

May 1 2016

Mike MacPherson
Committee Clerk
Standing Committee on Justice and Human Rights
House of Commons
131, Queen Street, 6-07
Ottawa, Ontario K1A 0A6

Dear, Members of the Standing Committee on Justice and Human Rights

I would like to thank the committee for allowing me to submit this brief. I would like to congratulate the Hon. Jody Wilson-Raybould Minister of Justice and Attorney General of Canada on crafting Bill C-14. that has stayed consistent with the supreme court ruling in regards to Carter. By being cautious in the introduction of physician hastened death to Canada it still addresses what Canadian's chiefly fear that their death will be one of unrelieved pain and suffering

The Supreme court also felt that as Canadian's we could develop extensive substantive safeguards that protected the vulnerable person more than had been done in other jurisdiction's. I have practiced family medicine for the last 34 years and have been a palliative care consultant for the last 26. During this time I've been privileged to care for very vulnerable patient's as they have come to the end of their lives due to serious medical illnesses. They have relied on my expertise, my clinical judgment, and my advice to them as they have passed through this phase of their life. What has become very apparent to me is they're extreme vulnerability to suggestions for care. It has been concerning to me that many of my physically disabled/handicapped patients as they passed through the emergency room and the Hospital system are subjected to assumptions about the quality of their life. They are pressured to accept DO NOT RESUSCITATE orders because it is assumed that the quality of their life in a wheelchair is not acceptable. Should they be severely ill that they would not want to be resuscitated.. My patients experience of this predates the supreme court's decision in regards to Carter. In other jurisdiction's where physician hasten death has been part of the culture for a significant length of time these assumptions have become more strongly entrenched with the expectation that the disable and handicapped would want physician hastened death more than others with a life limiting illness.

In palliative medicine we are well aware that many of the physicians in Canada do not have the skill to adequately manage the complex symptoms at the end of life. This can lead to medically assisted death becoming the default because of poor symptom control.

With the option of physician hastened death becoming part of the Canadian landscape as of June 6, 2016 It is imperative that the new law contain strong safeguards. Bill C 14 could be strengthened in this by adoption of recommendations made by " The Vulnerable Persons Standard" www.vps-npv.ca I would recommend that the following 2 changes in the text of the bill.

1. "It will be required that all persons requesting medical assistance in dying undergo a "vulnerability assessment" that requires exploration and comprehensive documentation of all the sources of the patients suffering including social determinates and the person will be made aware of the full range of available treatments and supports that could ease their suffering whatever its source. "

Rationale

In palliative care we have universally recognized that good care and assessment cannot be provided by one or two physicians but requires a multidisciplinary team so that the full extent of the patients suffering can be explored and addressed in a holistic fashion . The person

who is requesting assistance in dying is entitled to no less of a comprehensive assessment to assure that all concerns have been addressed and that the patient is making a truly voluntary request without external or internal coercion.

2." An arms length judicial review prior to the administration of Medical Assistance in Dying be undertaken for each case "

Rationale:

- a. Would assure compliance with the requirements of the law, and protection of the vulnerable for a procedure in which there is ultimate finality and no second chance.
- b. The assumption that Assisted death will be the exception rather than the norm therefore a judicial review would not be onerous or delay access.

Thank You for your consideration

Yours Truly

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