unicef
canada

Brief submitted by UNICEF Canada
to the Special Joint Committee on Physician-Assisted Dying

UNICEF Canada
2200 Yonge Street
Suite 1100
Toronto, Ontario
M4S 2C6
www.unicef.ca

unicef canada

Brief submitted by UNICEF Canada to the Special Joint Committee on Physician-Assisted Dying

12 February 2016

INTRODUCTION

This brief is being submitted by UNICEF Canada to the Special Joint Committee on Physician-Assisted Dying in response to the decision of the Supreme Court of Canada in *Canada v. Carter (Attorney General)*, where sections 241(b) and 14 of the *Criminal Code* were declared void insofar as they prohibit physician-assisted death in the following circumstances:

- there is a competent adult person;
- who clearly consents to the termination of life;
- he/she has a grievous and irremediable medical condition (including an illness, disease or disability); and
- the medical condition causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.

UNICEF Canada commends the work of the Special Joint Committee on Physician-Assisted Suicide, as well as the Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying. The matters under review are complex and multi-layered, requiring much careful consideration and a measured approach, particularly when considering the potential application of new physician-assisted death legislation to children.

UNICEF Canada is advancing a child rights-based framework, having regard to relevant articles in the United Nations Convention on the Rights of the Child (CRC) and commentary provided by the United Nations Committee on the Rights of the Child (CRC Committee), given parliamentary and government duties to legislate consistent with the Convention.

ABOUT UNICEF

The United Nations Children's Fund (UNICEF) works in 190 countries through country programs and National Committees. UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF is guided by the United Nations Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children.

unicef
canada

UNICEF is the world's leading child-focused humanitarian and development agency. Through innovative programs and advocacy work, we save children's lives and secure their rights in virtually every country. Our global reach, unparalleled influence on policymakers, and diverse partnerships make us an instrumental force in shaping a world in which no child dies of a preventable cause. UNICEF is entirely supported by voluntary donations and helps all children, regardless of race, religion or politics. The only organization named in the United Nations Convention on the Rights of the Child as a source of expertise for governments, UNICEF has exceptional access to those whose decisions impact children's survival and quality of life. We are the world's advocate for children and their rights. For more information about UNICEF, please visit www.unicef.ca.

OVERVIEW OF UNICEF CANADA'S POSITION

UNICEF Canada takes the position that it is insufficient to simply rely upon the statement of law by the Supreme Court of Canada in *Carter v. Canada (Attorney General)* and that new *Criminal Code* amendments are necessary to ensure a common understanding of the law and a clear and uniform framework to guide the delivery of physician-assisted dying in all Canadian jurisdictions.

We are proposing a two-stage process – with the first iteration of these new *Criminal Code* amendments applying only to competent adult persons and then a second iteration of these amendments (with a later proclamation date and any necessary modifications) applying to competent children, especially in view of the limited 4-month time extension granted by the Supreme Court of Canada to rewrite the legislation.

It is significant that the implications for children were not considered by the Supreme Court, and accordingly, this phased-in approach would provide the opportunity for broader consultations to take place with children and other affected groups within society over time, before determining the precise content of the legislative provisions and procedural safeguards that would authorize physician-assisted dying for competent children (i.e. 'mature minors'). Such consultations could prove beneficial in exploring matters such as: the rights of a child who cannot consent to physician-assisted death and the role of designated representatives; the special vulnerabilities of disabled children; the cultural rights of indigenous children; and the necessary child-sensitive oversight mechanisms. This phased-in approach for competent children was adopted in Belgium.

As to the definition of an 'adult' in a pan-Canadian context during this transitional first phase, in our view, it should be interpreted as meaning a person 18 years or older. In this regard, the CRC defines a 'child' (in article 1) as "every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier."

Since the Supreme Court of Canada considered evidence-based research and ethics data only in respect of adults, the same kind of research and analysis should be undertaken in respect of children before final recommendations are formulated to develop and implement physician-assisted death provisions in the *Criminal Code* that would be appropriate to the circumstances of competent children. in our view, this would be consistent with taking a cautious and balanced child rights-based approach to the question of physician-assisted death (potentially through the use of structured Child Rights Impact Assessments) and having regard to the lessons learned in the Netherlands and Belgium where children have the right to access physician-assisted end-of-life measures in limited circumstances.

Recommendation 1: That the Parliament of Canada introduce new *Criminal Code* amendments which are consistent with the eligibility criteria for physician-assisted death established in *Carter v. Canada (Attorney General)*.

Recommendation 2: That the Parliament of Canada implement a two-stage legislative process authorizing physician-assisted death - with the first iteration applying only to competent adult persons 18 years or older, to be followed by a second iteration (with a later proclamation date and any necessary modifications) applying to competent children ('mature minors').

RECOGNITION OF 'MATURE MINOR' DOCTRINE AND EXPERT ADVISORY REPORT

In *A.C. v. Manitoba (Director of Child and Family Services)*, the Supreme Court of Canada endorsed the mature minor doctrine, stating that:

> "[*46] The [mature minor] doctrine addresses the concern that young people should not automatically be deprived of the right to make decisions affecting their medical treatment. It provides instead that the right to make those decisions varies in accordance with the young person's level of maturity, with the degree to which maturity is scrutinized intensifying in accordance with the severity of the potential consequences of the treatment or of its refusal*."

In the *A.C.* case, the Court considered the right of a child under 16 years of age to withhold her consent to a blood transfusion under provincial child protection legislation and spoke about the importance of striking "a constitutional balance between what the law has consistently seen as an individual's fundamental right to autonomous decision making in connection with his or her body and the law's equally persistent attempts to protect vulnerable children from harm." This is precisely the balance of rights that should be struck in drafting any legislative provisions that would qualify mature minors to access physician-assisted death.

Additionally, in the *A.C.* case, the Court concluded that the 'mature minor' doctrine applied to situations where a competent child's refusal of medical treatment could ultimately result in death:

> "*In those most serious of cases, where a refusal of treatment carries a significant risk of death or permanent physical or mental impairment, a careful and comprehensive evaluation of the maturity of the adolescent will necessarily have to be undertaken to determine whether his or her decision is a genuinely independent one, reflecting a real understanding and appreciation of the decision and its potential consequences*."

The Final Report of the Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying, dated November 30, 2015, took a similar approach and recommended competence rather than age as the qualification measure for children to access physician-assisted dying. It said:

> "*Recommendation 17: Access to physician-assisted dying should not be impeded by the imposition of arbitrary age limits. Provinces and territories should recommend that the federal government make it clear in its changes to the Criminal Code that eligibility for physician-assisted dying is to be based upon competence rather than age*."

Recommendation 3: That the concept of the 'mature minor' and a 'competence' standard be appropriately considered and applied in a second iteration of *Criminal Code* amendments authorizing physician-assisted death.

MEANING AND BOUNDARIES OF PHYSICIAN-ASSISTED DEATH

In *Carter v. Canada (Attorney General)*, the Supreme Court of Canada did not distinguish between the two different types of physician-assisted death, which are: **voluntary euthanasia** – the situation where a physician **administers** medication that intentionally brings about the patient's death, at the voluntary request of the patient; and **assisted suicide** – the situation where a physician **provides** medication that intentionally brings about the patient's death, at the voluntary request of the patient.

Since the Supreme Court did not set any restrictions regarding either of the two forms of physician-assisted dying, it would be appropriate, in our view, to permit eligible individuals – including competent children – to make the choice that is most compatible with their sense of personal dignity.

In *Carter v. Canada (Attorney General)*, the Supreme Court determined that the purpose of the prohibition on physician-assisted dying was "to protect vulnerable persons from being induced to commit suicide at a moment of weakness." This concern is heightened in the case of

vulnerable children who may be coerced by parents or religious/spiritual advisors to seek the termination of their own lives. Another concern is the risk posed by parents of severely disabled children or with deeply-held religious beliefs who may wish to euthanize their own children. While these risks are rare and difficult to contemplate, they are not outside the realm of human experience. For this reason, it is our position that these procedures – whether administering or providing end of life medication – should be limited to licensed physicians.

Recommendation 4: That the Parliament of Canada extend the legislative exemptions for physician-assisted dying to both voluntary euthanasia (where a physician administers medication that intentionally brings about the patient's death, at the voluntary request of the patient) and to assisted suicide (where a physician provides medication that intentionally brings about the patient's death, at the voluntary request of the patient).

Recommendation 5: That the Parliament of Canada limit the legislative exemptions for voluntary end-of-life procedures for competent children to those carried out by licensed physicians.

NEED FOR A FULL APPRECIATION OF EVIDENCE-BASED RESEARCH AND MEANINGFUL CONSULTATION

UNICEF Canada takes the position that a second iteration of *Criminal Code* amendments authorizing physician-assisted death for competent children should be based upon a full appreciation of evidence-based research and meaningful consultation, particularly with children themselves.

In reaching its decision in *Carter v. Canada (Attorney General)*, the Supreme Court of Canada relied upon evidence-based research and standards of ethics that related solely to "competent adult persons", but did not turn its mind to the scope of research data and ethical standards that would be required to define the eligibility criteria for children who wished to terminate their lives through physician-assisted death.

As acknowledged by the Supreme Court of Canada, it was the finding of the trial judge in *Carter v. Canada (Attorney General)* that:

> "*While there is no clear societal consensus on physician-assisted dying, there is a strong consensus that it would only be ethical with respect to voluntary adults who are competent, informed, grievously and irremediably ill, and where the assistance is "clearly consistent with the patient's wishes and best interests, and [provided] in order to relieve suffering*"

There is also no indication that consultation has occurred in any broad-based way that would elicit the views of children, family members, and other experts including researchers, health specialists, statutory (provincial and territorial) child and youth advocates and medical practitioners. It would seem that a broader civil society – and not simply a panel of legal and medical experts – should be consulted on these highly complex matters. As well, at UNICEF Canada, we have learned that children are the experts when it comes to their own life experiences - and to forge ahead, without exercising the necessary 'due diligence', could lead to some unfortunate unintended circumstances for children experiencing serious health challenges.

In moving forward to ensure eligibility for competent children to access physician-assisted death in a subsequent iteration of this new legislation, it would be important, as suggested by the Canadian Paediatric Society, to establish 'procedural due care criteria' or safeguards to ensure that the substantive criteria, as outlined by the Supreme Court of Canada, are in fact satisfied. Examples cited are: "physician to advise patient about health condition and life expectancy; discuss request including therapeutic and palliative courses of action and consequences; have several conversations with patient to ensure durability and voluntariness of request; consultation and examination by second physician." Other child-sensitive procedural safeguards might also include considering the degree of parental participation and advising the patient regarding access to appropriate tribunals/courts where competence is not clearly indicated. These mechanisms may need to be developed where they do not exist. A balance must be struck between a protective oversight process and undue hurdles for children to access their rights.

Recommendation 6: That the Parliament of Canada take into account the findings resulting from future broad-based consultations with children, families, health specialists, statutory (provincial and territorial) child and youth advocates, medical practitioners, academics/researchers and ethicists before introducing *Criminal Code* amendments that would apply, with appropriate procedural safeguards, to competent children.

A CAUTIOUS AND BALANCED CHILD RIGHTS-BASED APPROACH TO PHYSICIAN-ASSISTED DEATH

Before new *Criminal Code* provisions can be introduced to address the question of physician-assisted death for children on the basis of their competency to consent, there is a need to apply a cautious and balanced child rights-based approach. This balance can only be achieved through a detailed analysis of the interrelationship of the various relevant Convention rights - together with domestic legal rights established or under consideration - which Canada and the provinces/territories have committed to uphold as a result of Canada's ratification of the CRC on December 13, 1991. In the case of domestic legal rights that may be engaged in these end of life scenarios, examples would include sections 2 (freedom of conscience and religion), 7 (life,

liberty and security of the person) and 15 (equal protection under the law) of the *Canadian Charter of Rights and Freedoms.*

In relation to the issue of physician-assisted dying, a number of Convention articles are engaged (whether directly or indirectly) such as: the definition of a child (article 1); the right to non-discrimination (article 2); primary consideration of the best interests of the child (article 3); parental guidance and the child's evolving capacities (article 5); the child's right to life, survival and development (article 6); the illicit transfer and non-return of children abroad (article 11); the child's right to be heard (article 12); the child's right to freedom of expression (article 13); the child's right to freedom of thought, conscience and religion (article 14); the child's right to appropriate information (article 17); the principle that both parents have common responsibilities for the upbringing of the child (article 18); the child's right to protection from harm (article 19); the special rights of disabled children (article 23); the child's right to health and health services (article 24); the cultural rights of indigenous children (article 30); and the child's right to be protected from inhuman treatment (article 37). In order to frame a Convention–based approach, it is necessary to strike a balance between these various interdependent rights.

All the rights in the CRC are interdependent and equally important. This point was made by the CRC Committee in its General Comment No. 12 on the right of the child to be heard when it stated:

> "*68. Article 12, as a general principle, is linked to the other general principles of the Convention, such as article 2 (the right to non-discrimination), article 6 (the right to life, survival and development) and, in particular, is interdependent with article 3 (primary consideration of the best interests of the child). The article is also closely linked with the articles related to civil rights and freedoms, particularly article 13 (the right to freedom of expression) and article 17 (the right to information). Furthermore, article 12 is connected to all other articles of the Convention, which cannot be fully implemented if the child is not respected as a subject with her or his own views on the rights enshrined in the respective articles and their implementation.*"

In considering the linkage between article 6 (the child's right to life, survival and development) and article 12 (the child's right to be heard), the CRC Committee made the further remarks in the same General Comment:

> "*79. Article 6 of the Convention on the Rights of the Child acknowledges that every child has an inherent right to life and that States parties shall ensure, to the maximum extent possible, the survival and development of the child. The Committee notes the importance of promoting opportunities for the child's right to be heard, as child participation is a tool to stimulate the full development of the personality and the evolving*

capacities of the child consistent with article 6 and with the aims of education embodied in article 29."

As to the apparent tension between article 3 (primary consideration of the best interests of the child) and article 12 (the child's right to be heard), the CRC Committee went on to provide guidance as to how those 2 articles operate in concert:

'*74. There is no tension between articles 3 and 12, only a complementary role of the two general principles: one establishes the objective of achieving the best interests of the child and the other provides the methodology for reaching the goal of hearing either the child or the children. In fact, there can be no correct application of article 3 if the components of article 12 are not respected. Likewise, article 3 reinforces the functionality of article 12, facilitating the essential role of children in all decisions affecting their lives.* "

In addition to General Comment No. 12 (2009), The right of the child to be heard, the following General Comments of the CRC Committee are also instructive and should be kept in mind:

General Comment No. 4 (2003), Adolescent health and development in the context of the Convention on the Rights of the Child;

General Comment No. 9 (2006), The rights of children with disabilities;

General Comment No. 11 (2009), Indigenous children and their rights under the Convention;

General Comment No. 14 (2013), The right of the child to have his or her best interests taken as a primary consideration (art. 3, para.1); and

General Comment No. 15 (2013), The right of the child to the enjoyment of the highest attainable standard of health (art. 24).

Recommendation 7: That the Parliament of Canada apply a cautious and balanced child rights-based approach and give particular attention to the United Nations Convention on the Rights of the Child when developing and introducing legislation with respect to the issue of children's access to physician-assisted death.

THE USE OF CHILD RIGHTS IMPACT ASSESSMENTS

The process of balancing competing rights under the CRC can be aided by using a structured and credible Child Rights Impact Assessment tool. In this regard, the 2012 Concluding Observations on the Convention on the Rights of the Child recommended that Canada:

"*…ensure that the principle of the best interests of the child is appropriately integrated and consistently applied in all legislative, administrative, and judicial proceedings as well as in all policies, programmes and projects relevant to and with an impact on children…*"

A Child Rights Impact Assessment (CRIA) can be defined as:

"*… a systematic process or methodology of ensuring children's best interests and the potential impacts of policy change upon them are considered in the policy-making process. CRIA involves examining a proposed law or policy, administrative decision or action in a structured manner to determine its potential impact on children or specific groups of children, and whether it will effectively protect and implement the rights set out for children in the Convention on the Rights of the Child.*"

In the Senate Committee's Report on Cyberbullying, the Committee provided the following probative comments on the value of Child Rights Impact Assessments:

"…*One of the main objectives of a child rights impact assessment is to ensure that while seeking to protect certain rights of children and youth, other rights are not inadvertently undermined. For example, in seeking to support the implementation of Article 19, the right to protection, it is important not to undermine rights related to education in Articles 28 and 29, as can happen when bullies are suspended or expelled from school rather than receiving supportive interventions such as counseling.*"

From time to time, notwithstanding the best of intentions, legislation and policy set off unintended negative consequences for the very children they are meant to benefit. In some instances, children are not considered at all in the process, even when it is likely that a proposed course of action will have impacts upon them. A Child Rights Impact Assessment could be effectively used to avoid or mitigate adverse impacts and enhance the benefits of policy, particularly for vulnerable children.

Recommendation 8: That the Parliament of Canada use a standardized Child Rights Impact Assessment process before introducing legislation and considering safeguards that will have significant implications for children affected by potential physician-assisted death provisions in the *Criminal Code*.

NEED FOR CONSIDERATION OF GLOBAL EXPERIENCE WITH PHYSICIAN-ASSISTED DEATH FOR CHILDREN

Before completing the second iteration of the *Criminal Code* amendments qualifying competent children for physician-assisted death, it is important to consider the international perspective. In point of fact, there are very few examples of physician-assisted death being available to competent children globally. These are restricted to the Netherlands and Belgium.

In 2000, the Netherlands became the first country to allow children access to physician-assisted death. In that country, there is an age-based regime based on the presumption of evolving capacity. This means that children between 12 and 16 years of age must be able to express their views, interests and wishes in support of physician-assisted death, but still require parental consent, whereas children between 16 and 18 years of age can consent to their own physician-assisted death without parental consent, although their parents retain the right to participate in the discussions leading to a decision.

In 2015, the CRC Committee addressed the child's right to life, survival and development in its Concluding Observations to the Netherlands, expressing concern about insufficient transparency and oversight of the practice of euthanasia for children under 18 years of age, and advancing several recommendations:

> "***Right to life, survival and development***
> *28. Although there have been only five cases of euthanasia on children so far and that all cases involved terminally-ill cancer patients with no prospects of treatment, the Committee remains concerned that euthanasia can be applied to patients under 18 years of age. The Committee is also concerned about the insufficient transparency and oversight of the practice.*
>
> *29.* ***The Committee recommends that the State party:***
> ***(a) Ensure strong control of the practice of euthanasia towards underage patients;***
> ***(b) Ensure that the psychological status of the child and parents or guardians requesting termination of life are seriously taken into consideration when determining whether to grant the request;***
> ***(c) Ensure that all cases of euthanasia towards underage patients are reported, and particularly included into annual reports of the regional assessment committees, and given the fullest possible overview; and***
> ***(d) Consider the possibility of abolishing the use of euthanasia towards patients under 18 years of age.***"

In 2002, Belgium became the second country in the world to legalize physician-assisted death after the Netherlands. With that enactment, only people in Belgium who were 18 or older and in a "hopeless medical condition" could request to die. Children aged 15 and over who were "legally emancipated" from their parents could also request to undergo physician-assisted

death. However, in 2014, Belgium amended its legislation and became the first country in the world to remove any age restrictions on physician-assisted death.

Under these amendments, a child of any age can be helped to die, but only under strict conditions: he or she must be terminally ill, and deemed to "be in a hopeless medical situation of constant and unbearable suffering that cannot be eased and which will cause death in the short term." The child must be able to request physician-assisted death themselves and demonstrate they fully understand their choice. The request will then be assessed by teams of doctors, psychologists and other care-givers before a final decision is made with the approval of the child's parents. Unlike the case of the Netherlands, these new provisions have not yet been the subject of commentary by the CRC Committee and Belgium's next review is not planned until 2017/2018.

The Child Rights Information Network (CRIN) has reported that in the case of *ASBL "Jurivie" et al. v. Belgium*, three pro-life organizations brought a challenge in 2015 before the Constitutional Court of Belgium against the Belgian 2014 Act, arguing that legalized euthanasia for children is incompatible with the Belgian Constitution, the CRC and the European Convention on Human Rights. However, the Court dismissed the challenge to the legality of the 2014 amendment, holding that the law includes enough safeguards and guidelines to guarantee respect for children's rights. According to the Court, allowing children to end their lives with the help of doctors, as long as the safeguards have been respected, is not incompatible with the Belgian Constitution, the CRC and the European Convention on Human Rights. CRIN then went on to state its own view that "this decision is consistent with the CRC. Where it is regarded as a measure of last resort and appropriate safeguards are in place to ensure that the child has a full understanding of its implications, euthanasia is not a human rights violation. On the contrary, it recognizes children's agency and enhances their right to self-determination."

Recommendation 9: That the Parliament of Canada consider the experience of those countries that have legalized physician-assisted death for children, before introducing second-phase legislation to legalize such practices for Canadian children.

CONCLUSION

In summary, UNICEF Canada recommends a cautious and balanced child rights-based approach to the question of physician-assisted death for children. It is too complex an issue – and one not dealt with by the Supreme Court of Canada in *Carter v. Canada (Attorney General)* – to rush into effect as part of the first iteration of *Criminal Code* amendments within the brief 4-month extension period granted by the Court. The use of a Child Rights Impact Assessment framework, coupled with broad-based consultation and a careful review of analogous international experience, would be necessary antecedents to extending the scope of the decision to children in a subsequent iteration of *Criminal Code* amendments.

unicef canada

Respectfully submitted on behalf of UNICEF Canada by:

"MMB"

Marvin M. Bernstein, B.A., J.D., LL.M.
Chief Policy Advisor
UNICEF Canada

unicef canada

APPENDIX 'A' – LIST OF RECOMMENDATIONS

Recommendation 1: That the Parliament of Canada introduce new *Criminal Code* amendments which are consistent with the eligibility criteria for physician-assisted death established in *Carter v. Canada (Attorney General)*.

Recommendation 2: That the Parliament of Canada implement a two-stage legislative process authorizing physician-assisted death - with the first iteration applying only to competent adult persons 18 years or older, to be followed by a second iteration (with a later proclamation date and any necessary modifications) applying to competent children ('mature minors').

Recommendation 3: That the concept of the 'mature minor' and a 'competence' standard be appropriately considered and applied in a second iteration of *Criminal Code* amendments authorizing physician-assisted death.

Recommendation 4: That the Parliament of Canada extend the legislative exemptions for physician-assisted dying to both voluntary euthanasia (where a physician administers medication that intentionally brings about the patient's death, at the voluntary request of the patient) and to assisted suicide (where a physician provides medication that intentionally brings about the patient's death, at the voluntary request of the patient).

Recommendation 5: That the Parliament of Canada limit the legislative exemptions for voluntary end-of-life procedures for competent children to those carried out by licensed physicians.

Recommendation 6: That the Parliament of Canada take into account the findings resulting from future broad-based consultations with children, families, health specialists, statutory (provincial and territorial) child and youth advocates, medical practitioners, academics/researchers and ethicists before introducing *Criminal Code* amendments that would apply, with appropriate procedural safeguards, to competent children.

Recommendation 7: That the Parliament of Canada apply a cautious and balanced child rights-based approach and give particular attention to the United Nations Convention on the Rights of the Child when developing and introducing legislation with respect to the issue of children's access to physician-assisted death.

Recommendation 8: That the Parliament of Canada use a standardized Child Rights Impact Assessment process before introducing legislation and considering safeguards

that will have significant implications for children affected by potential physician-assisted death provisions in the *Criminal Code*.

Recommendation 9: That the Parliament of Canada consider the experience of those countries that have legalized physician-assisted death for children, before introducing second-phase legislation to legalize such practices for Canadian children.

unicef canada

APPENDIX 'B' – REFERENCES AND SELECTED BIBLIOGRAPHY

Legislation

Canada, *Criminal Code*, R.S.C. 1985, c. C-46, available at http://laws-lois.justice.gc.ca/eng/acts/c-46/fulltext.html

The *Canadian Charter of Rights and Freedoms*, The *Constitution Act, 1982*, Schedule B to the *Canada Act, 1982* (UK), 1982, c. 11, available at http://laws-lois.justice.gc.ca/eng/const/page-15.html

United Nations Human Rights Instruments (Children)

United Nations Convention on the Rights of the Child, A/RES/44/25, United Nations, New York, November 20, 1989 (ratified by Canada on December 13, 1991), available at http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

United Nations Committee on the Rights of the Child, *Concluding observations on the combined third and fourth periodic report of Canada*, adopted by the Committee on December 6, 2012, Doc. CRC/C/CAN/CO/3-4, available at http://www.unicef.ca/sites/default/files/imce_uploads/TAKE%20ACTION/ADVOCATE/DOCS/uncrc_concluding_observations_for_canada_december_2012.pdf

United Nations Committee on the Rights of the Child, *Concluding observations on the fourth periodic report of the Netherlands*, adopted by the Committee on June 8, 2015, Doc. CRC/C/NDL/CO)/4, available at http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/NLD/INT_CRC_COC_NLD_20805_E.pdf

United Nations Committee on the Rights of the Child General Comments – General Comment No. 4 (2003), Adolescent health and development in the context of the Convention on the Rights of the Child; General Comment No. 9 (2006), The rights of children with disabilities; General Comment No. 11 (2009), Indigenous children and their rights under the Convention; General Comment No. 12 (2009), The right of the child to be heard; General Comment No. 14 (2013), The right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1); General Comment No. 15 (2013), The right of the child to the enjoyment of the highest attainable standard of health (art. 24), all available at http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&DocTypeID=11

unicef canada

Jurisprudence

Carter v. Canada (Attorney General), [2015] 1 S.C.R. 331 (SCC), available at https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do

A.C. v. Manitoba (Director of Child and Family Services), [2009] 2 S.C.R. 181 (SCC), available at https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/7795/index.do

ASBL "Jurivie" et al. v. Belgium, October 29, 2015, Belgian Constitutional Court (French language), available at http://www.const-court.be/public/f/2015/2015-153f.pdf

Reports

Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying, *Final Report*, November 30, 2015, available at http://www.health.gov.on.ca/en/news/bulletin/2015/docs/eagreport_20151214_en.pdf

Newsletters

Child Rights Information Network (CRIN) Legal Database on Euthanasia, available at https://www.crin.org/en/library/legal-database/asbl-jurivie-asbl-pro-vita-and-asbl-jeunes-pour-la-vie-v-belgium