



Canadian Society of Palliative Care Physicians

BRIEF TO THE STANDING COMMITTEE ON JUSTICE AND HUMAN RIGHTS

RECOMMENDED AMENDMENTS TO DRAFT BILL C-14

May 1, 2016

These recommendations were developed in an effort to best reflect the majority of our members. Recommendations may be different from the personal opinions of individual members of the CSPCP.

RECOMMENDED AMENDMENT #1

Amend last paragraph of the preamble to state:

"And whereas the Government of Canada has committed to develop legislative and non-legislative measures that would support the improvement of a full range of options for end-of-life care ***including establishment of a National Secretariat in Palliative care ...***"

Rationale

The choice to develop "non-legislative measures" for palliative and end of life care makes the commitment to these services weaker than for hastened death. We are calling for the legislation to make a clear commitment to palliative and end of life care by legislating establishment of a National Secretariat in Palliative Care that would coordinate and oversee future non-legislative measures. We want to ensure that patients do not choose hastened death due to lack of access to high quality palliative care services.

The National Secretariat would be the appropriate body to:

- Establish a national strategy on palliative care to ensure consistency and access to palliative care throughout Canada. The concrete suggestions in [The Way Forward](#), the Canadian Medical Association’s [“National Call to Action on Palliative Care”](#) and the Canadian Cancer Society report [“Right to Care: Palliative Care for all Canadians”](#) could serve as a blueprint for the National Secretariat to implement a national strategy on palliative care.
- Set clear national standards and accountabilities including accreditation
- Gather consistent and ongoing data regarding access and quality indicators
- Set and monitor standards for the education of all health care providers in appropriate skills in advanced care planning and in a palliative approach to care
- Create supports for patient and family caregivers including quality information about palliative care services, advance care planning tools, income support and job protection
- Develop a national funding plan to transition care from acute care hospitals to more community provision of an integrated palliative care approach
- Advise on a national public education campaign around advanced care planning, palliative care and demystifying death and dying

Our Canada Health Act states that all Canadians should have universal, comprehensive access to care. This should include access to high quality palliative care. This is currently not the case.¹ As we legislate the right to hastened death, we need to legislate a right to palliative care.

RECOMMENDED AMENDMENT #2

Amend section 241.2(1) (d) “Eligibility for medical assistance in dying” to state:

241.2(1) A person may receive medical assistance in dying only if they meet all of the following criteria:

(d) they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure ***or lack of access to services required to address the root cause(s) of the request; including but not limited to palliative care, chronic pain care, and geriatric care.***

(Note: Criteria a, b, c, and e remain unchanged)

Rationale

In order to ensure that medically assisted death is not our first or only response to human suffering, we need to build in an explicit legal requirement to identify, explore and record the sources of a person's suffering and attempt to address the motivations of his/her request for death. This should not be undertaken as a screening or determination process, but rather an opportunity to ensure that a person who requests an assisted death is fully informed of available options for treatment or support that might alleviate their suffering. The Bill should be amended to incorporate a meaningful right for patients to be informed of the full range of available treatments, technologies and supports that could ease their suffering, whatever its source.

RECOMMENDED AMENDMENT #3

After 241.2(1), Add a new section:

“Provide documentary evidence that the eligibility criteria in 241.2(1) have been met, using federally-established standards”.

The Federal government has committed to a review of hastened death in five years' time. To properly evaluate this new procedure, we need national data describing the circumstances of the request. The data should include evidence that the root cause for the request was explored and that other options, such as referral to a palliative care team and/or pain management team as appropriate, were available, explained and offered.

ⁱ Canadian Society of Palliative Care Physicians – Response to “The Making of a Myth: Unreliable Data on Access to Palliative Care in Canada”, Dr. J David Henderson, *Health Law Review*, 22:3, 2014, p. 49