Testimony to
The Special Joint Committee on Physician-Assisted Dying

Balfour M. Mount O.C., O.Q., M.D., F.R.C.S.(C.)
Emeritus Eric M. Flanders Professor of Medicine,
McGill University.

MY PERSONAL CONTEXT IN TABLING THE EIGHT CONCERNS LISTED BELOW: I fully recognizes that those on both sides of the euthanasia and physician-assisted suicide debate have reached their conclusions out of a strongly held sense of compassion.

In addition to being a former cancer surgeon, I am also Founding Director of the first comprehensive Palliative Care Program, the consortium of programs referred to as Palliative Care McGill, and the McGill Programs in Whole Person Care. I am the person who introduced the term Palliative Care in the context of end-of-life care. I speak as one who has endured having my mother, sister, brother, myself and beloved colleagues and close friends diagnosed with cancer, while others close to me have died with ALS, Parkinson's disease, Lewy Body Disease and other life-limiting illnesses. I have survived testicular cancer and now have metastatic esophageal cancer requiring a permanent tracheostomy.

I. **PALLIATIVE MEDICINE IS NOW A NEWLY RECOGNIZED SPECIALTY OF THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA & DISCIPLINE OF THE COLLEGE OF FAMILY PHYSICIANS** but to date, certified Palliative Care physicians are not available in most communities. The availability of specialist-level Palliative Care Medicine for all Canadians should be a prerequisite to legalizing what is being referred to as "Physician-Assisted Dying."

II. **"PHYSICIAN-ASSISTED DYING" IS A EUPHEMISM FOR EUTHANASIA AND PHYSICIAN-ASSISTED SUICIDE.** The term "physician-assisted dying" fails to adequately differentiate between Palliative Care, which most people want and benefit from, and euthanasia and physician-assisted suicide which few request. "Physician-assisted dying" is what I have been doing for 41 years as a Palliative Care doctor. The use of the term *"Physician-Assisted Dying"* instead of euthanasia or physician-assisted suicide (E & PAS) suggests that physician assistance at the end of life is a "new thing" that is being legalized with the current legislation; this obfuscation is misleading to the public. Physician-assistance in dying has long been with us and it hasn't entailed E & PAS.

III. **E & PAS RUN COUNTER TO THE TIME-HONOURED MEDICAL MANDATE AND MUST BE KEPT OUT OF MEDICINE.** E & PAS were specifically prohibited in the Hippocratic (460-370 BCE) Oath, though it was penned at a time when therapeutic options were negligible. The specific prohibition of killing the patient was deemed critical to ensuring integrity of the physician-patient relationship. Legalization of E & PAS now risks clouding the medical mandate with uncertainty in the eyes of the patient whose illness is grievous. "Am I sufficiently ill that the doctor might decide to kill me?" With the legalization of such acts, initiation should be the purview of a specialized group of trained people (Thanatologists) who are separate from the traditional health care disciplines, in order to clearly differentiate the role of the perpetrator from that of recognized health care professionals.

IV. **SOCIETY MUST BE PROTECTED. INDIVIDUAL RIGHTS HAVE THEIR LIMITS. THEY MAY BE TRUMPED BY THE RIGHTS OF THE GROUP WHEN MEMBERS OF SOCIETY ARE PLACED AT RISK.** That is the accepted norm that has led to the institution of quarantine for leprosy, plague, small pox, ebola and other infectious diseases down the centuries. Legalizing E & PAS places at risk the most vulnerable among us: the disabled, the indigent, the elderly, those who feel, or are perceived, as being "a burden" to loved ones.

V. PAIN CAN BE CONTROLLED WITH FEW EXCEPTIONS. In the rare case when that is not possible, Palliative Sedation reliably relieves suffering without the need for legislative change and opening the resultant Pandora's Box of expanding categories of 'relevant' subjects that such legislation leads to. Palliative Sedation is not "slow E & PAS" because the goal of Palliative Care has not changed. The goal remains ensuring quality of life by killing the suffering, not the sufferer.

VI. **DEPRESSION IS A COMMON FACTOR UNDERLYING REQUESTS FOR E&PAS.** Under the Canadian guidelines it would seem that depression would, in fact, be a valid criterion for E & PAS. With legalization, there must be a requirement for psychiatric assessment by two independent psychiatrists. When depression is treated enhanced quality living generally ensues.

VII. **E & PAS LOWER HEALTH CARE COSTS.** Judicial authorization of each E & PAS intervention should be obtained to avoid any appearance or reality of using E & PAS to avoid additional "unnecessary" or burgeoning healthcare costs.

VIII. **THE CONCEPT OF "LEGISLATIVE SAFEGUARDS" IS AN ILLUSION.** There have already been discussions in Canada about introducing E&PAS for children. It took years for such a notion to even be considered in other

jurisdictions. The slippery slopes toward successive broadening of categories of patients considered legitimate for E & PAS, and the ease with which one can turn to known colleagues who are “euthanasia sympathizers” for ratification, make the concept of reliable safeguards untenable as has been demonstrated in Holland and Belgium.

CONCLUSIONS AND RECOMMENDATIONS:

FOR THE ABOVE REASONS I FEEL THAT LEGALIZING E & PAS (REFERRED TO BY THE EUPHEMISM “PHYSICIAN-ASSISTED DYING”) IS NOT IN THE BEST INTEREST OF CANADIANS. IF INSTITUTED, THE ABOVE CONCERNS MUST BE TAKEN INTO CAREFUL CONSIDERATION.

SUBMITTED BY:

Dr. Balfour M.Mount,
4018 Marlowe Avenue,
Montreal, QC, H4A 3M2
Telephone: (514) 483-3613; email: < balfour.mount@sympatico.ca >

ADDENDUM: Biographical Note: Balfour M. Mount O.C., O.Q., M.D., F.R.C.S.C.
Dr. Mount is a medical graduate of Queen’s University. He trained as a Urologist at McGill University and as a Surgical Oncologist at Memorial Sloan Kettering Cancer Center in New York. He was the Founding Director of the Royal Victoria Hospital Palliative Care Service in 1975, Palliative Care McGill in 1990 and the McGill Programs in Whole Person Care in 1999. He is an Emeritus Professor of Medicine at McGill University where he held the Eric M. Flanders Chair in Palliative Medicine (1995 – 2006). He was the founder and Chairperson (1976 – 2004) of McGill’s ongoing biennial International Congresses on Care of the Terminally Ill. He is an Officer of the Order of Canada and an Officer of the Order of Québec. He holds honorary degrees from Dalhousie University, Ottawa University, Queen’s University, McGill University and the University of Calgary. He is the author of more than 150 articles in the scientific literature and has participated in the production of 22 teaching films on surgery and Palliative Care. He was named Great Montrealer (Science) by the City of Montréal in 2009.