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Eligibility for, and Access to Physician Assisted Dying in Canada

Submission to: Joint Parliamentary Committee on Physician Assisted Dying

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Submission to the Parliamentary Committee on Physician Assisted Dying
RE: Eligibility for, and Access to Physician Assisted Dying in Canada

As a not-for-profit advocacy group acting on behalf of Secular Humanists across Canada, Secular Connexion Séculière (SCS) supports the central philosophy of Secular Humanists that life decisions are individual decisions. How one completes one's life is such an individual decision and should include the right to physician-assisted death in all of Canada.

Section 1.
Submission re: questions before the Parliamentary Committee on Physician Assisted Suicide

1. Who is competent to make a request for physician assisted dying?

   Any person who is mentally competent and fits within generally accepted age of majority; i.e., eighteen years of age and who is deemed mentally competent by normally accepted parameters should be deemed mentally competent to request physician assisted dying whether in the present or as a part of an existing, legal power of attorney for personal care.

   Individuals under that age of majority should have access with parental or guardian consent when both they and the parent or guardian are mentally competent.

2. What safeguards can guarantee the voluntary nature of a request for physician assisted suicide?

   a) the competency criteria as outlined above,
   b) independent doctor(s) review of the condition of irremediable medical condition causing intolerable suffering, regardless of terminal or non-terminal nature of the condition,
   c) verification of mental competency at the time of the physician assisted death, or verification of the pre-written request for euthanasia (documentation) in the case of a request for euthanasia.

3. What does a grievous medical or irremediable medical condition mean?

   A grievous or irremediable medical condition is one that does not respond to palliative care intended to relieve suffering from pain, or that does not allow personal dignity acceptable to the individual. The individual's sense of dignity is a personal right and must be respected when physician-assisted death is requested.

4. Who should control the conditions and procedures for physician-assisted dying?

   Accessibility of, and availability of physician-assisted dying should be consistent across Canada. This would strongly suggest that the criteria for physician-assisted dying should be imbedded in the Canada Health Act in order to provide such consistency in a way that supports individual rights across Canada. Consultation and agreement among provinces, territories and federal governments is important in establishing this consistency.

Section 2:
October 18th Submission to External Panel on Supreme Court of Canada decision: Carter vs. Canada
Note: some revisions have been made to accommodate new information.

Terms:
We regard the term, physician assisted dying as an umbrella term including medically assisted suicide, and euthanasia.

The term medically assisted suicide is used here because physician assistance is important during the assessment for eligibility stages, but not absolutely necessary at the time of the suicide when a nurse practitioner or similar health practitioner can administer the medication. Inclusion of the word suicide makes clear that while medical people may provide the means, individuals ultimately take their own life.

Voluntary euthanasia is an action taken by a physician (or other medically trained person) to complete the life of a comatose or incoherent, intolerably suffering patient with dignity when that patient has authorized euthanasia through a legal power of attorney for personal care.

Choices:
Canadian individuals should have a complete range of choices for completing life with dignity. Those choices should include: living one's life to completion with the support of proper palliative care, medically assisted suicide, and voluntary euthanasia. The individual should have access any or all of these options without inhibitions caused by finances, geography, or lack of facilities.

The disturbing statistic that most unassisted suicides in Canada fail is a strong indicator that appropriate medically assisted suicide would benefit not only the individual, but people close to the individual by lowering stress and by enhancing the sense of dignity.

Of course, more robust counselling and support services must be implemented so that suicides among people who are in a "dark patch" in their life are reduced. Medically assisted suicide should be readily available only to people who have conditions that cause intolerable suffering, or who have little hope of returning to a happier life through robust psychological and social counselling.

Palliative Care:
To be clear, we do not see palliative care and physician-assisted dying as being mutually exclusive.

In fact, excellent palliative care should be the standard option available to all persons who are suffering from painful or psychologically debilitating conditions or diseases whether or not the condition or disease is terminal in the short term. We support fully, any action that will improve on the palliative care currently available.

Also to be clear, we know that palliative care does not work for all people. Some do not respond well to pain management and life management (intrusive assistance with personal hygiene and bodily functions) and continue to suffer intolerably in spite or the best intentions and efforts of caregivers.

Others are not comfortable with the loss of dignity from their perspective that palliative care may require. Still others suffer with the sense that they are a burden to others or that they will be remembered as a mere shell or shadow of their lifelong personality.

In short, while palliative care may work for many, indeed most, people it does not work for all. Medically assisted suicide must be a readily available option for those whom palliative care cannot, in the mind of the individual involved, relieve intolerable suffering.

Medically Assisted Suicide:
There should be no requirement for a prognosis of imminent death because of a terminal illness to qualify for medically assisted suicide. Many individuals suffer intolerably from pain and or the indignity of intrusions in personal functions with conditions that are not terminal, but have no prognosis for recovery. These people should have the option of completing their life with dignity with medically assisted suicide.

In countries where medically assisted suicide has been available for many years, techniques are such that the completion of life is accomplished with dignity regularly in a way that is a comfort to the relatives and friends of the individual who chooses that path.

In Switzerland, for example, medically assisted suicide, through the provision of sodium pentobarbital, under the supervision of two medically trained people is regularly provided in the comfort and warmth of one's own home. Facilities are also available should the home option be unavailable.

Significantly, for a decade, medically assisted suicide has been available in Swiss nursing homes. These facilities are, after all, people's homes. The number of requests for this service has not increased beyond one or two per year over the decade that it has been available.

The availability and acceptance of medically assisted suicide removes a great deal of stress from friends, relatives, and caregivers because it is a normal choice for completing one's life.

The safeguards in Switzerland are administered by the charitable groups that offer medically assisted suicide in a regime where there is no specific law other than one that specifies prosecution of anyone who assists in a suicide for personal gain, and standard requirements for prescription-only access to the drug used.

Those requirements are:

1. Individuals must have a membership in the organization of choice.
2. Individuals must submit complete medical records for study by independent doctors to determine whether the individuals are undergoing intolerable suffering. If intolerable suffering is verified, the individual is given "provisional green light" meaning that medically assisted suicide is available on request.
3. When the individuals do request medically assisted suicide they are examined twice by doctors to determine that they are mentally competent to make the decision to use medically assisted suicide to complete life with dignity. Also included is a complete briefing on the procedure and verification that the patient can drink the 100 ml. of aqueous solution required. One doctor who makes this final assessment then issues a prescription for sodium pentobarbital.
4. With those approvals, the person is now able to go through with medically assisted suicide. The assistance provided includes a final, signed request for medically assisted suicide, and at least two verbal questions that directly ask whether the individual wishes to die at that time. With two firm positive responses to that question, an anti-nausea drug is administered and, after 25-30 minutes, the sodium pentobarbital is provided (in 100 ml. of water). The patient is instructed firmly to drink the entire 100 ml. of liquid. Shortly after doing so, the individual completes life with dignity.

The eligibility criteria should be simple and as non-intrusive as possible. The only two conditions that should exist are intolerable suffering, and mental competence to make the decision to die with dignity by medically assisted suicide.

Voluntary euthanasia should follow the same procedures except that a request for voluntary euthanasia in a legal power of attorney for personal care should be honoured. That is, a request for voluntary euthanasia made by a person who was mentally competent at an earlier date should be honoured when a condition of intolerable suffering is evident.

Such a request for voluntary euthanasia in a power of attorney for personal care should also be honoured when there is no hope of recovery from a comatose state in the opinion of attending physicians.

Public Funding & Doctor Participation:
Both medically assisted suicide and voluntary euthanasia should be a part of public medical funding so that there is no issue of differing availability because of financial reasons**.**

Doctors and other medical care providers must have the right to exercise their own personal philosophy in these matters, but must not have the right to inhibit the right of individuals to choose their own path to completing life with dignity.

Consistent Rules Across Canada
Physician assisted dying must be a universal right across Canada and the criteria for access, must be the same in every province and territory. To accomplish this, physician assisted suicide must be incorporated in the Canada Health Act.

Conclusion:
Medically assisted suicide presents no danger to society as long as the criteria for rendering the assistance is focused on ensuring that the decision is being made by the individual.

Indeed, much of the stress on society, particularly those closest to the individual, family, caregivers could be relieved. The shock of the suicide would be ameliorated and those close to the person would have a chance to understand and to say good-bye.

Other than providing safeguards against abuse by parties who have an agenda that is not in the best interests of the individual, the government should have no role in limiting personal choice in this matter

Respectfully submitted,

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