Brief submitted to the Standing Committee on Justice
Physicians' Alliance against Euthanasia

April 29, 2016

The **Physicians' Alliance against Euthanasia** is a group of doctors who see any law allowing physicians to intentionally end the life of their patients as contrary to the goals of medicine and the good of our patients, especially the most vulnerable and those who cannot speak for themselves. Founded in Quebec in 2012, the Alliance now includes over 750 Canadian physicians, each of whom has signed our ***Declaration***[1], and is supported by more than 14,000 citizens.

We are of course aware that Bill C-14 will legalize "medical assistance in dying" in some form, as is already the case in Quebec. While remaining completely opposed to these acts, we offer our suggestions for amendments to the Bill in an attempt to protect patients, health care environments and the integrity of our profession.

We note that Bill C-14 proposes euthanasia and assisted suicide as exemptions, within certain parameters, from the *Criminal Code* provisions that forbid them, and **not as medical acts or health care**, as the Quebec law purports to do. The Government of Quebec took the extreme measure of redefining medicine to include homicide. No government or court has the authority to redefine a profession as ancient and universal as medicine. Even in jurisdictions where euthanasia or assisted suicide is permitted, they are considered exemptions from criminal liability, not health care. **The international medical community maintains to this day its opposition to these practices**.[2]

Neither can death-provoking acts be considered Charter rights. The Supreme Court of Canada concluded that the Criminal Code prohibitions infringed certain existing rights, for certain individuals and circumstances, but in no way did it create a new Charter right. **Such an exemption does not require the State, the health care system or any doctor to end any person's life**.

Since the vast majority of desires for death are caused by mental illness, suicide prevention through treatment of such illness, and treatment of the self-harm inflicted by suicidal persons, are part of the daily practice of many doctors. Mental illness can and often does coexist with the medical conditions considered to justify euthanasia or assisted suicide in the *Carter* decision and in Bill C-14. This calls us to exercise extreme caution.

Desires for death not related to mental illness can also be addressed by health and social service professionals. They may be caused by feelings of hopelessness, loneliness, fear, grief, shame; lack of access to supports; insufficient palliative care; poverty and unemployment; violence and abuse.[3]

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[1] http://collectifmedecins.org/en/declaration/
[2] "Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical... http://www.wma.net/en/30publications/10policies/e13b/
[3] http://www.vps-npv.ca/readthestandard

Since euthanasia and assisted suicide are neither health care nor Charter rights, and are often sought because of circumstances that can be alleviated with proper intervention, **we fail to understand the concerns about access to death** that are being expressed in the public debate surrounding the *Carter* decision and the impending law.

Elderly and chronically and terminally ill Canadians do not need access to death. They need access to care: medical treatment, home care, care by family members or residential care. Try coming to the emergency room and being seen before you're exhausted and dehydrated. Try getting a family doctor. Long-term care is hopelessly backed up. Couldn't we focus on truly developing a national palliative care program? On expanding home care? On supporting families to care for sick and aging relatives? On innovative residential care?

To accept death as a solution to suffering is an **admission of defeat** before the difficult task of caring for all Canadians. In a recent letter to the Canadian Family Physician[4], a doctor living with amyotrophic lateral sclerosis (ALS, the disease Gloria Taylor had) explains that he can choose life because he has the financial resources necessary and a loving family. He promotes the option of physician-assisted suicide for those who are not so lucky. Is that the choice we want for Canadians: **life for the rich and well-surrounded, death for the poor and isolated?**

T**o facilitate access to death, while remaining unable to provide the care our citizens need, is irresponsible to say the least** and is **unworthy** of a progressive and prosperous country such as ours. We appreciate the Government's commitment to developing *non-legislative measures that would support the improvement of a full range of options for end-of-life care* (Preamble). This will have to be implemented at a truly high speed if we want the choice of life to be as available as death will soon be.

If you wish to show a true commitment to life for Canadians, this bill must contain protections for patients who are at risk of constraint to choose death for any of the reasons we have discussed. Limit access to "medical assistance in dying" to people with an illness, not a disease or disability. Limit it to those who are **in the last stages of a terminal illness**. Remove the protections for those who only **thought** the patient was eligible for death; these protect those causing patients' deaths (health care workers or family members) and endanger patients. Require prior authorization by a Court; otherwise none of the supposed safeguards will have any value, as patients can and will doctor-shop until they find two willing physicians.

While some Canadian doctors and health care institutions are willing to cause patients' deaths, most are not[5], not out of selfish concerns, as some have suggested, but out of concern for our patients. **There is no justification for imposing any duty to implement this political decision**, which is foreign to our profession, **on medicine as a whole or on any individual practitioner or institution.** Attempts to do so are already being seen, both in Quebec[6] and in Ontario[7].

Quebec was a pioneer in bringing palliative care to North America. Since euthanasia was legalized in Quebec four months ago, one excellent palliative care physician has compared her daily life to "living in a war zone". Another retired early, the day the law came into effect. Highly skilled doctors and nurses, who have given years and decades to the care of dying patients, are suffering burn-out, taking sick leave and

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[4] http://www.cfp.ca/content/62/2/115.full?sid=8bb229d0-50fd-4859-b4ac-17b6af5cce5c

[5] http://www.physiciansforlife.org/many-canadian-doctors-will-not-provide-assisted-dying-assisted-suicide/

[6] An Act Respecting End of Life Care, s. 31: http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/S_32_0001/S32_0001_A.html

[7] College of Physicians and Surgeons of Ontario: http://www.cpso.on.ca/policies-publications/policy/professional-obligations-and-human-rights

being driven from the field by confrontations over a supposed “right” to be killed.[8] By threats of losing funding if they insist on caring for people rather than killing them.[9] Patients are refusing treatment for their symptoms because of their fear of receiving “the injection” without having asked for it.[10]

In summary, our recommendations to render Bill C-14 safer for patients, for health care environments (safe spaces for patients) and for the integrity of our profession, are:

1. Maintain the characterization of euthanasia and assisted suicide as exemptions from the Criminal Code and not as health care;
2. Maintain the prohibition of euthanasia or assisted suicide for minors, for those suffering from psychiatric illness and by advance request (Preamble); limit it to those with an illness, not a disease or disability, ref. s. 241.2(2)(a);
3. Replace the term “reasonably foreseeable” death, ref. s. 241.2(2)(d), with “imminent death”;
4. Remove the “good faith” provisions in sections 227 (3) and 241 (6);
5. Require that the patient receive a careful exploration of the causes of his or her suffering as well as of any inducements to choose death that may arise from non-medical conditions and circumstances[11], and that measures be taken to address these sources of suffering before accepting a request for death;
6. Require prior authorization from a Superior Court judge, who, after having reviewed the evidence (cf. no. 5), can conclude whether the patient meets the criteria to receive “assisted dying”;
7. Include in the law a prohibition against requiring any health professional to cause the death of a patient or to refer a patient to another person to obtain their death, even through a third party, and against requiring any health care institution to euthanize patients under their care or to assist in their suicide.

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[8] http://collectifmedecins.org/en/assisted-death-in-5-minutes/
[9] http://www.ledevoir.com/non-classe/449169/aide-medicale-a-mourir-me-menard-appelle-barrette-a-briser-la-resistance-des-maisons-de-soins-palliatifs
[10] http://www.cpac.ca/fr/programs/a-la-une/episodes/47423720/
[11] http://www.vps-npv.ca/readthestandard