

**IN THE SUPREME COURT OF CANADA  
(ON APPEAL FROM THE COURT OF APPEAL FOR BRITISH COLUMBIA)**

BETWEEN:

**LEE CARTER, HOLLIS JOHNSON, DR. WILLIAM SHOICHET, THE BRITISH  
COLUMBIA CIVIL LIBERTIES ASSOCIATION and GLORIA TAYLOR**

Appellants

- and -

**ATTORNEY GENERAL OF CANADA and  
ATTORNEY GENERAL OF BRITISH COLUMBIA**

Respondents

- and -

**ATTORNEY GENERAL OF ONTARIO, ATTORNEY GENERAL OF BRITISH COLUMBIA,  
ATTORNEY GENERAL OF QUEBEC, COUNCIL OF CANADIANS WITH DISABILITIES and  
THE CANADIAN ASSOCIATION FOR COMMUNITY LIVING, CHRISTIAN LEGAL  
FELLOWSHIP, CANADIAN HIV/AIDS LEGAL NETWORK and THE HIV & AIDS LEGAL  
CLINIC ONTARIO, ASSOCIATION FOR REFORMED POLITICAL ACTION CANADA,  
PHYSICIANS' ALLIANCE AGAINST EUTHANASIA, EVANGELICAL FELLOWSHIP OF  
CANADA, CHRISTIAN MEDICAL AND DENTAL SOCIETY OF CANADA and CANADIAN  
FEDERATION OF CATHOLIC PHYSICIANS' SOCIETIES, DYING WITH DIGNITY,  
CANADIAN MEDICAL ASSOCIATION, CATHOLIC HEALTH ALLIANCE OF CANADA,  
CRIMINAL LAWYERS' ASSOCIATION (ONTARIO), FAREWELL FOUNDATION FOR THE  
RIGHT TO DIE and ASSOCIATION QUÉBÉCOISE POUR LE DROIT DE MOURIR DANS LA  
DIGNITÉ, CANADIAN CIVIL LIBERTIES ASSOCIATION, CATHOLIC CIVIL RIGHTS  
LEAGUE and FAITH AND FREEDOM ALLIANCE and PROTECTION OF CONSCIENCE  
PROJECT, ALLIANCE OF PEOPLE WITH DISABILITIES WHO ARE SUPPORTIVE OF  
LEGAL ASSISTED DYING SOCIETY, EUTHANASIA PREVENTION COALITION and  
EUTHANASIA PREVENTION COALITION BRITISH COLUMBIA and, CANADIAN  
UNITARIAN COUNCIL**

Interveners

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**INTERVENER FACTUM OF THE INTERVENERS,  
THE CATHOLIC HEALTH ALLIANCE OF CANADA**  
(Pursuant to Rule 42 of the *Rules of the Supreme Court of Canada*)

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## **PART I: STATEMENT OF FACTS**

1. The Catholic Health Alliance of Canada (the “Alliance<sup>1</sup>”) was granted leave to intervene in this appeal by the Order of the Honourable Lebel J. on July 4, 2014. The Alliance accepts the facts as set out by the Respondent.
2. The Alliance is concerned with the impact striking down the impugned provisions of the *Criminal Code* will have on the religious freedom and religious identity of faith-based health-care institutions. In particular, the Alliance is concerned that if the impugned provisions of the *Criminal Code* are struck, faith-based health-care institutions may be required to engage in assisted suicide despite their religious and moral objections to it.

## **PART II: ISSUES**

3. Does assisted suicide provide dignity in death to terminally ill patients, or is palliative care the proper medical means to do so?
4. What effect would striking the impugned *Criminal Code* provisions have on the freedom of religion and the religious identity of faith-based health-care institutions?

## **PART III: ARGUMENT**

### **A. Does assisted suicide provide dignity in death to terminally ill patients, or is palliative care the proper medical means to do so?**

5. As Roman Catholic organizations, the institutions represented by the Alliance recognize the sanctity of life and the dignity of the human person who is made in the image of God.

The Alliance submits that the proper medical means with which to provide dignity to patients in the final stages of their lives, including the stages in which patients may be in pain, is by providing comfort through spiritual and palliative care<sup>2</sup>. Indeed, Pope Benedict XVI recognized this fact when he stated:

[...] it is not always possible to find a cure for every disease and as a result in hospitals and health-care structures across the world we often encounter the suffering of numerous brothers and sisters with incurable illnesses, who are frequently in a terminal phase. Today the prevalent efficiency-based mentality

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<sup>1</sup> The Alliance is comprised of 12 Sponsor organizations which, together, sponsor approximately 108 Catholic hospitals, community health centres, nursing homes and long-term care facilities throughout Canada. The Alliance’s Sponsors are health-care organizations which have a formal relationship with an authorized Catholic organization such as a religious congregation, a diocesan Bishop or the Holy See.

<sup>2</sup> Catechism of the Catholic Church, 2nd ed. Vatican: Libreria Editrice Vaticana, 2000, online: <http://www.vatican.va/archive/ENG0015/INDEX.HTM>, at c. 2279 [“Catechism”] **Book of Authorities of the Catholic Health Alliance of Canada [“CHAC BOA”], Tab 8.**

often tends to marginalize these people, considering them a burden and a problem for society. Those who have a sense of human dignity know instead that they must be respected and supported while they face the difficulties and suffering associated with the condition of their health. To this end, there is increasing recourse today to palliative treatment that can alleviate the pain that illness causes and help the sick live through it with dignity<sup>3</sup> [Emphasis added].

6. Pain and other physical symptoms are distinct from suffering but can be related. Pain is a physical reality; it can be relieved by modern medicine. However, suffering is a total, human, spiritual experience; it requires attention to the deeper issues of meaning at end of life.
7. Palliative care is an effective, holistic intervention that mitigates pain across a broad spectrum of end-of-life concerns<sup>4</sup>.
8. The Alliance submits that if a patient is terminally ill or is in pain, palliative care, through pain management or palliative sedation, while always emphasizing respect for the dignity of the person, addresses the majority, if not all symptoms that may lead a person to consider ending their life.
9. Human beings have a natural instinct to live. In cases where a terminally ill patient wishes to die, the desire may be linked to emotional or psychological issues. Research has demonstrated that in most instances, the loss of will to live is connected to various forms of end-of-life distress<sup>5</sup>. Indeed, patients who express their loss of will to live usually respond well to treatment for depressive illness and pain medication and are then grateful to be alive<sup>6</sup>.
10. In the rare instances where a patient's pain is so extreme that pain management fails to provide comfort, palliative sedation, and in the most severe of cases, continuous palliative sedation<sup>7</sup>, has proven and continues to be an effective means of managing pain.
11. Alleviating pain is accomplished through palliative sedation and continuous palliative sedation, without the need to end the patient's life. Unlike physician-assisted suicide where

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<sup>3</sup> Pope Benedict XVI, "Address of His Holiness Benedict XVI on the Occasion of His Visit to the Hospice Foundation of Rome," (Dec. 13, 2009), online:

[http://www.vatican.va/holy\\_father/benedict\\_xvi/speeches/2009/december/documents/hf\\_ben-xvi\\_spe\\_20091213\\_hospice\\_en.html](http://www.vatican.va/holy_father/benedict_xvi/speeches/2009/december/documents/hf_ben-xvi_spe_20091213_hospice_en.html), **CHAC BOA, Tab 6.**

<sup>4</sup> Harvey Max Chochinov, OM, MD, PhD, FRCPC, "*Dying, Dignity, and New Horizons in Palliative End-of-Life Care*", CA: A Cancer Journal for Clinicians, Volume 56: Number 2, March/April 2006, online:

<http://onlinelibrary.wiley.com/doi/10.3322/canjclin.56.2.84/pdf>, at p. 97 ["Chochinov"], **CHAC BOA, Tab 9.**

<sup>5</sup> Chochinov, *supra* note 4, at pp. 90, 96, **CHAC BOA, Tab p.**

<sup>6</sup> Richard M. Doerflinger and Carlos F. Gomez, M.D., Ph.D., "*Killing the Pain Not the Patient: Palliative Care vs Assisted Suicide*", United States Conference of Catholic Bishops, undated: [http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted\\_suicide/killing-the-pain.cfm](http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted_suicide/killing-the-pain.cfm), **CHAC BOA, Tab 12.**

<sup>7</sup> Mervyn M. Dean et al., "*Framework for Continuous Palliative Sedation Therapy in Canada*", Journal of Palliative Medicine, Volume 15, Number 8, 2012, at p. 870 ["Dean"], **CHAC BOA, Tab 11.**

its aim is to end the patient's life to alleviate pain, the aim of continuous palliative sedation is alleviating the pain, not sedating the patient:

The aim or intention of [Continuous Palliative Sedation Treatment] should be the relief of suffering due to refractory and intolerable symptoms and not the sedation itself. There should be no intention to shorten life and no intention to bring about complete loss of consciousness, although the latter may sometimes be necessary<sup>8</sup>.

12. The Alliance submits that the proper way to provide dignity in death to terminally ill patients and patients in pain then, is by comforting and caring for them through the use of palliative care, while continually affirming their worth, value and dignity, not by ending their life.

**B. What effect would striking the impugned *Criminal Code* provisions have on the freedom of religion and the religious identity of faith-based health-care institutions?**

13. There are three key elements that define what it means to be a “faith-based health-care institution”:

- a) **They are a health-care institution:** they provide health-care services to the general public and in doing so, must adhere to provincial health-care regulations;
- b) **They have religious roots:** they were founded by religious individuals, leaders, organizations or orders as a mechanism through which to carry-out their faith and worship God by serving and ministering to the public; and
- c) **They are faith-based:** they operate and provide health-care services from a particular confessional perspective.

14. Although there exists a number of faith-based health-care institutions in Canada from a number of differing faith traditions, the Alliance represents and speaks for 108 Roman Catholic health-care institutions across Canada.

The basis of Catholic Identity

15. Faith-based health-care institutions, and particularly, Roman Catholic health-care institutions such as those represented by the Alliance, are founded upon the teachings of Christ and have as their mission care for and service to the sick and needy.

16. In the case of Roman Catholic health-care institutions, the relationship between faith and practice goes deeper than foundations and mission. There are a number of layers and elements required for a health-care institution to be “Catholic”. These include the manner in

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<sup>8</sup> Dean, *supra* note 7, at p. 871, CHAC BOA, Tab 11.

which the institution is founded through sponsorship by appropriate ecclesiastical authorities, its adherence to Canon Law and its adherence to Roman Catholic teaching.

### ***Sponsorship***

17. In order for a health-care institution to be considered “Catholic”, it must be sponsored by an authorized Catholic organization<sup>9</sup>. The 12 Sponsors which sponsor the 108 health-care institutions the Alliance represents are authorized ecclesiastical authorities to sponsor such health-care institutions.
18. These Sponsors are public juridical persons which are organizations authorized by a Bishop, a Conference of Bishops or the Holy See<sup>10</sup>. In all circumstances, the juridical person requires the diocesan Bishop of each diocese where the juridical person intends on carrying out its activities to confirm his willingness and support of the project<sup>11</sup>. Effectively, this puts the juridical person under the authority and accountability of the Bishop(s). The 108 health-care institutions the Alliance represents therefore operate in the name of and under the authority of these entities and are permitted to engage in works in the name of Christ on behalf of the Roman Catholic Church<sup>12</sup>.
19. In addition to ecclesiastically creating the health-care institution, Sponsors:
  - a. preserve and foster the expressed mission of the institution;
  - b. promote internalization of philosophy;
  - c. safeguard Catholic identity;
  - d. share in governance; and,
  - e. administer and safeguard the ecclesiastical goods (the properties and funds) intended for the furtherance of the entity’s mission, which must be handled according to canonical norms<sup>13</sup>.

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<sup>9</sup> Code of Canon Law, c. 279, §1, in *The Code of Canon Law: Latin-English Edition*, online:

[http://www.vatican.va/archive/ENG1104/\\_INDEX.HTM](http://www.vatican.va/archive/ENG1104/_INDEX.HTM), at c. 117 [“Code of Canon Law”], **CHAC BOA, Tab 10.**

<sup>10</sup> Father Francis Morrissey, “*Juridic Persons: A Practical Guide*”, Catholic Health Association of Canada, CHAC Review, Spring 1997, at page 4 [“*Juridic Person: A Practical Guide*”]; *Code of Canon Law*, *supra* note 9, at c. 116, **CHAC BOA, Tab 15.**

<sup>11</sup> *Juridic Persons: A Practical Guide*, *supra* note 10, at page. 6, **CHAC BOA, Tab 15.**

<sup>12</sup> Father Francis Morrissey, “*Implications of Canon Law for Catholic Leaders and Organizations*”, presentation at Villa Madonna Retreat House as part of the Catholic Leadership Program for Catholic health care professionals, Rothesay, New Brunswick, February 17, 2011, at page 10 [“*Implications of Canon Law*”], **CHAC BOA, Tab 14.**

<sup>13</sup> Sister Sharon Holland, “*Sponsorship and the Vatican*”, *Health Progress: Journal of the Catholic Health Association of the United States*, July-August 2001, at p. 32 [Holland], **CHAC BOA, Tab 13.**

### ***Canon Law***

20. In carrying out their works in the name of Christ on behalf of the Roman Catholic Church, the health-care institutions the Alliance represents are bound by canonical principles and must adhere to Canon Law<sup>14</sup>. Although there are no specific terms set out in the *Code of Canon Law* on the administration and operation of Catholic health-care institutions, each of these institutions must adhere to canonical principles which include:

- a. having a spiritual purpose;
- b. having its work carried out in the name of the Church and must answer a need;
- c. having the work carried out while being good stewards of the ecclesiastical goods entrusted to it; and,
- d. that special preparation be taken to ensure the quality of the work carried out.<sup>15</sup>

21. Canon Law is clear that for apostolic work, such as the provision of health-care, to be considered an apostolate, it must be performed under the authority of the Bishops. In other words, for an institution to be considered “Catholic”, it must be established with the consent of and be recognized by the competent ecclesiastical authority.<sup>16</sup>

22. In the second Vatican Council’s document, the *Dogmatic Constitution on the Church*, the Council Fathers stated that Bishops are given authority over, and are to govern, the apostolate. They stated:

In virtue of this power, bishops have the sacred right and the duty before the Lord to make laws for their subjects, to pass judgment on them and to moderate everything pertaining to the ordering of worship and the apostolate<sup>17</sup>.

### ***Catholic Teaching***

23. Canon Law does not directly comment on health-care institutions and so these institutions are more directly governed by Catholic ethical teaching<sup>18</sup>. The Catholic Church has a number of magisterial teachings on moral and ethical issues, including the issue of assisted suicide.

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<sup>14</sup> *Implications of Canon Law*, *supra* note 12, at page 11, **CHAC BOA, Tab 14**.

<sup>15</sup> *Implications of Canon Law*, *supra* note 12, at pages 11-12; See also *Code of Canon Law*, *supra* note 9, at Canons 19, 114, 227.1, 610, 806 and 1284, **CHAC BOA, Tab 14**.

<sup>16</sup> *Code of Canon Law*, *supra* note 9, at c. 216; See also cc. 117 and 299.3, **CHAC BOA, Tab 10**.

<sup>17</sup> Vatican Council II, “*Lumen Gentium* [*Dogmatic Constitution on the Church*]”, Vatican II, November 21, 1964, online: [http://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_const\\_19641121\\_lumen-gentium\\_en.html](http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19641121_lumen-gentium_en.html), at chapter 1, para. 27, **CHAC BOA, Tab 19**.

<sup>18</sup> Father Francis Morrissey, “*Trustees and Canon Law*”, *Health Progress*, November-December 2002, at page 2, **CHAC BOA, Tab 16**.

24. The Catechism of the Catholic Church, as well as a number of other authoritative texts within the Church, clearly set out that suicide is morally wrong and unnatural<sup>19</sup>. Indeed, the Catechism of the Catholic Church specifically condemns the taking of innocent life<sup>20</sup>.
25. Pope John Paul II, in his *Encyclical Letter on the Value and Inviolability of Human Life*, gave very clear direction on the issue of assisted suicide. He stated:

Suicide is always as morally objectionable as murder. [...] To concur with the intention of another person to commit suicide and to help in carrying it out through so-called "assisted suicide" means to cooperate in, and at times to be the actual perpetrator of, an injustice which can never be excused, even if it is requested. [...] Even when not motivated by a selfish refusal to be burdened with the life of someone who is suffering, euthanasia must be called a false mercy, and indeed a disturbing "perversion" of mercy. True "compassion" leads to sharing another's pain; it does not kill the person whose suffering we cannot bear. Moreover, the act of euthanasia appears all the more perverse if it is carried out by those, like relatives, who are supposed to treat a family member with patience and love, or by those, such as doctors, who by virtue of their specific profession are supposed to care for the sick person even in the most painful terminal stages.<sup>21</sup>

#### Catholic Health-Care Institutions have freedom of religion

26. There is no meaningful difference between the religious freedom of the individuals that establish and operate a faith-based health-care institution (e.g., the administrators, physicians and nurses), and that of the health-care institution itself.
27. Faith-based health-care institutions are, by their very nature, religious. They are confessional. They are founded on religious principles by religious individuals, leaders, organizations or orders for expressly religious purposes. Faith-based health-care institutions, such as those represented by the Alliance, are extensions of the Church and manifestations of a religious community.
28. This Court's jurisprudence is clear that freedom of religion has individual as well as collective aspects to it. In *R. v. Edwards Books and Art Limited*<sup>22</sup>, Dickson C.J., stated:

In this context, I note that freedom of religion, perhaps unlike freedom of conscience, has both individual and collective aspects. Legislatures are justified in

<sup>19</sup> *Catechism*, *supra* note 2, at cc. 2280, 2281, 2282 and 2283, **CHAC BOA, Tab 8**.

<sup>20</sup> *Catechism*, *supra* note 2, at c. 2277, **CHAC BOA, Tab 8**.

<sup>21</sup> John Paul II, "Evangelium Vitae [*Encyclical Letter on the Value and Inviolability of Human Life*]", March 25, 1995, online: [http://www.vatican.va/holy\\_father/john\\_paul\\_ii/encyclicals/documents/hf\\_jp-ii\\_enc\\_25031995\\_evangelium-vitae\\_en.html](http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html), at para. 66, **CHAC BOA, Tab 17**.

<sup>22</sup> *R. v. Edwards Books and Art Limited*, [1986] 2 S.C.R. 713 [*Edwards Books*], **CHAC BOA, Tab 4**.

being conscious of the effects of legislation on religious groups as a whole, as well as on individuals<sup>23</sup>.

29. In *Edwards Books*, Wilson J. argued that an interpretation of s. 2a) that protects the religious freedoms of individuals but not the groups they belong to is precluded by s. 27:

Yet it seems to me that when the *Charter* protects group rights such as freedom of religion, it protects the rights of all members of the group. It does not make fish of some and fowl of the others. For, quite apart from considerations of equality, to do so is to introduce an invidious distinction into the group and sever the religious and cultural tie that binds them together. It is, in my opinion, an interpretation of the *Charter* expressly precluded by s. 27 which requires the *Charter* to be interpreted "in a manner consistent with the preservation and enhancement of the multicultural heritage of Canadians"<sup>24</sup>.

30. In *Alberta v. Hutterian Brethren of Wilson Colony*<sup>25</sup>, this Court further recognized that freedom of religion has collective aspects<sup>26</sup>.

31. Catholic health-care institutions are made up of Catholic individuals for the purpose of providing health-care as part of their Catholic mission and religious worship. Indeed, the Alliance's mission is:

Inspired by the Gospel and grounded in shared beliefs and values, the Alliance is a forum for Catholic health and social services Sponsors in Canada, to exchange ideas and develop shared strategic initiatives that support their ability to strengthen the healing ministry of Jesus.

32. For a Catholic, and a Catholic health-care institution, the provision of health-care services is a religious calling<sup>27</sup> and a form of worship<sup>28</sup>. The health-care institution then, is the mechanism through which some Catholic individuals carry-out their faith and benefit from their s. 2(a) *Charter* right to freedom of religion.

33. Indeed, Bastarache J., recognized the need for communities (or in this case, faith-based health-care institutions), to permit individuals to exercise their fundamental freedoms:

In interpreting *Charter* provisions, this Court has firmly endorsed a purposive approach. [...]there is no contradiction between protecting individual liberty and personal dignity and the wider objective of recognizing the rights of official language communities. The objective of protecting official language minorities, as

<sup>23</sup> *Edwards Books*, *supra* note 22, at 781, **CHAC BOA, Tab 4**.

<sup>24</sup> *Edwards Books*, *supra* note 22, at 808 & 809, **CHAC BOA, Tab 4**.

<sup>25</sup> *Alberta v. Hutterian Brethren of Wilson Colony*, [2009] 2 SCR 567 [“*Hutterian Brethren*”], **CHAC BOA, Tab 1**.

<sup>26</sup> *Hutterian Brethren*, *supra* note 25, at paras. 31, 32, 130, 131 and 182, **CHAC BOA, Tab 1**.

<sup>27</sup> The Bible, 1 Peter 4 :10and, James 2:14-17, **CHAC BOA, Tab 7**.

<sup>28</sup> The Bible, Romans 12 :1-8\_and, 1 Corinthians 11:1, **CHAC BOA, Tab 7**.

set out in s. 2 of the *Official Languages Act*, is realized by the possibility for all members of the minority to exercise independent, individual rights which are justified by the existence of the community. Language rights are not negative rights, or passive rights; they can only be enjoyed if the means are provided. This is consistent with the notion favoured in the area of international law that the freedom to choose is meaningless in the absence of a duty of the State to take positive steps to implement language guarantees;<sup>29</sup>

34. Similarly, the Alliance submits that the existence of the Catholic health-care institution is the means through which religious orders and through which individuals, such as Roman Catholic physicians and nurses, as well as other individuals who work in or administer Catholic health-care institutions, to carry-out their faith and worship God by providing health-care services to and caring for the sick.
35. Indeed, the love of Christ impels Roman Catholics to do charitable works, including, providing health-care to the sick. In the Second Vatican Council's document, the *Decree on the Apostolate of Laity*, the Council Fathers stated:

At the present time, with the development of more rapid facilities for communication, with the barrier of distance separating men greatly reduced, with the inhabitants of the entire globe becoming one great family, these charitable activities and works have become more urgent and universal. These charitable enterprises can and should reach out to all persons and all needs. Wherever there are people in need of food and drink, clothing, housing, medicine, employment, education; wherever men lack the facilities necessary for living a truly human life or are afflicted with serious distress or illness or suffer exile or imprisonment, there Christian charity should seek them out and find them, console them with great solicitude, and help them with appropriate relief. This obligation is imposed above all upon every prosperous nation and person<sup>30</sup>.

36. For Roman Catholic orders and individuals, operating a health-care institution is the manifestation of their faith, a mechanism through which to minister to God's people and a means to worship God. Indeed, the structure and nature of the Catholic health-care institution, which must operate under the purview of a bishop and can only operate with the blessing of the Church, demonstrates that the provision of health-care services through the institution is a religious act and a work of the Church.

<sup>29</sup> *R. v. Beaulac*, [1999] 1 S.C.R. 768, at paras. 16 and 20, **CHAC BOA, Tab 3**.

<sup>30</sup> Vatican Council II, "*Apostolicam Actuositatem [Decree on the Apostolate of Laity]*", Vatican II, November 18, 1965, online: [http://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_decree\\_19651118\\_apostolicam-actuositatem\\_en.html](http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651118_apostolicam-actuositatem_en.html), at chapter 2, **CHAC BOA, Tab 18**.



Catholic Health-Care Institutions have the right to maintain their Catholicity

37. Roman Catholic health-care institutions are required by Canon Law to maintain their Catholicity,<sup>31</sup> a civil reality reflected in their corporate charters. Indeed, the bishop of the diocese in which a particular Catholic health-care institution operates has a level of authority and oversight over the institution insofar as it relates to apostolic or ecclesiastical issues.
38. This Court's jurisprudence recognizes the right of a religious community, such as the religious communities which sponsor the health-care institutions represented by the Alliance, to determine their own religious and moral identities. Indeed, in *Caldwell v. Stuart*<sup>32</sup>, this Court recognized that faith-based institutions (in that case a Catholic school), had the right to insist that its employees (in that case a teacher), adhere to Catholic teachings and principles<sup>33</sup>.
39. In *Trinity Western University v. British Columbia College of Teachers*<sup>34</sup>, this Court recognized that religious communities and institutions have the right to set behavioural standards of for its members (in that case, students, staff and faculty of a university)<sup>35</sup>.
40. On this basis, the institutions the Alliance represents implement policies on medical procedures, pharmaceuticals and treatments provided in their institutions. For example, a Catholic health-care institution does not perform abortions as doing so would conflict with Catholic teaching. Similarly, if assisted suicide were permitted, Canon Law and Catholic teaching would require that the Catholic health-care institution not engage in assisted suicide.
41. The Alliance is concerned that should the impugned provisions of the *Criminal Code* be struck, the institutions it represents may be required to engage in assisted suicide.
42. Other concerns which arise out of the potential striking of the impugned *Criminal Code* provisions include the manner in which a Catholic health-care institution can address its employees' conduct outside of the workplace. For example, if a physician in a Catholic hospital engages in assisted suicide in a separate facility or clinic, would the Catholic hospital be justified in terminating their employment?
43. The point here is that there are very significant consequences to striking down the impugned *Criminal Code* provisions which have not been addressed by the parties and which go beyond the constitutional issues raised.

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<sup>31</sup> *Holland, supra* note 13, at p. 32, **CHAC BOA, Tab 13.**

<sup>32</sup> *Caldwell v. Stuart*, [1984] 2 SCR 603 [*"Caldwell"*], **CHAC BOA, Tab 2.**

<sup>33</sup> *Caldwell, supra* note 32, at pp. 628, **CHAC BOA, Tab 2.**

<sup>34</sup> *Trinity Western University v. British Columbia College of Teachers*, [2001] 1 SCR 772, **CHAC BOA, Tab 5.**

<sup>35</sup> *Trinity Western, supra* note 35, at paras. 33-35, **CHAC BOA, Tab 5.**

Protecting the religious identity of faith-based health-care institutions in a society where assisted suicide is permitted

44. The Alliance insists that assisted suicide is not a solution to pain and that permitting it would result in grave harm. If however, this Court is inclined to strike the impugned provisions of the *Criminal Code*, the Alliance asks this Court to specifically find that faith-based health-care institutions are not to be compelled to engage in assisted suicide if doing so would violate their religious freedom and religious identity.
45. This Court made such comments in *Reference Re: Same-Sex Marriage*<sup>36</sup> relating to compulsion of religious officials to officiate same-sex weddings<sup>37</sup>. In the 10 years since this Court's decision in *Reference Re: Same-Sex Marriage*, this Court's comments on freedom of religion and conscience of religious officials, there have been no meaningful barriers to same-sex marriage. On the other hand, this Court's clear comments on freedom of religion and the participation of church officials in officiating same-sex weddings has ensured the protection of freedom of religion and conscience of churches and religious officials.
46. If this Court is inclined to strike the impugned provisions of the *Criminal Code*, the Alliance asks that it clearly state that faith-based health-care institutions cannot be compelled to engage in assisted suicide if doing so violates the religious identity of the institutions and the religious freedom of the individuals who operate those institutions.

**PART IV: COSTS**

47. The Alliance does not seek costs, and asks that no costs be awarded against it.

**PART V: ORDER SOUGHT**

48. The Alliance requests permission to present oral arguments at the hearing of this matter.

**ALL OF WHICH IS RESPECTFULLY SUBMITTED**, this 26<sup>th</sup> day of August, 2014.




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Albertos Polizogopoulos  
Counsel to the Catholic Health Alliance of Canada

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Russell G. Gibson

<sup>36</sup> *Reference re Same-Sex Marriage*, [2004] 3 SCR 698 [“*Same-Sex*”], **Book of Authorities of the Attorney General of Quebec, Tab 23** [“**AG Quebec BOA**”].

<sup>37</sup> *Same-sex*, *supra* note 36, at paras. 52-53, **AG Quebec BOA, Tab 23**.

**PART VI: TABLE OF AUTHORITIES****CASES****PARAGRAPH(S)***Alberta v. Hutterian Brethren of Wilson Colony*, [2009] 2 SCR 56731, 32, 130,  
131 and 182.*Caldwell v. Stuart*, [1984] 2 SCR 603

pp. 628

*R. v. Beaulac*, [1999] 1 S.C.R. 768

16 and 20

*R. v. Edwards Books and Art Limited*, [1986] 2 S.C.R.713, 781,  
808 and 809*Trinity Western University v. British Columbia College of Teachers*,  
[2001] 1 SCR 772

33-35 and 52-53

**Other References**Pope Benedict XVI, "Address of His Holiness Benedict XVI on the Occasion  
of His Visit to the Hospice Foundation of Rome," (Dec. 13, 2009), online:[http://www.vatican.va/holy\\_father/benedict\\_xvi/speeches/2009/december/  
documents/hf\\_ben-xvi\\_spe\\_20091213\\_hospice\\_en.html](http://www.vatican.va/holy_father/benedict_xvi/speeches/2009/december/documents/hf_ben-xvi_spe_20091213_hospice_en.html)

N/A

The Bible,

Romans

12 :1-8

1 Corinthians

11:1

1 Peter

4 :10

James

2:14-17

Catechism of the Catholic Church, 2nd ed. Vatican: Libreria Editrice Vaticana,  
2000, online: [http://www.vatican.va/archive/ENG0015/ INDEX.HTM](http://www.vatican.va/archive/ENG0015/INDEX.HTM)2277, 2279,  
2280, 2281,  
2282, 2283Harvey Max Chochinov, OM, MD, PhD, FRCPC, "*Dying, Dignity, and New  
Horizons in Palliative End-of-Life Care*", CA: A Cancer Journal for Clinicians,  
Volume 56: Number 2, March/April 2006, online:<http://onlinelibrary.wiley.com/doi/10.3322/canjclin.56.2.84/pdf>

pp. 90, 96, 97

Code of Canon Law, c. 279, §1, in *The Code of Canon Law: Latin-English  
Edition*, online: [http://www.vatican.va/archive/ENG1104/ INDEX.HTM](http://www.vatican.va/archive/ENG1104/INDEX.HTM)cc. 19, 114,  
116, 117, 216,  
227.1, 299.3,

- 610, 806 and  
1284
- Mervyn M. Dean et al., “*Framework for Continuous Palliative Sedation Therapy in Canada*”, *Journal of Palliative Medicine*, Volume 15, Number 8, 2012 pp. 870, 871
- Richard M. Doerflinger and Carlos F. Gomez, M.D., Ph.D., “*Killing the Pain Not the Patient: Palliative Care vs Assisted Suicide*”, United States Conference of Catholic Bishops, undated, online: <http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/killing-the-pain.cfm> N/A
- Sister Sharon Holland, “*Sponsorship and the Vatican*”, *Health Progress: Journal of the Catholic Health Association of the United States*, July-August 2001 p. 32
- Father Francis Morrissey, “*Implications of Canon Law for Catholic Leaders and Organizations*”, presentation at Villa Madonna Retreat House as part of the Catholic Leadership Program for Catholic health care professionals, Rothesay, New Brunswick, February 17, 2011 pp. 10, 11, 12
- Father Francis Morrissey, “*Juridic Persons: A Practical Guide*”, Catholic Health Association of Canada, CHAC Review, Spring 1997 pp. 4, 6
- Father Francis Morrissey, “*Trustees and Canon Law*”, *Health Progress*, November-December 2002 p. 2
- John Paul II, “*Evangelium Vitae [Encyclical Letter on the Value and Inviolability of Human Life]*”, March 25, 1995, online: [http://www.vatican.va/holy\\_father/john\\_paul\\_ii/encyclicals/documents/hf\\_jp-ii\\_enc\\_25031995\\_evangelium-vitae\\_en.html](http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html) 66
- Vatican Council II, “*Apostolicam Actuositatem [Decree on the Apostolate of Laity]*”, Vatican II, November 18, 1965, online: [http://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_decree\\_19651118\\_apostolicam-actuositatem\\_en.html](http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651118_apostolicam-actuositatem_en.html) ch. 2
- Vatican Council II, “*Lumen Gentium [Dogmatic Constitution on the Church]*”, Vatican II, November 21, 1964, online: [http://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_const\\_19641121\\_lumen-gentium\\_en.html](http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19641121_lumen-gentium_en.html) ch. 1, para. 27

## **PART VII: LEGISLATIVE PROVISIONS**

**LEE CARTER et al.**

**and**

**ATTORNEY GENERAL OF CANADA et al.**

Appellants

Respondents

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**IN THE SUPREME COURT OF  
CANADA (ON APPEAL FROM THE  
QUEBEC COURT OF APPEAL)**

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**FACTUM OF THE INTERVENERS,  
THE CATHOLIC HEALTH  
ALLIANCE OF CANADA**

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