



This is the 1st affidavit
of Ian F. [REDACTED] this case
and it was made on 22 Aug 2011

No. S112688
Vancouver Registry

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

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

PLAINTIFFS

AND:

ATTORNEY GENERAL OF CANADA

DEFENDANT

AND:

ATTORNEY GENERAL OF BRITISH COLUMBIA

INTERVENOR

AFFIDAVIT

I, IAN F. [REDACTED] retired First Aide, Craft Services Provider, of [REDACTED] – [REDACTED]
[REDACTED] SWEAR (OR AFFIRM) THAT:

1. I have amyotrophic lateral sclerosis (“ALS”) and as such have personal knowledge of the facts and matters hereinafter deposed to, save and except where same are stated to be made on information and belief, and where so stated, I verily believe them to be true.
2. I am 68 yrs. old. I worked as a First Aide, Craft Services provider in Vancouver in the movie industry before I retired. I have been married to my wife, [REDACTED] [REDACTED] for 30years.

3. I first started to experience the symptoms of ALS around 2003. At the time, I was very fit, looked after my health, worked out, hiked, sailed and cycled. My wife and I were very active people. We enjoyed a live aboard lifestyle in Vancouver – we lived on sailboat in a marina in Vancouver's False Creek. We owned island property which we were developing when the disease hit. I developed 'drop' foot and undertook tests to assess what was wrong. I also

4. started to experience a weak left leg. Soon after, the muscle weakness spread to my right leg. I received many different diagnoses over a period of about six years. I finally received a confirmed diagnosis of ALS in April of 2009.

5. After it became difficult for me to walk, I started to use a Segway, which is a two-wheeled, self-balancing electric vehicle, for about a year and then I started using a walker. I kept falling down suddenly and was relieved when I switched to using a wheelchair, which provided greater mobility and safety.

6. At present, I have 50% lung capacity. I nearly died from carbon dioxide poisoning due to sleep apnea before acquiring a bi-level positive airway pressure ("BiPAP") machine. It is an apparatus that helps me get more air into my lungs and assists with my night breathing.

7. My voice is now very soft and it has very little endurance. I struggle with mucus build up and do not have the lung capacity to do basic functions like coughing or sneezing without great effort. I can only eat foods which are well lubricated, otherwise I can choke easily.

8. My peristaltic intestinal muscles have weakened and I have great difficulty with defecation. My back and neck muscles have now weakened and I have to support myself in a chair with my arms. I also wear a neck brace. Eating with a knife and fork and typing on a keyboard are very difficult.

9. My hands and arms are getting weaker. I use my arms for transfer from my seat to my wheelchair, to the toilet and to bed. I cannot bathe myself and require someone to prepare my meals. I cannot perform even the most basic household duties. I need an electric chair for outings. When my arms weaken I will be totally dependent.

10. I have long periods of low energy and require a hospital bed with a special ROHO cushioning pad that distributes my weight to avoid sores. I do not move for long periods in my chair and hospital bed, which has resulted in pain and discomfort. Because of this my sleep is erratic.

11. I now live in an apartment in the Okanagan as the dry weather is more comfortable for me. Because my wife owns a business, she now divides her time between here and Vancouver.

12. At present I only need one machine to keep me alive and help me with my breathing – the BiPAP machine. It is very unobtrusive and does not negatively affect my quality of life. However, I know that when my lung capacity further diminishes, I will require another breathing machine. When I lose my arm strength, which appears to be likely, I will need full time care. In addition, should my bulbar muscles weaken I will not be able to talk or eat. I will then require a feeding tube.

13. My quality of life is very important to me. I do not want to have life at any cost. Losing my mobility and bulbar failure would be a significant blow to my quality of life. I do not want to be dependent or supported by any more machines. But without further interventions it is very likely I will starve to death as my swallowing capacity diminishes. My only other option, when it becomes impossible to undertake basic life functions, is to go off the BiPAP machine. Either option will be extremely stressful to my wife and extended family. We have already undergone a very stressful period as we have faced and adapted to this progressive disease. We know we will never find stability or anything close to ‘normalcy’ in our lives. The knowledge of my fate with this disease, together with the constant reminder that I will continue to deteriorate, with no assurance that I will be able to have a dignified and peaceful death, is harsh and very disruptive to both me and my wife. It is an emotional minefield for us both, as my body slowly dies leaving me incrementally trapped and ultimately utterly dependent.

14. When my quality of life diminishes I would prefer to have the assistance of a physician to help me end my life. Knowing that this option was available would take considerable pressure off of me and my wife. I do not take this decision lightly. I cannot truthfully say when this point will arrive; I know it will. Without this option, my wife and I have discussed avenues currently

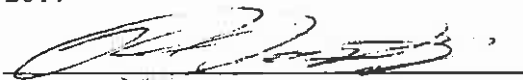
available to me. We have repeatedly asked for advice and counsel from medical practitioners, including our doctor, community nurse and palliative nurse, and we are told that we are on our own; there is nothing that can be done. This is stark and frightening.



15. This is my life and body and I want the right to die with dignity, supported by my family. A physician-assisted death would be compassionate, legal, painless and dignified. The alternatives seem barbaric and cruel. There is also the fear and anxiety associated with taking my own life by other means. I am concerned about having a protracted and painful death should I do nothing, while on the other hand I dread the thought of suicide with the complexities and legal dilemma that will be involved if I have my wife assist me. We both face this reality, that we have only two terrible and imperfect options, with a sense of horror and loathing.

16. I have enormous challenges coping with this disease and its impact on the lives of my family. Although I am struggling and my quality of life is diminished, I am measured and circumspect about physician-assisted dying. Were it made legal tomorrow, I would not be ready to die. However, I would immediately seek counsel and feel considerable solace in knowing I have resources and alternatives available to me.

17. I do not take the means or timing of my death lightly. If the law changes to allow physician assisted dying, it would still remain a difficult decision for me. The reality of my predicament would not radically change. However, it would ease my burden because it would make accessible to me professionals who would be free to counsel and help me assess my options, without fear or misunderstanding. It would help both my wife and me move on from the heavy weight that hangs over us both as I grapple with not knowing how I might self determine, or alternatively how protracted and untenable a 'natural' death might be. As a terminally ill person, this is a very complex dilemma for me. What having the right to physician assisted dying would do, more than anything, is lift the isolation and burden I feel as a dying person. There would be a community of caring competent people who could walk alongside me and provide a humane helping hand should that be the most likely means of ensuring a dignified death and quality of life.

SWORN (OR AFFIRMED) BEFORE ME)
at Oliver, British Columbia, on 28 Aug)
2011)


A Commissioner for taking Affidavits for)
British Columbia)


IAN F. 

BRENT I. RENTERS
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