

Need for Mandatory Reporting of Medical Assistance in Dying to Coroner or Medical Examiner

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1. Every Canadian province and territory has an office either of the coroner, or the medical examiner (in AB, MB, NS, NL).
2. The purpose of these offices is to determine and to report accurately the cause and manner (or circumstances) of death in all non-natural deaths and some natural deaths.
3. The goals of these offices are to report deaths accurately and to investigate and monitor death for the purposes of protection, prosecution, prevention, health promotion and health planning.
4. Provincial and territorial legislation stipulates that certain deaths **MUST** be reported to the coroner and medical examiner. When a death is reportable, only the coroner or medical examiner may determine cause and manner of death and complete the medical certificate of death.
5. Medical assistance in dying is a new manner of non-natural death. But the cause of death (toxicity or ‘poisoning’) is already reportable in most jurisdictions. In other words, medical assistance in dying must be reported in most jurisdictions.
6. The ethical reasons for ensuring that ALL jurisdictions make these deaths reportable are at least these:
 - a. Given that prescribing or injecting a lethal dose of medication puts significant power in the hands of a physician or nurse practitioner (albeit to be agreed upon a physician or nurse practitioner), it is appropriate that a state official (the coroner or medical examiner) complete the medical certificate of death to oversee the practice.
 - b. Without the expert eyes of the coroner or medical examiner overseeing accurate death reporting and recording, it will be difficult to determine when a person wrongly uses medical assistance in dying to mask homicide. Murder has occurred where a physician has injected lethal medication into patients. (Harold Shipman of the UK killed over 220 people.) The [Inquiry](#) into the Shipman murders stated:

“we do not know that Shipman is unique. We know that he has killed more people than any other serial killer yet identified, but we do not know how many other doctors have killed one or more patients. Some such killings have come to light; others may remain hidden. If Shipman was able to kill

for almost 24 years before he was discovered, who can say with confidence that there are not other doctors, still unknown, who have killed in the past? Who can say that there will be none in the future?"

- c. Given that public concern has risen about protecting the vulnerable from unwanted death, it is appropriate that the state's only death experts - coroners and medical examiners – should oversee the practice.
- d. The public, health planners, policy experts and researchers need and desire reliable data about who seeks physician assisted dying and under what circumstances. To create such data, physician-assisted deaths must be recorded accurately by death experts.

7. The legal reasons for ensuring that ALL jurisdictions make medical assistance in dying reportable are at least these:

- a. The Supreme Court of Canada agreed with the trial court that

“the risks inherent in permitting physician-assisted death can be identified and very substantially minimized through a carefully-designed system imposing stringent limits that are scrupulously monitored and enforced.”

The Court held that government legislation must be consistent with the constitutional parameters set out in the Court's reasons. As the Court recognized, the stringent limits in the system must be “scrupulously monitored and enforced”. Scrupulous monitoring is therefore a prerequisite.

- b. Scrupulous monitoring is the highest standard of death monitoring. Only death experts should be employed to achieve the highest standard of monitoring.
- c. The Supreme Court of Canada did not exempt this new manner of non-natural death from the ordinary, existing and desirable state death oversight practices.