

To Whom It May Concern:

As a member of the public, who also happens to be a physician, I would like to provide feedback regarding the proposed legislation Bill C-14 (An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)).

Despite eligibility criteria being key to the issue, definitions are glossed over in the legislation. 241.2(1)(d) states that the request “in particular, was not made as a result of external pressure”. It does not define external pressures – this could in theory be so broad as to include financial concerns or the inadequacy of home care, long term care, or palliative care, or as limited to be direct encouragement from another individual. This would benefit from clarification within the legislation.

Similarly, 241.2(2)(d) states that “their natural death has become reasonably foreseeable [...] without a prognosis necessarily having been made as to the specific length of time that they have remaining.” As no one lives forever, death is nominally foreseeable for everyone – the current phrasing provides no criteria from which to work. While I understand the desire to allow for health care provider discretion and flexibility, I believe clearer guidance should be given in the legislation, rather than leaving a critical issue such as eligibility to post-legislation committees with less oversight.

241.31 (1) states that, unless otherwise exempted, health care practitioners who received requests for medical assistance in dying “must [...] provide the information required by those regulations to the recipient designated in those regulations or [...] the Minister of Health.” (241.31 states similarly for pharmacists.) Section (3) seems to suggest that this is exclusively for statistical and information purposes. However, it could potentially be interpreted as a duty to refer for objecting health care professionals. This section would benefit from a clear statement either confirming or refuting whether it is intended to create a duty to refer.

Thank you for considering these concerns.

Yours truly,

Davina Lansing, MD, CCFP