SCC No. 35591

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

BETWEEN:

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

APPELLANTS

- and -

ATTORNEY GENERAL OF CANADA

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PART I - OPENING STATEMENT

1. The Christian Legal Fellowship ("CLF") intervenes to articulate the meaning of the common law and constitutional principle of the inviolability of life, and to explain how that principle: (1) explains the purpose of the impugned prohibition, (2) rescues the prohibition from the appellant's argument that distinctions between end-of-life care and euthanasia are illusory and violative of s. 7's principles of fundamental justice, and (3) informs s.1 analysis.

PART II - POINTS IN ISSUE/INTERVENER'S POSITION

2. CLF's position on the issues as stated by the appellants is that the impugned provisions do not violate the *Charter of Rights* and in particular: (a) Issue c: the provisions do not infringe s.7, and (b) Issue e: the provisions do not infringe s.15(1), and (c) Issues d and f: any infringements would be justified under s.1

PART III - ARGUMENT

A. THE INVIOLABILITY OF LIFE

3. The foundational legal, moral, and constitutional principle behind the legislative prohibition is the equality of persons: The lives of all persons are equally valuable, despite the many inequalities (in physical ability, in bodily health, in ability) that exist among persons.[1] In recognition of this root equality of persons, the state (through its laws and the actions of its governments) guards the lives of all persons impartially, and refuses all invitations to differentially value the lives of different persons.

4. One longstanding specification of the equality principle in Canadian law (criminal and constitutional) is the principle of the *inviolability of life* (sometimes termed the "sanctity of life"): that the *intentional* taking of all human life is exceptionlessly wrong, no matter whose life it is, no matter what the circumstances.[2]

5. The inviolability of life is a cornerstone of Western civilization, is evident in ancient Greek philosophy and Roman law, and was received into the common law long before it was

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[1] *Granovsky v. Canada (Minister of Employment and Immigration)*, [2000] 1 SCR 703, ***[Granovsky]*** paras. 54-58, Book of Authorities of the Intervener Christian Legal Fellowship ("CLFA"), Tab 3.

[2] *Carter v. Canada (AG)* 2012 BCCA 886, paras. 272-282, Joint Appeal Record ("JR"), vol. III, pp. 82-121; *Rodriguez v. British Columbia (AG)*, [1993] 3 SCR 519 ("*Rodriguez*"), para. 125, CLFA, Tab 9.

constitutionalized as the right to life in s.7 of the *Charter of Rights and Freedoms* (*Charter*), and held to inform the principles of fundamental justice.[3]

6. The inviolability of life does not entail, as the trial judge mistakenly held, that "life must always be preserved at all costs",[4] which is the competing principle of "vitalism".[5]

7. It is a mistake to equate inviolability of life and "vitalism".[6] The significance of this is that the inviolability principle, once properly formulated, is *absolute* and admits of no exceptions based on consent, relative value of life, or any other considerations.

8. The inviolability principle does not create any obligation on an individual or a society to take every possible step to *prolong* life, irrespective of the patient's wishes, the physical burdens of the treatment on the patient, or the treatment's efficacy. The inviolability principle maintains that an individual has a right to refuse medical treatment[7] where that treatment is futile or excessively burdensome. Such a refusal is not suicidal.

9. Significantly for this case, the inviolability principle in no way precludes palliative care that may, as an unintended side-effect, hasten death.[8]

B. PURPOSE OF PROHIBITION

i. The assertion of the equal value of all lives

10. The legislative prohibition of assisted suicide and euthanasia is, as argued by the AGC and supported by *Rodriguez*, part of a larger network of laws and governmental action that

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[3]See John Keown, 'A Right to Voluntary Euthanasia? Confusion in Canada in *Carter*', 28 Notre Dame Journal of Law, Ethics & Public Policy (2014) 1 – 45 at 4-5. CLFA, Tab 11. The inviolability principle has also been posited in Article 2.1 of the *European Convention of Human Rights* ("Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally") and in Article 3 of the *Universal Declaration of Human Rights*. See also *Rodriguez*, para. 125 (per Sopinka J.), CLFA Tab 9.

[4]Reasons for Judgment of the Honourable Madam Justice Smith June 15, 2012 ("TJ"), para. 355, JR, Vol. I.

[5]See John Keown, *The Law and Ethics of Medicine: essays on the inviolability of human life* (OUP 2012), at 3 – 8, CLFA, Tab 12.

[6]It is a mistake encouraged by the Law Reform Commission of Canada in its Working Paper 28, *Euthanasia, Aiding Suicide, and Cessation of Treatment* (1982 p. 36), and repeated uncritically by Sopinka J in *Rodriguez* in coming to the erroneous conclusion that 'sanctity of life is *no longer* seen to require that all human life be preserved at all costs'. *Rodriguez*, para.35, CLFA Tab 9. The sanctity/inviolability principle never did. The mischief of the error is the suggestion that the inviolability principle has been modified over time, and now admits of exceptions, such as quality of life.

[7]*Rodriguez* at para. 41, CLFA Tab 9.

[8]See paras. 24-28 below.

asserts the equal value of all human life.[9] It is a mistake to narrow the purpose, as the trial judge did, to the protection of the vulnerable from being induced to commit suicide in moments of weakness.[10]

11. The prohibition contributes to a culture of equality that resists the message that some lives are not as valuable as others, and that some persons' continued existence is not only not valuable, but is a source of harm to them.[11] This message benefits all in Canada, regardless of whether they are presently at risk of being told that their lives are valueless. It benefits not only those who are currently dependent and vulnerable, but all who may become so – in short, everyone of us.

12. The social messaging function of the prohibition operates in the same way as the prohibition of obscenity in *R. v. Butler*,[12] which legislation was characterized as countering harm to women not only through direct prohibition, but also indirectly through countering cultural attitudes towards women.

13. The legislative prohibitions related to child pornography in *R. v. Sharpe* similarly responded to negative social messaging: "Over and above the specific objectives of the law ... the law in a larger attitudinal sense asserts the value of children against the erosion of societal attitudes towards them."[13]

14. The prohibition against intentional killing also protects persons indirectly by countering negative attitudes towards the vulnerable and dependent. It protects persons by de-normalizing suicide and discouraging its acceptance as a choice-worthy option.

ii. The prohibition supports the medical ethical culture against killing

15. One of the great achievements of Canadian *Charter* jurisprudence is the profound insight that law shapes culture and culture shapes conduct.[14] The prohibition of assisted suicide and euthanasia supports a medical ethics culture in which intentional killing is never to be considered

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[9] Factum of the Attorney General of Canada, para. 4; *Rodriguez* para 34, CLFA Tab 9.
[10] TJ at paras. 1190, 1243 & 1348, JR Vol. 2, and 3.
[11] *Rodriguez* at paras. 34, 59 & 75, CLFA Tab 9.
[12] *R. v. Butler*, [1992] 1 SCR 452, [***Butler]*** CLFA, Tab 4
[13] *R. v. Sharpe*, [2001] 1 S.C.R. 45, at para.82 [***Sharpe***], CLFA, Tab 5.
[14] *Sharpe*, CLFA Tab 5*; Reference re: Section 293 of the Criminal Code of Canada*, 2011 BCSC 1588 [**Polygamy Reference**] CLFA, Tab 8.

as a treatment option. In any profession such as medicine whose integrity relies on self-reporting and self-policing, it is the strength of this culture that ultimately protects against abuse.

16. The Parliament of Canada has chosen to deal with assisted suicide and euthanasia through the direct prohibitions contained in the challenged legislation. These prohibitions support the medical ethical culture through the bright line inviolability principle: no intentional killing. The trial judge accepted that the legal prohibition is clear[15] and effective in restraining those who disagree with it.[16]

17. Although physicians comply with the current law, what accounts for their compliance is not regulatory oversight, but the powerful, internalized ethic that killing is not treatment. If the law that supports the ethic is struck down, the ethic will collapse as well. The ethic that replaces it will be based on subjective determinations of which sorts of lives are not worth living.

18. Any regime whose primary safeguard against abuse is self-reporting (as with the regime contemplated by the trial judge and all known permissive regimes) can only be as rigorous as the consciences of the physicians involved. The evidence at trial from the Dutch experience establishes that an "oversight commission" relying on self-reporting does not prevent abuse.[17]

19. It is not seriously suggested under any contemplated regime, including the one proposed by the trial judge,[18] that every competent person will be entitled to euthanasia or assisted suicide on demand. Physicians will need to be persuaded that the relevant criteria have been met. It will be these others who will have the power to decide when a patient's physical or psychological suffering is serious enough, or when the illness, disease, or disability is serious enough, to warrant the conclusion "it is right that this person should die." The supposed right to assisted death will belong not to the patient, to be exercised at the patient's demand, but to a third party who will ultimately decide whether the patient's life is worth living. What looks like patient autonomy is, in reality, a discretionary power over life and death to be given to physicians and judges.

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[15] TJ at para 231 (JR, Vol.1, p. 70).
[16] TJ at para. 204 (JR, Vol.3, p. 63).
[17] TJ at paras. 481 – 86 and 655–66 (JR, Vol 1, pp 146-47 and 190-91); Affidavit of Professor John Keown #1 ("**Keown Affidavit**") at paras. 16-18 (JR, Vol. 35, pp. 9376-77).
[18] TJ at paras. 1384-93 (JR, Vol 2, pp.185-87).

C. INVIOLABILITY OF LIFE AND PRINCIPLES OF FUNDAMENTAL JUSTICE

20. One of the key moves in the appellant's argument – one which sustained the trial judge's finding that the prohibition is violative of s.7's principles of fundamental justice and s.1's principles of a free and democratic society – is that no genuine distinction can be drawn between euthanasia and assisted suicide on the one hand, and refusal of care and palliative care on the other. Accordingly, the appellant argues, the illegality of the one and the lawfulness of the other is a violation of principles of fundamental justice.[19] But attention to the concept of intention that is fundamental to the inviolability of life –as is evident in the reasoning of Sopinka J. in *Rodriguez* – provides a complete answer to this argument.

i. Intention and the distinction between refusing treatment and assisted suicide

21. The trial judge accepted the legal distinction between refusal of care and assisted suicide.[20] Where the trial judge erred was in concluding that there is no *ethical* distinction between refusal of care and assisted suicide, and that the legal distinction in *Rodriguez* is therefore 'elusive' and unprincipled.[21]

22. Although patients can (non-lawfully) refuse treatment in order to kill themselves, refusals of treatment are not inherently suicidal. Even where the refusal of treatment will foreseeably result in one's death, such a refusal need not and typically would not manifest an intention to kill oneself. There are many reasons that a patient might have for refusing treatment, even refusing nutrition and hydration: the treatment is believed to be futile, or overly invasive, or painful, or burdensome.[22] Or the patient could refuse a treatment, say a blood transfusion, because of the religious conviction that the patient would be doing something wrongful in accepting the treatment.

23. Such refusal of treatment would be consistent with the principle of inviolability of life. This would be so even if the patient foresaw that the result of the refusal of treatment would

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[19] Appellant's Factum, para 85; TJ at para 1336, (JR, vol 2, p 173).
[20] TJ at para. 334 (JR, Vol. 1, p.105).
[21] TJ at paras. 334–38 (JR, Vol. 1, pp 105-06).
[22] Dr. Jose Pereira cross-examination, November 22, 2011, JR, Vol. 7, pp. 420-27.

likely be death,[23] because an intention to kill oneself is entirely absent from the decision to refuse treatment. Foreseeing a result is not the same thing as choosing it, intending it.[24]

ii. Intention and the distinction between palliative care and euthanasia

24. Similarly, the trial judge accepted the distinction between palliative care and euthanasia as a matter of law,[25] but she denied it as a matter of ethics.[26] The trial judge provided no explanation, beyond bare citation, for why she rejected the distinction between "physician-assisted death and other end-of-life practices whose outcome is highly likely to be death."[27]

25. The evidence at trial was that, despite common misconceptions, effective palliative care does not necessarily, or even typically, hasten death.[28] The trial judge erred in refusing to make a finding of fact on this point,[29] stating that it did not undermine her conclusion that there is no ethical distinction between palliative care and assisted suicide.[30]

26. *Rodriguez*,[31] supported by expert evidence at trial, explains the distinction fully. The fact that terminal sedation, the use of opioids, and the withholding and withdrawal of treatment are physically capable of being used as a means to kill intentionally, and used to kill in a matter that defies detection, does not render the law unprincipled.

27. Again, intention provides the bright line needed to characterize these acts. Where a healthcare provider forms a plan to end a person's life, and chooses to (ab)use the techniques of palliative care to do so, the act is as unlawful as it would have been if a lethal injection or any other means of killing had been chosen instead.

28. Evidential difficulties in detecting a crime do not make a prohibition unprincipled. Where Justice Sopinka observed that "factually the distinction may, at times, be difficult to draw", he was not suggesting that there is anything conceptually unclear, unstable, or imprecise about the distinction. His comment was purely evidential (and uncontroversial): it can

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[23] Professor Keown cross-examination, November 21, 2011, ("**Keown Cross**") (JR, Vol 6, pp 350-51).
[24] John Keown, 'A Right to Voluntary Euthanasia? Confusion in Canada in *Carter*' pp 5 – 17, CLFA Tab 11.
[25] TJ at paras. 324, 330 (JR, Vol. 1, pp. 103-04).
[26] TJ at paras. 334-35 (JR, Vol. 1, p. 105).
[27] TJ at para. 335 (JR, Vol. 1, p.105).
[28] Dr. Jose Pereira Expert Report at paras. 27, 38, 76-78 (AB, Vol. 37, at pp. 9789, 9794, 9811-12).
[29] TJ at para. 332 (JR, Vol. 1, pp. 104-05).
[30] TJ at paras. 333-35.(JR, Vol. 1, p. 105).
[31] *Rodriguez* at para 57-58, CLFA Tab 9.

sometimes be difficult to determine, as a question of fact, what a person's intentions were. The trial judge thus mischaracterized the "factual distinction" raised by Sopinka J. in *Rodriguez:*[32] his conclusion was that there is a legal distinction between assisted suicide and refusal of care and palliative care, and that the distinction is sound.[33]

iii. Finding assisted suicide and suicide indistinguishable

29. The trial judge also erred in adopting the conclusions of Professor Sumner that there can be no ethical distinction between suicide and assisted suicide, such that if one is lawful, then so should be the other.[34] Suicide, though not illegal, is not condoned at law, much less can it be articulated to be a matter of legal right. The circumstances of the decriminalization of suicide have not been canvassed in this appeal. It is not safe to conclude that the considerations that bear on societal treatment of suicide are the same as those that bear on the provision of assistance in suicide.

D. WHAT RISKS MUST CANADIANS ACCEPT?

30. The autonomy-based arguments of the Appellants require that physicians, and society at large, endorse the judgments of patients that their lives are no longer worth living and that the continuation of life is a harm to them. lf these judgments about the worthlessness of a person's life are to be decisive, we must remember that when a physician agrees with a patient that his or her life has no value, that judgment is transitive; it must logically apply to all persons in the same state, regardless of whether they have requested death.

31. A physician who believes that a patient's life is valueless can be expected to approach treatment differently than one who believes that a patient's life (no matter how compromised) has value. Such a result is flatly inconsistent with one of the most fundamental principles of Canadian constitutional law: that all lives are equally valuable and equally deserving of concern, respect, and consideration.[35]

32. The Canadian constitutional order presents a further legal and conceptual difficulty with courts drawing the line anywhere outside the inviolability principle. As Sopinka J. cautioned in

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[32] TJ at para. 329 (JR, Vol. 1, p. 104).
[33] *Rodriguez*, at para. 58, CLFA Tab 9.
[34] TJ at para. 339 (JR, Vol. 1, p. 106).
[35] *Granovsky*, paras. 54-58, CLFA Tab 3.

Rodriguez, "we have no assurance that the exception can be made to limit the taking of life to those who are terminally ill and genuinely desire death."[36] Absent the inviolability principle, it seems unlikely that any criteria can be articulated – any lines drawn – that will withstand *Charter* scrutiny under s. 15(1). Once death has been accepted conceptually as a potential benefit, as the Appellants urge, on what grounds could it be refused to those who seek it?

33. When considering the evidence that nothing short of an absolute prohibition will achieve Parliament's objective, one must bear in mind McLachlin C.J.'s observation in *Sharpe* that "complex human behaviour may not lend itself to precise scientific demonstration, and the courts cannot hold Parliament to a higher standard of proof than the subject matter admits of."[37]

34. Similarly, minimal impairment does not mean that Parliament must identify a single, most minimally impairing legislative option; on complex social issues, the requirement is met if Parliament chooses one of several reasonable alternatives.[38] In Canada, the bright line has been drawn at the inviolability principle: no acting with intent to kill. The Netherlands drew a line at voluntary euthanasia. That line has not held.[39]

E. COURTS SHOULD NOT AUTHORIZE THE TAKING OF LIFE

35. Unless a judge is present at the time of the life-ending act, the judge will be in no position to determine whether at the time of death the patient was giving a free and informed consent. Furthermore, in light of the nature of death, no judge or appellate body will be in a position to sit in judgment on the question after the fact.

36. In addition, in many cases, there is much doubt about the voluntariness of decisions to seek physician assisted suicide. The decisions:

(a) will be made by an ill and medicated patient where competence and voluntariness will not be certain;[40]

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[36] *Rodriguez* at para. 75, CLFA Tab 9.
[37] *Sharpe* at para. 89, CLFA Tab 5.
[38] *Canada (AG) v JTI-Macdonald Corp.*, [2007] 2 S.C.R 610 at para. 43, CLFA Tab 1; *Polygamy Reference* at para. 1342, CLFA Tab 8.
[39] TJ at paras. 481-86 & 655-66 (JR, Vol 1, pp. 146-47; 190-91); Keown Affidavit generally and at paras. 16-18 (JR, Vol. 35, pp. 9376-78); Baroness Finlay Affidavit #1 generally (JR, Vol. 36, p. 9652).
[40] TJ at paras. 762-784 (JR, Vol. 2, pp. 17-23).

(b) may be affected by pressures, subtle or otherwise, on disabled persons who feel that they are burdens to society and to family;[41]

(c) will often be made without the patient's full knowledge of all alternatives and options or the benefit of experiencing the alternatives and options;[42]

(d) are often not persistent, as people change their mind, especially when the consequence of the decision is fatal.[43]

37. To act upon the decision of patients under these circumstances in service of the principle of autonomy would be, to borrow phrasing from McLachlin C.J., "a particularly impoverished understanding of their rights and civil liberties."[44]

38. From 1928 to 1971, the Government of Alberta authorized the consensual sterilization of "feeble-minded" individuals institutionalized in mental health facilities in Alberta. Subsequent studies concluded that the so-called "consents" to sterilization obtained by mental health professionals were not free and informed. One study of that era concludes with this observation:

> How many of the women consented because mental health professionals were able to convince them that they were in fact "incapable of intelligent parenthood" and would be doing society and the race a favour by consenting? In such instances, the line between voluntary and involuntary consent is blurred, as is the line between sterilization and eugenics. [45]

39. Finally, one must ask whether it is wise for the courts to tamper with a health system that is addressing end of life issues when, as noted by this Court in *Cuthbertson v. Rasouli* (2013), it is doing so effectively.[46]

40. One of the reasons for the bright line in favour of life is found in *Rasouli*, where the Court of Appeal of Ontario noted that Sunnybrook Health Sciences Centre "argued before the application judge that if the withdrawal of life support is included in the definition of treatment under the Act, individuals who have no chance of recovering would nevertheless have to be kept

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[41]TJ at paras. 799-815 (JR, Vol. 2, pp. 26-30).
[42] TJ at paras. 816-831 (AR, Vol. 2, pp. 30-33).
[43] TJ at paras. 832-843 (AR, Vol. 2, pp. 34-36).
[44]The Right Honourable Beverley McLachlin P.C., 'Medicine and the Law: the Challenges of Mental Illness', (2006) 2 High Court Quarterly Review 86, at p. 101, CLFA Tab 13.
[45]Jana Grekul, "Sterilization in Alberta, 1928 to 1972: Gender Matters" (2008) 45:3 Can. Rev. of Sociology at 247, CLFA Tab 10.
[46]*Cuthbertson v. Rasouli*, [2013] 3 SCR 341, paras. 101 – 103, CLFA Tab 2.

alive for extended periods of time if consent to end life was not forthcoming and this would impact severely on the limited resources of its intensive care unit."[47] Canadians should not be put in a position of thinking it is their civic duty to die to allow the "limited resources" of an "intensive care unit" to be allocated to another person.

PART IV - CONCLUSION

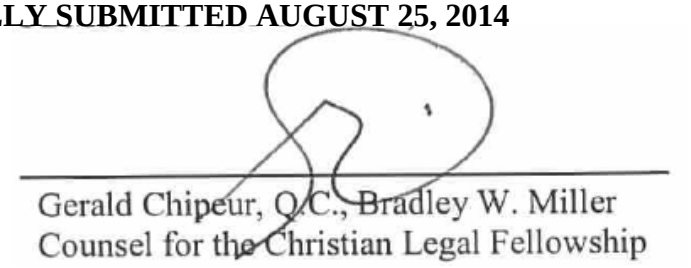
41. Death is not a medical procedure to which one may consent and in which the courts may safely intervene. One may no more consent to a contract of death authorized by government, than consent to a contract of slavery authorized by government. Both authorizations offend every value found within s. 7 of the *Charter*. For this reason, the courts should resist the invitation to authorize a lethal injection administered or sanctioned by governments.

42. The principle governing requests that the courts take responsibility for and authorize death is best summarized by LaForest J. in *Re Eve*:

> Here, it is well to recall Lord Eldon's admonition ... that "it has always been the principle of this Court not to risk the incurring of damage to children which it cannot repair, but rather to prevent the damage being done." Though this comment was addressed to children who were the subject matter of the application, it aptly describes the attitude that should always be present in exercising a right on behalf of a person who is unable to do so.[48]

43. In exercising the power to make a life and death decision, a court would do well to "not risk … damage … it cannot repair." This is the oath every physician takes. The Supreme Court of Canada says that it applies equally to judges. In the words of Justice La Forest, "the choice is one the courts cannot safely exercise."[49]

ALL OF WHICH IS RESPECTFULLY SUBMITTED AUGUST 25, 2014



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[47] *Rasouli* v. *Sunnybrook Health Sciences Centre*, 2011 ONCA 482, para. 31, CLFA Tab 7.
[48] *Re Eve*, [1986] 2 S.C.R. 388 at para. 79 [***Eve***], CLFA Tab 6.
[49] *Eve* at para. 99, CLFA Tab 6.

PART VI - TABLE OF AUTHORITIES

CASELAW

No.	Cases	PARA.
1.	*Canada (AG) v. JTI-Macdonald Corp.*, [2007] 2 S.C.R. 610, 2007 SCC 30.	34
2.	*Cuthbertson v. Rasouli*, [2013] 3 SCR 341	39, 40
3.	*Granovsky v. Canada (Minister of Employment and Immigration)*, [2000] 1 S.C.R. 703.	3, 31
4.	*R. v. Butler*, [1992] 1 S.C.R. 452.	12
5.	*R. v. Sharpe*, [2001] 1 S.C.R. 45, 2001 SCC 2.	13, 15, 33
6.	*Re Eve*, [1986] 2 S.C.R. 388.	42
7.	*Rasouli v. Sunnybrook Health Sciences Centre*, 2011 ONCA 482.	40
8.	*Reference re: Section 293 of the Criminal Code of Canada*, 2011 BCSC 1588.	15
9.	*Rodriguez v. British Columbia (Attorney General)*, [1993] 3 S.C.R. 519, 1993 CarswellBC 228 (WL Can).	5, 7-8, 10, 20-21, 26-27, 32

OTHER REFERENCES

No.	Other	PARA.
10.	Jana Grekul, Sterilization in Alberta, 1982 to 1972: Gender Matters: (2008) 45:3 Can. Rev. of Sociology.	38
11.	John Keown, *'A Right To Voluntary Euthanasia? Confusion In Canada In Carter'* 28 Notre Dame Journal of Law, Ethics & Public Policy (2014)	5, 23
12.	John Keown, *'The Law and Ethics of Medicine: essay on the inviolability of human life* (OUP 2012)	6
13.	The Right Honourable Beverley McLachlin P.C., 'Medicine and the Law: the Challenges of Mental Illness', (2006) 2 High Court Quarterly Review 86.	37

PART VII – STATUTORY PROVISIONS

Charter of Rights and Freedoms, s. 1, 7, 15(1)

1. The *Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.

7. Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

15. (1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

1. La *Charte canadienne des droits et libertés* garantit les droits et libertés qui y sont énoncés. Ils ne peuvent être restreints que par une règle de droit, dans des limites qui soient raisonnables et dont la justification puisse se démontrer dans le cadre d'une société libre et démocratique.

7. Chacun a droit à la vie, à la liberté et à la sécurité de sa personne; il ne peut être porté atteinte à ce droit qu'en conformité avec les principes de justice fondamentale.

15. (1) La loi ne fait acception de personne et s'applique également à tous, et tous ont droit à la même protection et au même bénéfice de la loi, indépendamment de toute discrimination, notamment des discriminations fondées sur la race, l'origine nationale ou ethnique, la couleur, la religion, le sexe, l'âge ou les déficiences mentales ou physiques.