Comments on Bill C-14 from Drs. Barrie De Veber and Paul Zeni, Palliative Care Physicians in Ontario.

Bill C-14 on "Medical-aid-in-dying" which is being debated now in parliament concerns us in many ways. As Palliative Care physicians the quality of **life** of the dying and seriously ill person is our first priority. The emphasis is on life not death. We concentrate on reducing the suffering of those with serious illness and/or approaching end of life in a holistic multidisciplinary team approach. Good quality palliative care respects the dignity of the patient and cares for the physical, psychosocial and spiritual needs of the patient and family. Palliative care is very effective at improving quality of life and relieving intolerable symptoms. In the rare instances where pain and other symptoms cannot be controlled adequately palliative sedation can be offered until the patient dies naturally.

The preamble of Bill C-14 affirms the "inherent equal value of every person's life", the need for "robust safeguards" and the protection of vulnerable persons from "being induced…to end their lives." These goals are not addressed adequately in Bill C-14.

In order to value the equality of every person's life, particularly when faced with serious illness or terminal disease, there must be equal availability to good quality palliative care to all persons in Canada. At present only 30% of Canadians who would benefit from palliative care can access it. Thus to ensure equality for all Canadians, everyone should have access to palliative care services as it is the standard of care for people suffering from "irremediable conditions". Bill C-14 should mandate that the provincial ministries of health significantly improve the provision of Palliative Care to those in need.

Vulnerable persons are often influenced by subtle suggestions that they are not worthy or a burden to their family, caregivers or the healthcare system. In addition, vulnerable persons include those who suffer from unrecognized depression during their serious illness. Depression often leads to suicidal ideation. This is not a normal state of health even at the end of life. These patients need skilled treatment of the depression not assisted death. There is little in this bill that will identify these persons who are being induced to end their lives or are clinically depressed and need treatment. There needs to be a truly independent group including psychologists, ethicists and lawyers who will make a timely and considered ruling in the matters of competency, inducement and unrecognized depression. It is clear that in other countries and states where assisted suicide and euthanasia are permitted that there are many instances where people have died without their consent or without being aware of other options available to them. This independent group is one way to ensure a more robust safeguard against these abuses especially considering the "irrevocable nature of death."

The act of assisting a suicide or euthanizing a person conflicts with the conscience and convictions of many healthcare workers including physicians, nurse practitioners, nurses and pharmacists. Bill C-14 focuses on the right of the person with intolerable suffering to have medically assisted death. The bill also needs to offer the health professionals and institutions the right to follow their conscience about ending the life of a person or being complicit in the act by referring for assisted dying or euthanasia. Canadians should have the option to choose health professionals or hospitals where they feel safe.

We suggest that the Bill C-14 be amended as follows:

241.2 (1) add to the eligibility subsection

(f) they be examined by a psychologist or psychiatrist to rule out untreated depression causing suicidal ideation.

(g) they have received good quality palliative care.

241.2 (3) add to the safeguards subsection

(i) refer the request to an independent review committee comprised of a psychologist, ethicist and lawyer who will make a timely and considered ruling in the matters of competency, inducement and unrecognized depression.

241.31 (1) allow the physician or nurse practitioner to inform the patient that due to reasons of conscience that they will not participate in the act of medical aid in dying nor refer for it.