unlikely that they would be prosecuted now that we have finally changed the law, but I wondered at the time, when I first became aware, when I was becoming an MP. I thought it was interesting that there were two different chapters of death with dignity within Saanich—Gulf Islands, one on the Saanich Peninsula and another one on Salt Spring Island. I realized this, of course, because Sue Rodriguez's passing was well before I became the person who would have been her member of Parliament.

This has never been an easy issue, but I think most Canadians overwhelmingly agree on this: that just as one would not let a loved one in one's family, and in this case I would refer to a family dog, because all of us know how much we can love our pets and still recognize that a human life has value above those of other animals, suffer needlessly when there is a remedy. That remedy could be to let them go from this earthly plane, because there is nothing doctors can do.

In any case, we have struggled with this a long time, and I was gratified to know two things that the government was going to say were going to at least buy some time with the court decision that is hanging over us, that we must extend medical assistance in dying to people where the only underlying condition is a mental health issue. I do not think we should allow that death. It is a horrible thing to say, because people are struggling with mental health conditions, and they desperately want to have medical assistance in dying, and I believe they probably have a charter right to it. As a lawyer, I am very conflicted.

However, I will say, until we provide social assistance in living for people who are dealing with chronic poverty, cannot pay the rent, have crushing depression, and of course if one has crushing depression it is very hard to hold down a job and pay the rent, and have a number of conditions that spiral out of economic disadvantage, we must never be a society that makes it easier for someone to get medical assistance in dying than social assistance in living, a guaranteed livable income and wraparound supports, the things that people struggling with mental health issues really need.

Although this is not a complete solution, and we need to return to this, I am gratified that there is a decision that has been made. Friends of mine and advocates in the disabilities community have been very concerned for quite a while now that medical assistance in dying is on a slippery slope.

What I do want to put on the record, and I will approach the committee, and I hope the government will be open to amendments, is that I do not think this bill should be rushed through. On advance directives, I think it is a very big mistake to abdicate the federal role here and allow a patchwork of laws across the country. I should not generalize, but Canadians across the country, within every province and within every constituency, say this, and I know members of Parliament across party lines have heard from constituents who say, "Please, let us be able to choose while we are in our right minds and while we do have the right to form sound decisions." That is the time. If people change their mind when they are in a situation where they have their mind, they can, of course, change their mind, but the notion that they must be allowed to do that at the very last minute is counterfactual. They have made a decision when they were of sound mind on what they want the doctors to do at that moment and what they hope their family will understand.

In the six seconds I have left, I can say only that this bill is well intentioned. It still needs work. Please listen to Death with Dignity and the Canadian Civil Liberties Association. Let us try to get this right.

● (1830)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, even though I do not always agree with the leader of the Green Party, I appreciate the effort and thought she puts into presenting and making her case. I am very curious about the leader's perspective on the provincial governments' role in this. We already know how advanced the Province of Quebec is on this issue. Now the Province of Saskatchewan has indicated that it too would like to be able to have advance requests.

I appreciated her comments with regard to hospice care, home care and personal care facilities. There are all sorts of other dynamics at play, but I am curious as to what she feels about the role of the provinces. After all, their role is absolutely critical—

The Assistant Deputy Speaker (John Nater): The hon. member for Saanich—Gulf Islands.

Elizabeth May: Mr. Speaker, I have been struggling with this, and I will only correct my hon. colleague slightly. As of Saturday night, I am now the former leader of the Green Party of Canada, but he does me a great honour by remembering my former role. I am the parliamentary leader for the Greens in the House, and the vast number have allowed me to continue as their parliamentary leader.

The role of the provinces is critical, but I cannot, for the life of me, think it is a good way forward to have a patchwork of laws across the country. We did not have a patchwork when we brought in Bill C-7. We did not have a patchwork when we first brought in medical assistance in dying. Surely there is a way to ensure that Health Canada can be a repository for advance directives. Surely it does not have to be separate provincial jurisdictional decision-making. It would slow down access and create unequal situations for Canadians across this country who face a difficult and painful death.

Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I want to thank the former and future leader of the Green Party for her comments. I certainly wish Mike Morrice well in his caucus management efforts.

This is a serious question for my colleague. In a way, she answered a question I had asked more honestly and more directly than the justice minister had. I tried to ask the justice minister if a person should be told at the moment their life is being ended if they had signed an advance directive. I think what she said, which was direct though also horrifying to me, is that a person who provides consent and then loses capacity should be killed regardless of what their future self who is affected by that illness thinks, based on an advance directive. In other words, the person can, at full capacity, bind their future self. At the point at which they lose capacity, they also lose the right to not want to proceed with a death that had been decided for them previously.

Is that really what she thinks?

● (1835)

Elizabeth May: Mr. Speaker, I am certain of one thing, and that is that I am not the future leader of the Green Party of Canada, but I appreciate the member's humour as always.

The thing about this is, to make it way too personal, perhaps, when my husband's younger brother was dying with cancer and asked for medical assistance in dying, my husband was in the room with his little brother. The doctors looked to him, and of course, there was no question of mental capacity. He had terminal cancer and was in a lot of pain. The doctors just said to him, "Can you sign this? Can you confirm that you want the procedure, medical assistance in dying?" My husband said his brother looked up with a big grin and a thumbs-up. He no longer had the capacity to sign, but he had the capacity to know that he could not stand the suffering and he was going to be dying soon.

Now, as to the question about medical and mental capacity to make the decision, if someone else had made some kind of decision about another's future, it would be unpardonable to imagine that they would not have the ability to say, "I don't want that." However, when a person makes a decision for their own self, in their right mind with full capacity, that should be honoured.

[*Translation*]

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Mr. Speaker, my colleague mentioned Sue Rodriguez. Yes, we know this was back in the 1990s, but it affected my family in 2017. In 2015, my father took part in all the studies examining medical assistance in dying. The first thing he told me was that I should not worry, that he was eligible, but that there would not be a big lineup of people wanting to die, because human beings want to live.

I would like us to make a clear distinction between what falls under the Criminal Code, that is, the legal aspect, and human suffering. Does my colleague agree that we need to get back to the substance of the issue, namely how difficult it is for a human being to cope with their suffering?

Elizabeth May: Mr. Speaker, I thank my esteemed colleague from the Bloc Québécois.

It is true that la belle province, Quebec, is always ahead of the curve, both on this issue and on many others. There was also a private member's bill introduced by a former member. I am strongly supportive of these efforts.

I do agree.

[*English*]

Harb Gill (Windsor West, CPC): Mr. Speaker, it is always an honour to rise on behalf of the people of Windsor West.

I want to speak about this bill from the perspective of someone who has spent 30 years in policing. During those years, I attended calls that one does not simply forget when one goes home at the end of one's shift. I have responded to calls involving people threatening to take their own lives. I have walked into homes where a husband or a wife was desperate for help because someone they loved had reached a breaking point.

We see the fear in their faces when we hear someone's spouse ask us to do something because they do not know what else to do. Then we have to find a way to connect with the person in crisis. Sometimes they are angry. Sometimes they do not want to talk. Sometimes they tell us that they do not want to live anymore. As a police officer, we do not walk away and accept that as the end of the story. We try to calm things down. We listen. We get them help. We protect their life, because we know that the way someone feels in the middle of a crisis is not necessarily how they would feel tomorrow.

I have also attended family disputes where children are caught in the middle. Let us think about a little boy or girl sitting in their bedroom, hearing their parents screaming at each other, watching police officers come through the door and possibly seeing an ambulance pull up outside. That child does not understand the legal issues or the problems between their parents. They just know they are frightened. They do not know whether their family is going to be okay. They are very afraid. Those experiences also stay with us as a police officer. They stay with the families. They remind us just how vulnerable people can be when their lives are falling apart.

I am not suggesting that every MAID situation is the same as a suicide call or a family crisis. They are not. However, my years in policing taught me that we should never assume that what a person is experiencing today is all they will ever experience for the rest of their lives.

That brings me to the advance request provisions in this bill. I understand why someone might take an advance request. They may have watched their parents suffer through dementia. They may be frightened about losing their independence or their ability to recognize their family. Those fears are real, but what happens years later?

Let us imagine a woman who made an advance request when she was healthy and fully capable. She was terrified of developing dementia. Now she has dementia. She can no longer express herself or talk clearly, but her husband takes care of her every day. Sometimes she recognizes him. Sometimes she smiles when he walks in the room. She enjoys a visit from her grandchildren. Her family knows she is not the same person she once was. They also see that she still has moments of happiness. Now let us imagine the family having to deal with the decision to carry out the request she made years ago. One child says that it is what she wanted and they have to respect it. Another asks if they are sure because she still has good moments where she enjoys being with them. Sadly, the person whose life is at stake may no longer be able to answer that question. That is the difficulty. We are relying on a decision made years earlier, even while the person's circumstances, experiences and perhaps even their wishes may have changed.

The bill includes safeguards. I recognize that. However, I want Canadians to think about how difficult it can be to determine what someone is communicating when they can no longer speak for themselves. If we misunderstand them, there is no second chance.

There is another issue we cannot ignore, which is the pressure people can feel when they become dependent on others. I have seen families struggling to care for loved ones, a husband trying to manage his wife's illness, children trying to look after an aging parent while raising their own children and working full time. These families are often exhausted. They need help. Too often that help is very difficult to find, if not impossible. Now let us think about the person receiving that care. They see their spouse losing sleep. They see their children missing work. They worry about the cost. They start thinking that, because they are putting everyone through this, maybe they would be better off without them. Nobody has to say those words to them. They may come to that conclusion on their own.

That is why access to proper care matters. Home care, respite for caregivers, palliative care, mental health services and disability supports are not extras. They are part of giving people a genuine choice. A person should never feel that death is the only option because the support they need to live is not available. That is an inhumane part of our current medical system, the lack of adequate care.

● (1840)

I support permanently excluding mental illness as the sole underlying medical condition for MAID, but I also believe that the advance request provisions need further scrutiny. We have to ask the basic questions. How do we know that the request made years earlier is still what the person wants today? How do we distinguish between the physical response and an expression of refusal from a person who cannot talk anymore? How do we make sure that family pressures, financial worries or the lack of ability to care are not the influencing factors? Who carries the consequences if we get this wrong?

In my 30 years as a police officer, we learned to protect people. That is fundamental to what we do, and that should be fundamental to what we do here as parliamentarians. Our obligation to our fellow citizens is to protect their lives, not to squander them and not to waste these moments when we have the ability to do things right and to do right by the people we are here to serve.

The Assistant Deputy Speaker (John Nater): It being 6:45 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 the second reading stage of the bill now before the House.

● (1845)

[*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.

The hon. member for Mission—Matsqui—Abbotsford.

Brad Vis: Mr. Speaker, I request a recorded division.

The Assistant Deputy Speaker (John Nater): Pursuant to Standing Order 45, the division stands deferred until Tuesday, November 17, 2026, at the expiry of the time provided for Oral Questions.

Hon. Kevin Lamoureux: Mr. Speaker, I suspect if you were to canvass the House, you would find unanimous consent to call it seven o'clock so we can get to the late show.

The Assistant Deputy Speaker (John Nater): Is it agreed?

Some hon. members: Agreed.

ADJOURNMENT PROCEEDINGS

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

[*English*]

HEALTH

Matt Strauss (Kitchener South—Hespeler, CPC): Mr. Speaker, it is always a pleasure to be here at the late show on my months-long quest to get very basic answers from the government, specifically the health minister, pertaining to the governance of Canada Health Infoway. What on earth has gone on at that organization? It has blown $1 billion over the last 10 years. It spent $300 million specifically on PrescribeIT, with nothing to show for it.

The Minister of Health indicated in a roundabout way that she spoke with the board to get Michael Green fired. The chair of the board then said that she had done no such thing. The chair of the board has since resigned, as I understand, and I would just like the health minister to exercise some clarity, transparency and accountability and to disclose to us whether or not she fired the CEO. Accountability goes both ways. If she does a bad job, she should be accountable. If she fired Michael Green, that would be perhaps the best action that any minister of the Crown has taken in this Parliament, and I would just like to give her kudos for it.

Perhaps tonight she could, transparently and in the spirit of accountability, just answer the question of whether she intended to fire Michael Green. The last time I put the question to her in the House, she said that now that Michael Green is suing Canada Health Infoway for wrongful dismissal, the matter is before the courts and that therefore she will not answer. I said in my follow-up question that she has parliamentary privilege and is able to say whether she fired him or not, and that she is misapplying the idea of the matter being before the courts, the *sub judice* convention.

I took the liberty of going through the *House of Commons Procedure and Practice* section on *sub judice* to find that, in general, the principle exists because we constitutionally recognize the independence of the courts and their ability to make decisions and judgments about matters that are put to them. What she did in this instance is not a matter before the court. She can say what she did. She is not passing judgment on the merits of Michael Green's lawsuit.

I want to underscore again that I am here to find out whether the Minister of Health fired Michael Green. It is a very short question. It could have a very short response. We do not have to be here for the rest of my late show time if they would just answer whether the Minister of Health fired Michael Green.

Before they answer, I want to underscore again that *House of Commons Procedure and Practice*, third edition, on the matter of *sub judice*, says, “in 1976, the Speaker ruled that no restriction ought to exist on the right of any Member to put questions respecting any matter before the courts, particularly those relating to a civil matter, unless and until that matter is at least at trial.”

This is a civil matter. I am quoting directly from the policies and procedures of this place, and this matter is not yet at trial. Therefore, I can ask, and they can answer. Did the health minister fire Michael Green?

Wade Grant (Parliamentary Secretary to the Minister of Environment and Climate Change, Lib.): Mr. Speaker, I really respect the hon. member across the way. I am here speaking on behalf of the minister and the Parliamentary Secretary to the Minister of Health. We have addressed this matter several times, and I am happy to reiterate facts.

The minister took action when she became aware of this situation because we take the responsible use of taxpayer dollars very seriously. That is why we initiated an independent review of Canada Health Infoway's governance and structure, along with a third party audit that is currently under way. The member opposite sits on the health committee. Members from all parties agreed to call on the Auditor General to examine Canada Health Infoway and the Auditor General herself has since made it clear that conducting a separate review would be “duplicative and therefore of limited added value for Parliamentarians and Canadians.”

There is a process in place. It is important that we respect this process and allow the independent review and audit to be completed. We look forward to the findings, taking action where needed and building a modern, connected health system that works better for all Canadians.

● (1850)

Matt Strauss: Mr. Speaker, it was a simple and short question. How many times am I going to have to ask? A simple yes or no could have sufficed. Did the Minister of Health fire Michael Green?

I want to point out one thing, though. The member did drop a bit of a bombshell. To my understanding, the audit had not started yet. Would the member who answered the question like to confirm that the audit is under way today and could he give the name of the firm undertaking the audit?

It is now two questions. Did the Minister of Health fire Michael Green? Who is the auditor?

Wade Grant: Mr. Speaker, as was said many times, the Conservatives themselves called for the Auditor General to examine this matter. She has made clear that a separate review would add little value given the work already under way. The Auditor General's response reinforces our government's decision to launch an independent review and audit of Canada Health Infoway.

The minister took action and the work is under way. We look forward to the findings and taking necessary further steps.

THE ECONOMY

Jacob Mantle (York—Durham, CPC): Mr. Speaker, I am following up on my question, which was asked to the Minister of Finance. At that time, I asked him about the Liberals' projection on whether they were going to meet their fiscal targets in the ensuing budgetary year. I noted to the Minister of Finance that the Parliamentary Budget Officer had predicted that the government was unlikely to meet several of its fiscal targets. Now that we have seen the budget, we can confirm that the Parliamentary Budget Officer was correct.

The budget is 360 or 370 pages, I do not know exactly, I do not remember, and most of it is just marketing. For anyone who is watching at home, they do not really need to read the first 300 pages, because there is nothing in there but platitudes, marketing and propaganda from the Liberals. What they really want to do is go to the annex of the budget. There are only a couple of pages and a couple of tables that set out what is important. I am going to give people two tonight that I think are probably the most important.

The first is on page 326, table A1.8, entitled "Summary statement of transactions". That means it is the revenue and expenses of the government. It sets out what the government calls the "budgetary balance", which is the deficit. It sets out a number of comparators, for example, public debt charges as a percentage of GDP, and I am going to focus on that. On the budgetary balance side is the amount of money the government spends over and above what it is bringing in, which is the deficit. Next year, it will be $62.3 billion by the Liberals' own estimation. Over the entire horizon of the budget's five-year forecast, it is $288.7 billion.

The second table that is important, for folks at home, is on page 336. It is table A1.11, which is the total financial requirements. It is how much money the government needs to borrow every year. Regardless of what government members say, regardless of whatever fiscal anchor they have today and is gone tomorrow, we can look at the table and see exactly how much the government is borrowing. If we look at that table, it shows us that, next year, the government will borrow $149.5 billion, and over a five-year period, it will borrow $764.7 billion.

The fact is, Liberals can say they have a declining deficit, they have this or that, but the reality is that we are borrowing more money and are spending more money on debt. We can look at it right in their own tables, and that is both in aggregate, so total amount, and in proportion to the size of our economy. The government's deficit numbers that the Liberals are trying to sell to Canadians are misleading. They are trying to show declining deficits, but that hides the fact that debt continues to rise.

The Parliamentary Budget Officer explained this in October. The PBO predicted that "federal borrowing will grow...faster than deficits, which are measured on an accrual basis." That is because the government is borrowing money to fund independent agencies to finance loans, investments, defence procurement, etc., but the reality is that the government still has to go to market and still has to borrow that money. It may not show up on the deficit number now, but it shows up on those tables on the debt charge.

It is interesting that it was not so long ago that the Liberals actually believed in a declining debt to GDP, but they since have abandoned that. They believed it in 2024 in their budget. They believed it in 2025 in their election platform campaign, but now that the numbers do not line up and are actually increasing, they do not believe it anymore.

My question to the parliamentary secretary or to the minister is: Why do they keep changing the goalposts?

● (1855)

Wade Grant (Parliamentary Secretary to the Minister of Environment and Climate Change, Lib.): Mr. Speaker, the world is changing rapidly. Global uncertainty, trade tensions and rising geopolitical instability are creating new challenges for businesses, workers and families. Our government has focused on what we can control, like building a stronger, more resilient and more prosperous economy, and fiscal discipline is central to this approach. By spending less on day-to-day operations and managing public finances responsibly, we can invest more in Canadian workers and industries while making generational investments in the infrastructure, defence, housing, innovation and productivity capacity needed to expand our economy.

Canada's strong fiscal position is what gives us the room to make these investments. It allows us to invest in our people, strengthen our sovereignty and create new opportunities for Canadians while maintaining the fiscal discipline that Canadians expect. Canadians also expect the government to operate efficiently and deliver effective services. That means ensuring that public dollars are focused where they can have the greatest impact. By reducing spending on government operations, we can dedicate more resources in budget 2026 to growing our economy, making life more affordable and protecting our culture and way of life.

At the same time, we are using Canada's fiscal strength to create the conditions for businesses to invest, expand and create good jobs. Through strategic, targeted investments and broad-based tax policy changes, Canada remains among the leading advanced economies for tax competitiveness. Budget 2026 advances flagship tax policy changes, including the productivity mega deduction and the Canada growth incentive, which will also further strengthen our tax competitiveness and create the conditions to catalyze an investment supercycle.

Responsible fiscal management is not about choosing between discipline and ambition. It is about ensuring we have the capacity to do both. Budget 2026 keeps Canada on track to meet our two fiscal anchors: balancing day-to-day operating spending with revenues by 2027-28, a year ahead of schedule; and keeping the deficit-to-GDP ratio on a declining path while charting a plan to invest for growth.

Meeting these commitments means making deliberate choices about how government operates. The public service is vital to delivering the programs and services Canadians rely on on a day-to-day basis, but its growth had become unsustainable, outpacing population growth. That is why we took decisive action to return the public service to more sustainable levels, refocus government spending and ensure that more resources can go toward the priorities that will strengthen Canada's economy and improve Canadians' quality of life.

That is our approach, to spend responsibly, invest strategically and build a stronger Canadian economy for the future.

Jacob Mantle: Mr. Speaker, I have to admit, I am getting tired of this line from the Liberals. Nothing is their fault. The world is a dangerous place. In a divided and dangerous world, nothing could possibly be their fault anymore. It is all someone else's fault. It is all the fault of the war in Iran. It is all the fault of Donald Trump. It is all the fault of anyone else. It is never the Liberals' fault. They are just the government. They just control the country's finances.

The member asked what we can control. We can control how much money the government spends and how much debt it incurs. Is it fiscal discipline to increase debt? Is it fiscal discipline to increase our debt charges? No, it is not.

Let us dispel this nonsense about day-to-day spending. Nobody understands the government's new, crafty budgeting between day-to-day and operating spending. The Parliamentary Budget Officer does not understand it. No other G7 country or modern democracy does this. In fact, the Parliamentary Budget Officer looked at it and said, "Attributions of certain tax or spending initiatives as operating versus capital appear contradictory". Moreover, the PBO said none of those definitions apply or conform to the Public Sector Accounting Board. Is that fiscal discipline—

The Assistant Deputy Speaker (John Nater): The hon. parliamentary secretary.

Wade Grant: Mr. Speaker, our plan is focused and disciplined. We are acting where we can make a difference, maintaining fiscal sustainability and making targeted investments that benefit all Canadians. That means balancing day-to-day operating spending with revenues, meeting our fiscal anchors, and ensuring that public funds support growth, resilience and all Canadians' well-being.

● (1900)

CLIMATE CHANGE

Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, it is an honour to rise tonight to follow up on a question that I originally asked on September 23.

I did not get an answer to my question. I would like to save time tonight and make sure the parliamentary secretary focuses on the question I wanted an answer to, which was whether we are going to see a cost-benefit analysis for what is now being called, for public relations purposes, the Pacific link, the pipeline to be built by the Government of Alberta and the Government of Canada in the absence of a private sector proponent. It is a project that expands greenhouse gas emissions. There were commitments made by the Government of Canada to meet the Paris Agreement commitments. However, my question was specifically about public expenditure of money.

The minister gave an answer about how good their climate plans were, but completely avoided the question of whether there is a cost-benefit analysis to justify the expenditure of public funds on a project that is now, since the time of this question, designated as a project in the national interest.

I will also add, because I will not get to it in the rebuttal, that part of the answer from the Minister of the Environment, in not answering my question, was to highlight what she calls clean energy, "to highlight Churchill Falls...14,000 megawatts of power". That was not at all relevant to my question.

Since we have not had an opportunity to debate that in the House, every time I hear a Liberal member talk about how Churchill Falls and Gull Island expansions will create clean energy, I would ask Liberals to be aware of the fact that it cannot be called clean energy if it poisons indigenous people. There is abundant evidence, many studies, on how the expansion of Churchill Falls and the Gull Island plant will increase methylmercury in the waters, and therefore in the fish and the food that indigenous people have a right to harvest and eat. We do not want to expand the poisoning of indigenous people by methylmercury.

I will also point out that, as a matter of claiming that this has any relevance at all to climate targets, Gull Island is predicted, if everything goes according to plan, to be on stream by 2034 and the Churchill Falls expansion by 2035. That puts the provision of this so-called clean energy at the point when our commitments under the Paris Agreement will have already fallen due. According to the Canadian Climate Institute, there is no possible way that we are going to achieve the 40% to 45% below 2005 levels by 2030, which was our legally binding commitment under the previous government of Justin Trudeau. It does not even meet the legally binding commitment that was put forward as an intended nationally determined contribution by the previous government of Stephen Harper.

It is again, on many levels, an affront, and I hope the parliamentary secretary can take on board at least this. Here we have in budget 2026, page 125, the only commitment under any of the projects they are describing as being potentially of national importance, a commitment "to provide $37 million in [budget year] 2027-28 to support robust cost-benefit analysis of proposed interties".

I favour those proposed interties, absolutely, but I find it puzzling that there is no reference in any other government document or financial projection for any cost-benefit analysis on any other project other than the interties question. I find it baffling that we would think it wise to pour tens of billions of dollars into a project that will lose Canada money and wreck through our targets.

Wade Grant (Parliamentary Secretary to the Minister of Environment and Climate Change, Lib.): Mr. Speaker, it is always a pleasure to rise and respond to my dear friend from Saanich—Gulf Islands. We all know that Canadians are facing a changing world. Climate change is bringing more severe wildfires, floods and extreme heat, but at the same time, families and businesses are dealing with affordability pressures, economic uncertainty and growing demands on our energy systems. These challenges are interconnected, and we need an approach that recognizes that reality.

Adapting to today's economic and global circumstances does not mean that we will walk away from our climate action. It means being pragmatic, adjusting our approach and focusing on results that strengthen Canada's economy while continuing to reduce emissions. Our commitment to a net-zero future remains an important part of that work, and budget 2026 sets out how we intend to get there.

Our approach is built around four major building blocks: building clean energy supply, switching to cleaner technologies, transforming energy productivity and innovating for the solutions of tomorrow. We are mobilizing investment, supporting clean energy development, expanding our electricity system and creating the conditions for Canadian businesses to compete in a changing global economy, and we recognize that while the world is making the transition to a lower-carbon economy, Canada has an important role to play as a reliable and trusted energy supplier. That is why we established the Major Projects Office to bring federal expertise together, coordinate complex processes and give projects a clear path toward the approvals and investments they need.

The Building Canada Act gives us additional tools to advance projects of national importance, but efficiency cannot come at the expense of our responsibilities. We remain committed to respecting indigenous rights, meaningful partnership with indigenous peoples and strong environmental protections. The Major Projects Office also benefits from the advice of an indigenous advisory council, helping it ensure that indigenous perspectives and interests are reflected in this work.

Canadians should not have to choose between economic prosperity and a healthy environment, nor should they have to choose between reliable energy, good jobs and a secure future. Our approach recognizes that we need to deliver on all of these priorities together. We will continue to take meaningful action on climate change, strengthen Canadians' economic resilience and create opportunities for workers and communities across this country. That is what responsible nation building looks like, and that is how we will continue to build Canada strong.

● (1905)

Elizabeth May: Mr. Speaker, I am grateful to my friend, the hon. parliamentary secretary, for raising the concept of net zero, so I can put to bed the false claim that net zero by 2050 has anything to do with the Paris Agreement. Net zero by 2050 is a convenient public relations exercise, invented by the government when it was led by Justin Trudeau, to create a timeline that is so far out there that it can keep pretending that somehow by 2040 the government will start achieving things, or by 2045. Net zero by 2050 is actually antithetical to our legally binding commitment. By 2035, under the Paris Agreement, we have committed to reduce Canada's emissions by 40% to 45% as against our 2005 levels. As the commissioner for the environment and sustainable development has pointed out and as the Canadian Climate Institute has pointed out, on current practices, we are miles from that. To the hon. parliamentary secretary, the government has a moral obligation to future generations, as does every MP in this place, to fight for our future.

Wade Grant: Mr. Speaker, I understand. I do have young children, and I want to fight for their future. The Major Projects Office is already helping turn our approach into results. It is advancing 18 projects and nine transformative strategies across sectors such as nuclear energy, liquefied natural gas, hydroelectricity, critical minerals and transportation. Together, these represent more than $192 billion in investment and approximately 337,000 new jobs. In Quebec, two projects have already broken ground less than seven months after referral to the office. This is about creating the conditions for investment, strengthening our economy and delivering the infrastructure Canada needs, and we will do so while respecting indigenous rights and upholding environmental protections.

The Assistant Deputy Speaker (John Nater): The motion to adjourn the House is now deemed to have been adopted. Accordingly, this House stands adjourned until tomorrow at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 7:09 p.m.)

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