

**Submissions to the Standing Committee on Justice and Human Rights on Bill C-14:
An Act to amend the Criminal Code and to make related amendments to other Acts
(medical assistance in dying)**

By

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1. INTRODUCTION

With a vision to be a model of excellence in culturally appropriate seniors' care, Yee Hong Centre for Geriatric Care, a non-profit organization, provides a continuum of care to Chinese Canadian and other seniors in the Greater Toronto Area. Our services include a wide range of community support services such as active senior programs, congregate dining, day programs, supportive housing, senior housing and 805-bed long term care services to enable seniors to live their lives to the fullest-healthy, independent and dignified. Every year, Yee Hong serves over 15,000 seniors and caregivers across the GTA.

In 2012, Yee Hong Centre received Accreditation with Exemplary Standing-the highest honour and recognition awarded by Accreditation Canada. This has been the sixth consecutive time that Yee Hong received full accreditation since it began operation in 1994. Yee Hong is recognized as a provider of choice for culturally appropriate care for Chinese Canadian seniors not only in Ontario but also in other parts of the world. Through the years, government and non-governmental organizations, entrepreneurs and corporations have visited Yee Hong from around the world including China and Hong Kong to learn from and to explore partnerships with Yee Hong.

Yee Hong Centre thanks the Standing Committee for granting it the opportunity to comment on Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying).

2. YEE HONG'S PERSPECTIVES ON MEDICAL ASSISTANCE IN DYING

Yee Hong's perspectives on medical assistance in dying are derived from engagement, consultations and discussions led by the Board of Directors with interprofessional team of staff and physicians with the help of Dr. Michael Gordon, a consulting ethicist. The Centre's position is informed by its roots in Chinese Canadian culture and over 20 years of providing community and long term care to Chinese Canadian seniors.

a. Medical Assistance in Dying is Part of Palliative and End of Life Care

Yee Hong Centre believes that **dying with dignity with optimal comfort** is a goal shared by everyone in Canada. To realize this goal, Canadian government should, through legislative and

non-legislative strategies, ensure that all Canadians have access to effective palliative and end of life care that promotes quality of life, respect and comfort as well as alleviates pain and suffering. Medical assistance in dying should be considered a part of an effective palliative and end of life care program so that those who exercise their right to MAID are exercising a real choice and not because of a lack of options.

b. Applying Equity Lenses to Medical Assistance in Dying

An effective palliative and end of life care program has to be driven by a respect and recognition of cultural diversities.

While the final outcome is the same, death is a culturally laden concept and so are the dying and grieving processes. While Canada is not the first country in the world to legally entrench the right to assistance in dying, it is probably the most culturally diverse country to do so. It is therefore critically important for Canadian government(s) to apply equity lenses to the development of legislations, policies and programs so that Canadians of different cultural backgrounds enjoy and exercise the same rights intended.

To some Canadians, “I” is embedded in the concept of the collective “we”. Medical assistance in dying is primarily premised on the principle of autonomy and an individual right to die. Some Canadians who exercise such a right may not necessarily be driven solely by the individual’s own needs but is in consideration of his/her relations with family or significant others. To these Canadians with a “grievance and irremedial medical condition”, being a burden on their family/significant others can be a source of “psychological suffering that is intolerable” and should be recognized as such.

Filial piety, i.e. an unquestioning devotion to one’s parents is considered a virtue to some Canadians. There may be times when one’s expectations of fulfilling the obligations to take care of own parents are challenged by the parent’s choice to exercise his/her right to medical assistance in dying. An effective palliative and end of life care program is to prevent this kind of conflicts. However, it is still prudent for policy makers to address the potential of such conflicts through mediation rather than the courts, a process that is emotionally and financially draining for all parties.

c. Conscientious Objections

At Yee Hong, the interprofessional team providing services to the residents/clients consists of both regulated health care and allied health care professionals as well as unregulated care providers. Even though physicians and nurse practitioners are, by legislation, the primary care providers of medical assistance of dying, other care providers such as social workers, personal support workers, and activation workers may all be involved in the process of supporting and caring for the resident who may choose to exercise the right to die. Regulated professional

colleges in each province are all developing regulations, standards and rules concerning conscientious objection in response to legislative requirements in medical assistance in dying. However, there will be no standards or practice guidelines for unregulated care providers if they are not addressed through provincial legislations or programs. Without national guidelines on conscientious objections, the goal of universal access to medical assistance in dying in Canada may be compromised.

d. Access to Medical Assistance in Dying

Access to medical assistance in dying can only be realized through the delivery of health care provincially. Provincial governments may take differing approaches to the legislation resulting in differential access. In the absence of a national palliative and end of life care strategy including medical assistance in dying, health care providers such as Yee Hong may be left on their own without the resources and support to provide care and to meet legislative requirements. More importantly, Canadians may not have true access to medical assistance in dying even when they so choose.

3. RECOMMENDATIONS

Given the above positions and perspectives, we ask the Standing Committee to make the following recommendations to amend the Bill:

- a. The preamble of Bill C-14 be amended by adding the following:
 - i. Whereas medical assistance in dying is a part of palliative and end of life care, the Parliament of Canada is committed to establishing a national palliative and end of life care strategy to provide universal access to effective palliative and end of life care.
 - ii. Whereas death and dying is a culturally laden concept, an effective palliative and end of life care including medical assistance in dying is driven by the principle of respect and recognition of cultural diversities to ensure that Canadians of different cultures enjoy the same right and access.
- b. Provisions should be added to Bill C-14 to address potential conflicts between the applicant for medical assistance in dying and his/her family/significant others through mediation.
- c. Provisions should be added to Bill C-14 to provide guidelines regarding conscientious objections for all regulated and unregulated care providers.

We also ask the Standing Committee to make the following recommendation to the Parliament of Canada:

- a. A national palliative and end of life care strategy including medical assistance in dying should be established. The strategy should be informed by evidence and best practices in palliative and end of life care. It should stipulate the goals, principles, and standards of care with dedicated resources. The strategy should also include provincial resource teams for health care providers and individuals to turn to for access to medical assistance in dying.