SCC No.: 35591

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

FACTUM OF THE INTERVENERS, EUTHANASIA PREVENTION COALITION AND EUTHANASIA PREVENTION COALITION – BRITISH COLUMBIA

(Pursuant to Rule 42 of the *Rules of the Supreme Court of Canada*)

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PART I: STATEMENT OF FACTS - OVERVIEW

1. The Euthanasia Prevention Coalition is a coalition of healthcare workers, people with disabilities, seniors and members of different faith communities. Their mandate is to preserve and enforce social, legal and medical safeguards prohibiting assisted suicide and euthanasia and to promote compassionate healthcare respectful of the lives, dignity and autonomy of vulnerable people. They have intervened by way of written and oral submissions in both Courts below in this case and have advocated through Parliament to maintain an absolute prohibition of assisted suicide and to improve palliative and end of life healthcare.

2. Constitutional recognition of a right to assist others to commit suicide would diminish the real autonomy of people with disabilities, seniors and other vulnerable people at risk by empowering doctors to end the lives of patients at a most vulnerable time of their life.

3. The prohibitions against counselling or assisting in suicide are protective rather than discriminatory, and are particularly protective as they apply to people with disabilities. The claim for a right to choose suicide under medical oversight is not an equality claim.

4. In nearly every jurisdiction in the world, an absolute prohibition of assisted suicide remains the norm. Like the Supreme Court of Canada, foreign Courts have either upheld the constitutionality and lawfulness of an absolute prohibition against assisted suicide, or have concluded that there is no constitutional right to die and that any change to this fundamental law is properly the jurisdiction of Parliament and not the Courts.[1]

5. There is no reliable evidence of the adequacy of the safeguards set out by the Trial Court. What evidence from permissive jurisdictions that exists is troubling rather than reassuring.

6. Intentional killing of patients by doctors and assisted suicide are not healthcare and there is no legal or factual reason to depart from this Court's finding in *Rodriguez* in respect of Parliament's authority to regulate this conduct, including by way of absolute prohibition.

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[1] *Nicklinson v. Ministry of Justice* [2013] EWCA Civ 961 (DIV) ("Nicklinson") at paras 55-59, 121-122, 154-155; *Nicklinson v. Ministry of Justice* [2012] EWHC 2381 (Admin) at paras 121-122 & 148; *Fleming v. Ireland* [2013] IESC 19 (Supreme Court of Ireland) ("Fleming") at paras 99-108, 137; *Washington v. Glucksberg*, 521 U.S. 702 ("*Washington*") at pg. 710 – 711, 719, 720, 735-736; *Rodriguez v. British Columbia (Attorney General)* [1993] 3 S.C.R. 519 (*"Rodriguez")* at paras 188-189; *Blick v. Connecticut*, 2010 Conn. Super. LEXIS 1412 (QL) at pg 14; *Pretty v. United Kingdom*, Case No. 2346/02 [2002] III ECHR 1 (BAILII) ("Pretty") at paras 74, 88-89

PART II – ISSUES

7. A critical question arising from these claims is whether s. 241(1)(b) of the Criminal Code is discriminatory against any individual or group on the ground of their disability. On a proper analysis the legislation is fundamentally protective and not discriminatory.

8. Properly viewed, the available evidence from permissive jurisdictions suggests that in operation safeguards are often ignored in the circumstances of particularly vulnerable people such as the elderly, the incompetent and those whose care requires ongoing hospitalization.

PART III- ARGUMENT

A. Assisted Suicide Undermines Dignity and Autonomy

9. Providing medical assistance for people with disabilities to commit suicide is fundamentally inconsistent with the principles of autonomy and choice and undermines the dignity and value of their lives at their most vulnerable point.[2]

> There is cold comfort in the offer of death as a response to suffering and indignity from a society that overwhelmingly considers disabled lives to be dominated by suffering and indignity.[3]

10. People with disabilities have historically relied upon principles of autonomy and self-determination to fight devaluing stereotypes and prejudices and to combat life-limiting policies of forced sterilization, eugenics and medical experimentation and as the basis for socially inclusive claims to accessible housing, healthcare, employment, transportation and community living. The Appellants seek to rely upon the principle of autonomy to create a constitutional right to commit suicide for some without regard to the harmful consequences to society addressed by an absolute prohibition.

11. Parliament has made a clear policy choice in favour of an absolute prohibition which it believes is essential to meet its legislative objective. Parliament has actively considered these issues over the past 40 years including when it overwhelmingly defeated Bill C-384 in 2010 and reaffirmed the significance of s.241(1)(b) in Motion 388, unanimously passed in 2009. Most recently Bill C-300, an *Act Respecting a Federal Framework for Suicide Prevention* was proclaimed in force on December 14, 2012. The Appellants' assertion of an argument based on

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[2] Affidavit of Catherine Frazee sworn October 11, 2011 ("Frazee") at paras 42, 45, 44, J.A.B., Vol. XLIV, p. 12110
[3] Frazee at para. 45, J.A.B., Vol. XLIV, p. 12110

substantive equality represents a contrary policy choice masquerading as a claim to equality.

12. A finding of substantive inequality relative to an absolute prohibition against assisted suicide improperly assumes a constitutional right to commit suicide and creates a class of people for whom death is perceived as not only acceptable but desirable based on subjective quality of life assessments.

13. This approach undermines the collective autonomy of, and ignores the vital interdependence of, people with disabilities and seniors in society and puts them at further risk of harm and devaluation as a group.

B. Equality Concerns: Ending discrimination based on disability

14. The equality analysis advanced by the Appellants and accepted by the trial judge fundamentally inverts the characteristic concern of the *Charter* for the protection of the vulnerable by invoking an equality analysis to advance a claim that is fundamentally anchored in a demand for a choice of doctor-assisted suicide or euthanasia. This is not a claim arising from discriminatory treatment by the law but a complaint about the absence of a choice-based exemption which Parliament has rejected. The application of equality concepts to these circumstances risks sowing incoherence into the equality jurisprudence.

15. The law necessarily puts in place an absolute prohibition against assisted suicide in order to meet the legislative purpose to protect all members of society from being directly killed or assisted in suicide by another. Implementation of some halfway measure would fundamentally undermine rather than promote Parliament's objective. This Court endorsed that fundamental policy choice as constitutional in *Rodriguez*.[4]

16. The Court has established a two step analysis which requires an applicant to show not only that he or she is not receiving equal treatment before and under the law, or that the law has a differential impact on them in the protection or benefit accorded by law, but in addition must show that the legislative impact of the law is discriminatory.[5]

17. The analysis is contextual and grounded in the actual situation of the group and the potential of the impugned law to worsen their situation.[6]

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[4] *Rodriguez* at paras. 187-190; see also *Pretty* at paras 88-89
[5] *Withler v. Canada (Attorney General)*, 2011 SCC 12 ("*Withler*") at paras 31 & 35
[6] *Withler* at paras 37 & 39

18. In this case, s.241(1)(b) does not draw a distinction based on disability or any other enumerated or analogous ground. The law puts in place a prohibition against assisted suicide in part to avoid risk of harm to the vulnerable and to promote respect for all lives.

19. Some persons will have their ability to commit suicide through active means impaired at some point in the progress of their illness or disability. However, such a distinction does not render an otherwise neutral legal prohibition discriminatory as the prohibition is not the cause of any adverse treatment of people with disabilities, including those qualifying for assisted suicide within the terms set out by the trial judge.

20. The terms of the declaratory relief do not define a group of disabled persons by particular reference to their disability but primarily concern the circumstances of permissible assisted suicide. These circumstances include a future disability ("soon to become so"), and advancing disability ("weakening capacity"), but the reference to disability is to define the circumstances of permissible assisted suicide and not primarily a group of people discriminated against on the basis of disability.[7] The nature of the debate about distinctions within safeguards discloses the absence of any coherent category of persons discriminated against by the absolute prohibition. Degree of disability is frequently relied upon in safeguards that define the scope of permissible assisted suicide, i.e. "depression", "terminal illness", "unbearable suffering" and "mental capacity".

21. The trial judge recognised that both the treatment and the Appellants' circumstances did not fit within a history of disadvantage or stereotyping, especially since they were directed at those who might be recently disabled and primarily concerned with the advance of their disability.[8]

22. The question of euthanasia and related end of life practices has formed part of the history of discrimination towards people with disabilities. The history of euthanasia practices remains in its relative infancy and evidence as to their efficacy is highly controversial and less than reassuring.[9]

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[7] *Granovsky v. Canada (Minister of Employment and Immigration)*, 2000 SCC 28 (SCC) ("*Granovsky*") at paras 65-70 &79

[8] *Carter v. Canada (Attorney General)*, 2012 BCSC 886 ("Reasons") at para. 1102, A.R. Vol. III, pp. 420-421

[9] Frazee at paras 21- 25, 38-40, 47, 51, 56-57, 65-66 at J.A.B., Vol. XLIV, p. 12105-06, 12109-12; Exhibit G: Legalizing Physician-Assisted Death: Can Safeguards Protect The Interests of Vulnerable Persons at p. 84 at J.A.B., Vol. XLIV, p. 12185

23. The relevant historical analysis discloses the impugned legislation is not primarily about disability at all, but rather about the common prohibitions against taking or assisting to take human life. In so far as it affects persons affected by some circumstances of disability differently, it does so by not prescribing exceptions to the prohibition. That is not an exercise in equality but in defining impermissible types of participation in the death of another person and ensuring protection of those who are most vulnerable and deserving of the protections of s. 15. The trial judge's reasons in this respect are inconsistent with the fact that those historically discriminated against are not beneficiaries of the declaratory relief under s. 15. Those who would be subject to the declaratory relief are members of a sub-group of physically disabled people who have not been subject to historical discrimination and mistreatment.[10]

24. Viewed through the lens of the historical mistreatment of people with disabilities, the removal of the prohibition against assisted suicide would reinforce and perpetuate this disadvantage and stereotyping, increasing the risk of harm rather than supporting the substantive equality sought to be preserved and promoted by s. 15.

25. The legislation makes no facial distinction on the basis of disability or any other circumstance. A law that treats all persons equally on its face, and acts with particular force to protect those disabled from social or individual forces that would influence them to end their lives is protective and not discriminatory.

26. The law does not rest on an assumption that people with disabilities are less capable of making autonomous choices than persons without disabilities. The law is based on the understanding that all people who are considering suicide are vulnerable and in need of protection from the interventions of others who seek to assist rather than prevent their suicide.[11] The legislation does not have a differential effect because of a misfit between its goals and those protected by it, but rather because of the circumstances in which decisions are made, or capable of being acted on, by a particular group of ill and disabled persons anticipating or experiencing a certain loss of control.

27. There are a small number of disabled persons who may believe they have a "clear" and rational, unforced decision to take their own lives and wish to do so because of the advance of their illness or disability, but who choose not to take that action without assistance. Some of

[10] *Granovsky* at paras 65-70, 79
[11] Reasons at para. 1156

those will be in need of protection. The protection of all however does not raise a case of discrimination, particularly where an exemption would impose undue risks on the balance of the group of people with disability.[12]

28. The trial judge's conclusion demonstrates that this claim is not about equality or discrimination but whether there is a constitutional right to an exemption to facilitate suicide in particular circumstances and at a particular time when an individual wishes to have their life end but does not wish to act on that decision without assistance. This claim and the proper legal response must be framed within the context of a claim to a policy choice expressly rejected by Parliament for the public good rather than squeezed into an equality analysis.[13]

C. Safeguards Cannot Protect the Most Vulnerable

29. In those jurisdictions where assisted suicide has been legalized, the safeguards that have been put in place are illusory and have resulted in significant abuses and inevitable loosening.[14] The trial Court erred in finding that these risks of loosening safeguards and abuses could be addressed by a rigorously enforced Canadian regulatory regime. There is no evidence to support this conclusion.

30. The evidence demonstrates clear difficulties with respect to doctors not obtaining consent, not reporting, and not obtaining independent second opinions or making required referrals as required by law.[15] The Court disregarded these concerns based on the assumption that Canadian doctors could overcome the same biases that have resulted in safeguards being ineffective to prevent abuses elsewhere.[16]

31. The decision of the Irish High Court in *Fleming v. Ireland* considered, criticized and rejected the key evidence relied upon by the trial judge in this case to reach her conclusions and came to a completely different view of the facts; with the benefit of evidence filling the material gaps of evidence put before the Court in this case owing to expedited timelines.[17]

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[12] *Rodriguez* at paras 188-189; *Washington* at paras 729-736; *Pretty* at paras 74, 88-89

[13] Reasons at para. 1156

[14] Reasons at paras. 483, 505, 510, 546-556, 560, 562-563, 568, 576, 657, 672

[15] Affidavit of Luc Deliens sworn August 30, 2011 ("Deliens") at para. 23-25 & 33, J.A.B. Vol. XXI, pp. 4291-4292, 4294

Affidavit of Johannes JM Van Delden sworn August 31, 2011 ("Delden") at paras 22, 23 & 26, J.A.B. Vol. XVIII, pp. 3518-3520.

[16] Reasons at para 481-484, 492, 554-569, 576-577, 649, 653 & 658

[17] *Fleming v. Ireland*, [2013] IEHC 2 (High Court of Ireland) at paras. 88-105

32. The evidence of Professor Montero filed by AG Canada on this appeal demonstrates that no matter how rigorous a regulatory regime may be designed, the limits inevitably fall away.[18]

33. Procedural problems in Belgium and lack of procedural protection in Oregon, such as the lack of a witness at the death, serve as a recipe for abuse and make it nearly impossible to ensure informed consent or voluntariness at the time of death. Given the unpredictably transitory nature of suicide requests, and the role that third parties can play in the decision-making process, these are matters of serious and life-threatening concern.[19]

34. Data from the Flanders Region of Belgium suggests that 32% of euthanasia deaths were done without explicit request in 2007. Most people who die without explicit request in Belgium are not competent. Where the decision has not been discussed with the patient, the physician specified as their reason(s) that the patient was comatose (70.1% of the cases) or had dementia (21.1% of the cases).[20] Euthanasia without explicit request was only discussed with patients in 22.1% of cases in Belgium.

35. Those who died by euthanasia without request represented a demographic group that primarily included patients who were 80 years of age or more (52.7%), those without cancer (67.5%) and those who died in hospital (67.1%). They received shorter treatment. Family burden and desire not to prolong life were reported as the primary reasons for ending their lives.[21] The most staggering fact remains that after 9 years of legalized euthanasia in the Netherlands, 23% of deaths continue to go unreported and up to 47% go unreported in Belgium. Many of those deaths are without explicit request although the number is diminishing. Enforcement of these violations is almost non-existent.

36. This evidence supports the concern that in the absence of absolute prohibition, it becomes easier in operation to justify life-ending practices including death without request, non-reporting, death to patients with dementia, Alzheimer's and significant psychiatric difficulties:

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[18] Affidavit of Professor Etienne Montero, sworn April 23, 2014 (English translation)("Montero") at paras. 45, 69-70, 78, 93-96, 98 (Respondent's Record ("RR"), Tab 3, pp 41-42, 51-52, 55-57)

[19] Deliens at paras 23-25, 33. J.A.B. Vol XXI, pp. 4291-4292, 4294; Van Delden at paras 22- 26, J.A.B. Vol. XVIII, pp. 3518-3520

[20] Deliens at paras 23 & 33, J.A.B. Vol. XXI, pp. 4291, 4294

[21] Deliens at paras 23-24, J.A.B. Vol. XXI, pp. 4291-4292

some of those most vulnerable to abuse.[22]

37. Although the focus of the Appellants' claims are founded on the importance of freely exercising their desire to control the manner and timing of their deaths, for many with significant disabilities, informed and free consent is not possible. As the objective circumstances of their medical conditions may appear identical to those freely choosing suicide on the basis of a perceived loss of dignity and quality of life, the evidence supports the conclusion that in operation, a permissive regime may well drift from its original focus and in practice treat mandatory safeguards as a nuisance that can be disregarded with impunity. [23]

38. The lack of clear definition and scope of terms like unbearable suffering, terminal illness, capacity and voluntariness render such criteria meaningless as safeguards against abuse and further empower doctors and diminish patient autonomy. Moreover, fallibility of diagnosis and prognosis is commonplace and further undermines the notion that a regulatory regime will prevent significant mistakes and casualties.[24]

39. The evidence demonstrates that euthanasia and assisted suicide happens to depressed patients, patients with early stage dementia or advanced dementia and the elderly who are not experiencing "unbearable suffering".[25] Depression and subjective loss of dignity experienced by people certainly impacts such decisions and it is impossible for depressed patients to be completely separated from others seeking assisted suicide. Assessing capacity and voluntariness accurately is difficult, and often impossible.[26]

40. Marked noncompliance with safeguards in permissive jurisdictions reflects an increased acceptance within the culture of subjective quality of life assessments that impede enforcement

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[22]Expert Report of Harvey Chochinov filed October 5, 2011 ("Chochinov") at para 47, J.A.B. Vol. XXXVI, pp. 6390-6392; Deliens at paras 25, 34, 35, & 38, J.A.B. Vol. XVIII, pp. 4292, 4294-6; Affidavit of Eugene Bereza sworn October 6, 2011 at paras 16-18, J.A.B. Vol. XVIII, p. 7836

[23]Finlay at paras 53-55, J.A.B. Vol. XXXI, pp. 9665-9666; *Pretty* at paras 88-89

[24]Finlay at paras 53-55, J.A.B. Vol. XXXI, pp. 9665-9666; Montero at paras 35, 60-63, 86 (Respondent's Record ("RR"), Tab 3, pp 41-42, 51-52, 55-57)

[25]Affidavit of Linda Ganzini sworn August 24, 2011 at Exhibit Y: Article "Prevalence of Depression and Anxiety in Patients Requesting Physicians' Aid in Dying: Cross Sectional Survey" dated October 8, 2008, J.A.B. Vol. XV, pp. 2411-2415

[26]Affidavit of Charles Bentz sworn September 29, 2011 at paras. 8-16, J.A.B. Vol. XXXVI, pp. 9559-9561; Chochinov at para. 19, 38 & 39, J.A.B. Vol. XXXVI, pp. 6379, 6387; Finlay at para. 14, 17, 19, 22-23 & 46-47, J.A.B. Vol. XXXVI, pp. 9655-9658, 9664; Montero at 35, 60-63, 86 (Respondent's Record ("RR"), Tab 3, pp 41-42, 51-52, 55-57)

of the law against those who clearly contravene its terms.[27]

41. Once the absolute prohibition is removed and death for certain individuals is considered an appropriate and desirable benefit of the law, there is no logical justification for not extending that benefit to others who wish to assert their own autonomy interest.[28]

D. Respect for Stare Decisis and Parliamentary Sovereignty

42. This Court in *Rodriguez* found that there was no halfway measure that could address the legitimate Parliamentary objectives which the Criminal Code prohibition is intended to address. It further found that the challenged prohibition is constitutional and necessary to meet Parliament's objectives, and that it conformed with the Charter.[29]

43. In assessing the constitutionality of legislation, deference must be afforded to Parliament's policy choices.[30] Justice Gonthier explained that a Court should not interfere with legislation merely because a judge might have chosen a different means of accomplishing the objective if he or she had been a legislator.[31]

44. The Courts are ill-equipped to consider and address all of the broader public policy implications arising from a constitutional declaration that invalidates the absolute prohibition against assisted suicide. Such a decision would reflect a clear judicial policy choice to prefer the wishes of the Appellants over Parliament's policy choice and objective.[32]

> As McLachlin J. indicated in Watkins, supra, in a constitutional democracy such as ours, it is the legislature and not the Courts which has the major responsibility for law reforms; and for any changes to the law which may have complex ramifications, however necessary or desirable such changes may be, it should be left to the legislature.[33]

45. A careful reading of *Rodriguez* demonstrates that there is no sufficient legal justification for revisiting that decision. This Court in *Rodriguez* carefully considered not only s.7 and 15 of the Charter, including the "liberty" and "security of the person" interests under s.7 but also

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[27] Affidavit of Penney Lewis sworn August 31, 2011 at para. 37-38, 55 and at Exhibit C Excerpts from "Assisted Dying and Legal Change" at p. 59, 63, 97, J.A.B. Vol. VIII, pp. 2589-2590, 2593, 2657, 2661, 2695
[28] Finlay at paras 17, 31-33, J.A.B. Vol. XXXVI, pp. 9656-9657, 9660
[29] *Rodriguez* at paras 187-190
[30] *R. v. Heywood* (1994) 3SCR 761 ("Haywood") at para 51
[31] *Heywood* at para 51 see also R. v. *Malmo-Levine; R. v. Caine* [2003] S.C.J. No 79 (SCC) at para 133, 139-140, per Binnie and Gonthier JJ
[32] *Blick* at pg. 14; *Nicklinson* at paras 121-122 & 148; *Rodriguez* at paras 188-189
[33] *R. v. Salituro,* 1991 CarswellOnt 124 at para 39

considered the relevant principles of fundamental justice, including arbitrariness, over-inclusiveness, and disproportionality. Respect for life was held to anchor these principles.[34]

46. There is no factual justification for revisiting *Rodriguez.* Unlike in *Bedford*, the evidentiary record is far from clear-cut and uncontested. While there may have been differing opinions on the causes and risks of prostitution in *Bedford,* there was no debate before this Court on the safest form of prostitution – that being practiced from a fixed private location. The record before this Court demonstrates that the merits and problems with euthanasia remain heavily contested and that the evidentiary record is far from clear and uncontested.[35]

47. The core issue remains unchanged and while this matter involves more voluminous materials than *Rodriguez*, there still remain two fundamental differing policy choices. There has been no significant change in the circumstances or the evidence that would fundamentally shift the parameters of the debate. On the contrary, pervasive problems in permissive jurisdictions support Parliament's continued policy choice and the means to meet that objective by way of absolute prohibition as found by this Court in *Rodriguez.*[36]

PART IV: COSTS AND ORDER

48. EPC seeks an order to present 10 minutes of oral argument, seeks no costs and asks that no costs be awarded against it.

August 28, 2014

Hugh R. Scher and Geoffrey Cowper, Q.C.

[34] *Rodriguez* at paras. 58-60, 73-77

[35] *Canada (Attorney General) v. Bedford*, 2013 SCC 72, [2013] 3 SCR 1101 (*Bedford*), paras. 155-156; Don Stuart, "Bedford: Striking Down Prostitution Laws and Revisiting Section 7 Standards to Focus on Arbitrariness",7 CR-ART 52.

[36] *Bedford* at paras. 44 &46; *Vilven v. Air Canada*, 2012 CAF, 209 at paras 46-48

PART V: TABLE OF AUTHORITIES